Part 1:

Respondent: The fraternity is there. Two Black fraternities and two Black sororities had a huge meeting here Christmas of 1940. And I'm from another section of the country. My best friend in med school [unintelligible 0:00:21]. You know the Harriman family?

Interviewer: Right, uh huh.

Respondent: They had a young son named [Merrill]. So he says, let's go home for Christmas, you know?

[0:00:31]

Interviewer: And you were sold on it.

Respondent: So I was still in med school. I graduated in 1942.

Interviewer: And then you came back?

Respondent: Yeah.

Interviewer: Okay, you want to begin?

Respondent: Sure.

Interviewer: Formally, that is?

[0:01:01] All right, maybe I need to start with this. Can you tell me where you were born and when?

Respondent: I was born in Anniston, Alabama, August 10, 1917.

Interviewer: Where is Anniston?

Respondent: Anniston is a small town in north central Alabama. It's on the line if you went from Birmingham, Alabama to Atlanta, Georgia. It's on that line.

[0:01:26] It's about 100 miles west of Atlanta and about 60 miles east of Birmingham. It's an army post, Fort McLellan. You ever heard of Fort McLellan?

Interviewer: I know of it.

Respondent: Well, that's Anniston, Alabama.

Interviewer: So it's a very small town?

Respondent: Yeah, it's small, at that time.

Interviewer: And you received your medical degree from Howard University?

Respondent: Howard, yeah.

[0:02:00]

Interviewer: And you graduated in 1942?

Respondent: Right.

Interviewer: What kind of training, or how would you rate the training there at Howard at that time?

Respondent: Well, you're asking me now how I would rate it at the time. Well, obviously, I've learned since then that as related to other medical schools then it was probably very low.

[0:02:28] But Boston University, you couldn't compare it. Because it was obviously one of the, as you know, one of the two Black medical schools in the country. So relatively speaking, they automatically were way down the list as it relates to academics. The other practical part is a whole different story, but to answer your question, I think they were – I don't know the exact comparable position, but I'm certain Howard and [unintelligible] were in the lower quartiles.

[0:03:01]

Interviewer: Were all the professors Black? Or were they also white?

Respondent: Well, basically they were Black, and now I can say most of them were not highly trained as it relates to what was possible back then. I can remember – now, you know – several departments that were not headed by what even now are called board certified people.

[0:03:33] And that's an interesting phenomenon, about why it had to be that way, and why it was that way, because to be certified, you had to be taught by somebody who was also equally certified. And in those days, just to get to medical school, you were automatically denied the best trained people because they were not there to teach Black medical schools, you know?

[0:04:00]

Interviewer: Were Blacks pretty much excluded from traditionally white medical schools?

Respondent: Absolutely. Almost totally. With some notable exceptions. But I don't remember the figured, but roughly in those days, I would suspect 95% of the Black doctors – well, I might be a little high. At least 90% of them came from these two Black schools. So that means there was one or two occasionally out there someplace, but very, very few.

[0:04:32]

Interviewer: Now, the other Black school was Meharry?

Respondent: Meharry, yeah. And prior to those days, there were lots of very second rated Black schools. For instance, when I came, there was a Black medical school here in town. I mean, there were a lot of medical schools. This was prior to the reconstruction of medicine, you know?

[0:04:56] So there were Black doctors here who were licensed, who had come from these smaller schools. And there were some of these all over the country.

Interviewer: Who licensed these people? The state?

Respondent: Well, now the state does.

Interviewer: No, but then.

Respondent: I think so, but it was not a very strong structure, you know? And before – I'm saying that some of the doctors who came from these small schools – doctors who didn't go to Howard or Meharry – during the early days, they were – I don't know the detail, but they had whatever necessary papers to practice medicine.

[0:05:42] Most of them had a state or local license. But they all got [unintelligible 0:05:50]

Interviewer: Now, you started earlier, before Bill turned the tape on, to tell me why you chose Kansas City General for your residency.

[0:05:59]

Respondent: Well, because it was the next step after you went to a Black medical school, because you couldn't go to any other places. You could go any place to intern except Black hospitals. That's, again, a 10% exception. So in the country, there were probably four at best potential sites where Black medical graduates could go to do internships.

[0:06:29]

Interviewer: So this was considered…

Respondent: This was, during those days, an outstanding one.

Interviewer: An outstanding hospital for Blacks?

Respondent: Yeah, one of the three or four major ones in the country. Kansas City General, St. Louis were the two medical schools. [unintelligible 0:06:46] in Chicago. And there were some smaller places, but that was a time when, early on – a little bit before my time, but I suspect a full quarter or 25% or 30% of all the medical graduates came this way.

[0:07:03] It was just that restrictive.

Interviewer: It's interesting. I didn't know this at all. You said it was probably one of the four or five best for Blacks?

Respondent: You're talking about the hospital here?

Interviewer: Yeah, General.

Respondent: Blacks and [the only ones], you know?

Interviewer: [unintelligible 0:07:23]

Respondent: Yeah.

[0:07:25]

Interviewer: Okay, would other people rate it as – at that time, would others have rated it as one of the best?

Respondent: Well, it's relative. You're asking if other people would rate General Hospital number two? Other people you mean total society or Black people?

Interviewer: Blacks and non-Blacks?

Respondent: Well, the Black people, necessarily it was a good place, because you didn't have a choice. It didn't compare with anything in Boston in terms of large institutional hospitals.

[0:07:59]

Interviewer: How did it compare with General Hospital Number One?

Respondent: Well, okay, generally – now, here, you've got to understand. During those days, these hospitals were staffed by volunteers. There was nothing in terms of paid staff. No university relationships, because the only medical in the Kansas City area was the University of Kansas.

[0:08:30] So it was a classic situation which I think was pretty well found in other places, where members of the medical society – there are always interested doctors who have some academics – essentially staffed the hospitals. So if you look back to the issue of who's had the best training, the fact that up at this time, Black doctors hadn't had a chance except for some exceptions of specialty training, as compared to another hospital that was staffed essentially by white doctors who'd had all the opportunities in terms of specialty training.

[0:09:13] So there was that level of difference. Now, they have some bad white ones and some good Black ones. You understand that. And the interesting part about the city was, the political system had a hell of a lot to do with the law.

[0:09:29] I wrote this article. Did you -- [unintelligible 0:09:29] tell you about the one about the history of General Hospital Number Two?

Interviewer: No.

Respondent: You've got to read that, because – I'll tell you, it's on the wall over in the Truman Medical Center.

Interviewer: Oh, okay.

Respondent: And [unintelligible 0:09:47] has got a copy. I could find you one, but I've given them all away in person. No, here's one.

[0:09:55] But I'll tell you, you'd have to sign your life for it.

Interviewer: I would. And remember, we had our beginnings the same year, so you should trust me.

Respondent: Well, I trust most people, you know, but it's getting critical, because I don't have no copies left.

Interviewer: I could make a copy.

Respondent: No, I don't want to make it sound like that, but it is tough. And here's the original article.

Interviewer: Okay, may I make a copy and send the original back to you?

Respondent: Yeah. So that was written in 1962, just for my interest in the whole thing.

[0:10:27] But you need to read it, and then you need to come back and talk. Now, what did – I know this is not what you came to talk about, but all these questions about medical education are distinctly related to what we were saying, that there was no equity because the opportunity for Black doctors to specialize during those days were almost none.

[0:10:56] But to answer, the quality of care basically was, I think, pretty equal at the hospitals. Well, maybe not quite, but they were decent. And there were periods of time when the hospital staff at the Black hospital was mixed in terms of staff people. And that's another interesting phenomenon that had to do with some politics.

[0:11:27] So they went through certain cycles, you know? So the times that there were white doctors from the staff at Number One because of their superior training at the time, things were better at Number Two. That means they went through

some racial actions and the Black doctors – the cycle goes like, you know, they started off mixed, because there was a clear understanding that there were not enough trained Black doctors.

[0:11:58] And a clear effort to furnish training. So they'd go three or four years or five years and the doctors was like a kid, you know, thinks, well, I'm ready to [unintelligible 0:12:10], I'm going to run this place. And they have a cycle of that. So the quality drops because there's a lot of people infighting. And it gets so bad that then they go back to [make] success again. [unintelligible 0:12:27] crazy things.

[0:12:31]

Interviewer: I guess one of the articles that I did read was written in the 1930s, like maybe '36, by a physician. And I presume it was a white physician the way it was written. And he talks about the staff from General Hospital Number One coming and I guess perhaps performing surgery.

[0:12:59]

Respondent: Well, since we're off on this, you've got to understand the evolution of this hospital system at the time. Both of them, in the Pendergast days, or before, the political system was highly ethnic in terms of politics, and it was great, you know? And as to what turned out, there had to be a repayment for political debt for all the years of support for the Blacks in town.

[0:13:28] And there were doctors like that, because he was anxious to have them say, I'm a good Black doctor. So they wanted to do the right thing, so they essentially put the screws on Pendergast and company. And out of it got what amounted to the first brand new, built for Black people, hospital in this country, City Hospital. It was not a hand me down. Brand new, for that purpose. And at that day, they were the first ones that – the only place in the country who had a brand new hospital, city built for the purpose.

[0:14:03] Now, the purpose wasn't to see sick people, the real purpose was to help continue this political relationship, which fine, you know? So it's a good example of what can be done in ethnic politics. [unintelligible 0:14:20]

Interviewer: You use your clout?

Respondent: Right. Yeah, you play the game. So the point I'm making, so having built the hospital, it was the issue of staffing it.

[0:14:30] And it was during these times when it was obvious they all needed to get together, so some of the better white docs essentially went to that. On the first page of this thing is – and I don't want to get into the detail, but prior to this – this new hospital was built in '34, I think. But we're talking now ten

years before then, 15 years before then, when all the Blacks had was the basement of the white thing.

[0:15:01] And when they built the new structure, what they refer to as old Number One now, they left it, geographically, down in the general location where General Number Two is, was the original city hospital. So Blacks inherited that. And then it went on, and finally they got the new thing.

Interviewer: You got the new building?

Respondent: Yeah.

[0:15:26]

Interviewer: You were mentioning, not by name, but referring to other Black doctors. Who were some of the key Black doctors at that time?

Respondent: That was before my time.

Interviewer: Yes.

Respondent: If you read the article, and you had mentioned--there was a guy named Unthank.

Interviewer: Yes, I ran across his name.

Respondent: Who essentially, the best I could tell, was probably the most aggressive of them all in terms of playing the game.

[0:15:55] I don't know – there's another doctor named Perry. You hear his name. And I knew — Unthank was dead before I got there — I knew – I actually met Dr. Perry in his later days, and he was academically inclined. He was as good a guy as you could be. I think he started what they claim to be one of the first – the private side of the [unintelligible 0:16:22].

Interviewer: Sanitarium?

Respondent: Yeah, and then developing the Wheatley Hospital.

[0:16:27] But Perry, he wanted to do the medicine like it ought to be done. He was academically inclined. There were not many of those around, and Perry – and there are a few other names, a guy named Tillman, who were essentially interested in doing it the right way. The rest of the crowd, as usual, were just out there, I'm a doctor, and let's make some money sort of thing.

[0:16:57] And that was that in that little sort of – in all medical groups, even in this day, have certain levels of docs, you know? All of them like to make money, all right? There's nothing wrong with it. I mean, they do it decently. And there's another level who wants to make money and be decent. I mean, be really a

super-duper doctor. And it's interesting to see, and regardless of the dollar sign level, there exists this difference.

[0:17:28] It's very profound. Most lay people don't understand that. But the point was, they had ended up here in this history with two Black medical societies. One amounted to the eggheads and the other one to the boys. It's kind of an interesting side effect. But that sort of thing. So back to – I think as far as I could tell, that Perry – and PC Turner was another decent guy. And I think he was gone before my time.

[0:17:59] But they were the kind of guys who were trying to maintain the decency, you know? And they did a great deal over all the years in terms of General Hospital Number Two.

Interviewer: Would you say that people like Perry and Turner and Unthank were the leaders?

Respondent: I think they were the leaders, yeah.

Interviewer: Were they able to push their concept of medicine?

Respondent: Up to a point they could, yeah, and they did.

[0:18:27] And what the realities are – you know, unless you really supported [unintelligible 0:18:36]. See, the problem was whereas these two or three guys you name were really – and there were some more I really can't remember offhand. But they really wanted to do right. There was also another bunch along with them who were not quite so interested in that. And they gotta fight two battles. One to try to maintain the Black unity, if you want to do it, confronted with a massive resistance from whites.

[0:19:04] And on the one hand trying to maintain the Black identity, and on the other hand, knowing they've got to be dependent on the whites to help them with the money and stuff like that. So you end up playing two or three different roles, which is in conflict, and which on any given day, depending on what the hell's going on. But so it ends up in a situation at the hospital over years, at General Number Two, that there were years that were ideal in terms of a good place.

[0:19:37] And then things change, and they get a new mayor, and the mayor appoints a new superintendent. And [unintelligible 0:19:45] down there I've got a recording of probably 20 years, every four years, the superintendent changes most likely, if the mayor changed. And the whole reflection [unintelligible 0:19:56]. And that includes General Hospital Number One also.

[0:19:59] So they were all part of this system. It's interesting to look at. I'm off the subject.

Interviewer: No, you're fine.

Respondent: So the thing would be, my whole thing was, I was interested in, for instance, my problem as an individual was the same as many Black docs. First, where do you go to college to get educated?

[0:20:31] I didn't have a problem with that. But you've got to go find a good pre-college to get you so you can go to college, survive, so you can go to the professional schools to survive. And if you survive that, then you start a new battle, at a new level, at the ratio of trying to survive the economics and the realities of life. So it was just a constant struggle

[0:21:01] I didn't have any money problems, but it was a struggle. You're damn right it was a struggle.

Interviewer: Did the Black people in Kansas City support the doctors? And by that I mean, did they seek the Black doctors' help, or did more seek the white doctors?

Respondent: Well, I think – well, you really said seek. You're getting to things. Circumstances were in those days that most white doctors wouldn't take Black patients.

[0:21:30] I mean, I say most. A lot of them. Number one. Likewise, there were always some Black people that had enough people to get to the expensive white docs. Not necessarily the good ones. So you've got a group where that goes on. In general, there was a great deal of close relationship between the group and the docs. It was a very active, strong relationship.

[0:21:59] And I just remember coming here as an intern, it was fun, you know? Because then they would trust you [unintelligible 0:22:06] on 18th Street, and if you were an intern, a doctor would [unintelligible 0:22:10], and you never ran out of beer. So there was a great deal of pride in the whole system. There was, really.

Interviewer: So people were very proud?

Respondent: Yeah, yeah. Very much so. And the whole city was that way.

[0:22:28] So it was a different time, because you have all the Black people living in one area, and it was a whole different ballgame.

Interviewer: I'm going to throw a question at you that just came to me. At the time when you started in Kansas City, Mexican Americans were also being mistreated.

Respondent: Right.

Interviewer: Who took care of that group? Or do you know?

Respondent: I think Mexican Americans were in the same bag as Black people. I don't know who were. And they were not average. They were different.

[0:22:58]

Interviewer: Because I know for a long time, they were not treated at the white hospital.

Respondent: That's right. But I know when I came, they were essentially – most of them were over at the white hospital. Because I can't remember as an intern any large number of Mexican people. I would have remembered that because of the language barrier. So I think they were second rate over at the [unintelligible 0:23:20].

Interviewer: You're in Kansas City, you did your internship here.

Respondent: Right.

[0:23:30]

Interviewer: There are obvious segregation problems. Why did you stay here?

Respondent: I came from a place where there were obvious segregation problems. That's the pattern. That's a national industry in this country, you know? Well, the answer to your question was that one of the partial solutions to the medical segregation was the fact that there was a Black [unintelligible 0:24:03].

[0:24:04] That made it a lot different than Birmingham or Atlanta. And it made a big difference, and that's why… I didn't answer your question, but it was like it's assumed that you got [unintelligible 0:24:19]. That's part of the baggage you take with you. So you just [unintelligible 0:24:24] at all times. You maintain that level of getting ready to catch hell from somebody, you know?

[0:24:32] You had to live with that. And if you couldn't, you just didn't survive. So that was built into the system. And I'm not saying it was pleasant, and nobody looked forward to it, but it turns out you just persistently win one and then you start another battle, and not just in this town. So I came here because it was the choice of here or Washington or anyplace, it was the same way.

[0:24:58] I mean, med school in Washington was segregated. Howard University was segregated. Chicago, you had a Black hospital. In New York you'd be in a Black hospital. And so by the way, everybody's different. I don't know if I was from Boston, I probably [unintelligible 0:25:16].

Interviewer: Probably wasn't one.

Respondent: So the problem was that I need an internship, so [unintelligible 0:25:27]. I would have gone someplace, but the same problems.

[0:25:35]

Male Voice: Why did you stay here?

Respondent: Well, you mean stay here permanently? Well, the whole intervening issue is why I stayed. When I came here, World War II had started, and I had been commissioned as a first lieutenant, had came to do an internship.

[0:25:55] And I finished med school in ’42. I was a senior when Pearl Harbor – senior medical student. So I came here with a first lieutenant commission in the medical corps, knowing I’d have to go in the army, and allegedly spend 12 months in an internship. So I came here in July ’42, and June ’43, I got called to duty in the military. So while I was here, the year was great fun.

[0:26:28] As a matter of fact, I must tell you that the summer of 1940 when I came – I guess my senior year summer, they had a thing that medical students could do externships. I came out here. It was fun, you know? It was great. It was a good place. So I got the internship, almost finished, called to duty and it was the first, beginning of some revelations as it relates to – well, let’s say in the army, in the military, there was not a Black…

[0:27:07] I was in the army, okay. There was not a Black doctor in an army hospital anyplace in this country. You understand that? And so [unintelligible 0:27:23] that means out of this country.

[0:27:24] As a result of that fact, there was a lot of political high level agitation which ended up with a Black army hospital being established at Fort Huachuca, Arizona. And that was done strictly as Roosevelt [unintelligible 0:27:50] the pressure from a lot of Black people to do that. The interesting part of that was that the staffing would train Black physicians, which at that time in this country was impossible without totally destroying Howard University and Meharry.

[0:28:14] So what I’m telling you is that to be in a decent hospital, you had to have certain credentials. And in spite of two Black medical schools, there were not enough credentialed Black doctors to staff one, even if they wanted to. So they ended up with a mixed bag out there.

[0:28:38] So you look at that – and if you’re thinking at all, there’s a lot of questions. What the hell is going on, you know? And then I started thinking about, in my medical school, they asked me that question. When I sat down years later to really understand who the teacher were, as it relates to their training.

[0:29:04] And most of them were not at the level of certification or whatever it is that was top level. They were good docs, and they could do things, they’re a hell of a lot better than some people who did have all the paperwork. That’s a whole different ballgame. And they were practically good people, but they just couldn’t qualify to be a professional at Boston University.

[0:29:30] Or a professional anyplace else, except Howard or Meharry. So part of the solution – and the other part of that [unintelligible 0:29:41] is, well, why aren't there Black people out there who know this stuff? And the question is, who in the hell is going to teach? Because at that time, the knowledge was at the white level. And you couldn't find categorically white people who were willing to let you come to a white hospital to learn.

[0:30:02] So I just remember Howard University, in the surgical department, general surgery, the Rockefeller Foundation and some other people got some money and went to Yale and really bought a white professor, in effect, and moved him to Howard. Not the Black dude at Yale.

[0:30:30] And so this means now when I went to med school at Howard, the surgery department was not run by a real surgeon. It was during the time they were trying to solve that problem, and they bought the white guy from Yale. They did the same thing in other departments. But also, what they were lucky enough on occasion is to find a white school that would accept some of the Black [unintelligible 0:31:00].

[0:31:01] So you heard of Charles Drew? Dr. Drew? Charlie Drew, when I went to med school, he was already on the faculty at Howard, but he was away at Columbia University finishing his training to come back to Howard University to be a professor. And you can identify several other people and that kind of process taking place.

[0:31:36] Now, this was before World War II. So I was mentioning what was happening during the war. I was [interruption]. What the hell can you do? You don't have your doctor [unintelligible], but no special training. And that's a fact. And so when you analyze that part of it, it gets clearer and clearer that at least before you can do these things, you've got to improve yourself up to a point.

[0:32:05] So [unintelligible 0:32:06] came back at that time looking for a place to be trained. And things were – at that point, there were a lot of white institutions that had started taking Black interns but wouldn't promote them to the next level of resident training. And [unintelligible 0:32:25], because I passed the internship, and that's why I came.

[0:32:30] But there were just damn few places you could go, and although during the wartime, as a result of the doctor shortage, these white institutions started making spaces for whoever they could get, and they [unintelligible 0:32:45] Black people, it was always at the restricted level. You could never quite get to the senior resident and stuff like that.

[0:32:56] And subspecialties, there was no way. Like, if you looked back over the history of Black [unintelligible 0:33:01] in the country, they were always, early on, the largest number of Black specialists were ear, nose, and throat people

and things like that. Maybe when you got down there to internal medicine, you got a few more, but never an obstetrician gynecologist. Never.

Interviewer: Why?

Respondent: How you ask me that question? Why? Because you gotta train in OBGYN in a white hospital.

[0:33:29]

Interviewer: Oh, of course.

Respondent: Okay? Are you forgetting? So this whole thing of being an obstetrician gynecologist was the last of these things that got possible. Because that's what that was, I just mentioned. So there was a great deal of difficulty for those who wanted – [unintelligible] a lot of doctors [unintelligible 0:33:54] don't get me wrong. God knows that.

[0:33:56] You see now you look up on a lot of these big names at white universities are Black people. So it wasn't a matter of ability. It was a matter of getting any kind of an opportunity. So time's passed now, and Black hospitals are disappearing because of that. So that brings me back to Kansas City. So I came here after the war looking to try to find someplace for training.

[0:34:31] Well, I must tell you, I stopped en route here from Alabama. My father's a doctor in Alabama. And so I was [unintelligible 0:34:40] him. And I guess I [unintelligible 0:34:47], they had a [unintelligible] hospital in town. And I asked to be a member of the staff.

[0:35:00] And they never even answered. This is my hometown. My dad's been a doctor there all these years. So at that point, it got pretty damn obvious there was no future here if you were interested in more training. So then you come back to the only place you know, which is this hospital, which was a wreck. Just a wreck at that point, because World War II, nobody was paying attention to that.

[0:35:29] So there were half a dozen more guys in the same category who had been here as interns, and been in the army three or four years, came back looking for a place. All the places been taken by guys who didn't go in the army. And they're glad you're back, glad you won the war, but you can't get no job here. Okay, so we all came back again, and the whole story was [unintelligible 0:35:53].

[0:36:02] And it was the only place we could go, so we started working, and at that time, the city ran the hospital system. So they went to the city and told them, we were working, and we needed some help. And they had a Black superintendent [unintelligible 0:36:19] all that stuff. And I think I came back in

August. These other guys had been there two or three months before that. So we worked, and we worked like hell, and we were doing the best we could do, but we've got limits.

[0:36:30] I had no special training. So the point was, the patients were suffering from lack of decent training. So we just finally kept asking the people in charge, please send us some help. And they didn't do it, so we just decided – I guess it was about December that year – if you don't send us some help in two weeks, we're going to strike. And we shut the damn hospital down, absolutely.

[0:36:58] It's incredible. It's one of the dark parts of my life. But just told them, we quit. Quit meaning we'd take [unintelligible 0:37:07] was there, and you gonna let no more people live here, and you gotta do something about it downtown. And when we did that, the stuff hit the fan. Everybody was – all the elite citizens were just exasperated. And the dark side of that for us was – well, let's put it this way.

[0:37:31] When the new people showed up who were interested in helping, surgeons and OBGYNs and all that – these were highly trained young guys out of the military. All of them wanted to be university professors, and they were having trouble because medical schools did the same thing to them. You know, you've been in the army, fine, but you've got your position filled. And they were looking for a place to start a real decent service.

[0:37:54] So we met them, and they came down. For instance, the guy – I ended up being an obstetrician purely by absolute chance. I'll tell you about that. So the doctors come, and they said, we want to help. But for instance, the obstetrician, the guy said he'd be the chief, eminently qualified, said that he couldn't take a position until we essentially got rid of preexisting people.

[0:38:26] Which means essentially at that time there were Black docs and a few white ones who said, I'm the chief surgeon, and I'm the chief something else, and I'm the chief something else. And the chief obstetrician. So you understand now what the confrontation is. We can get help, but we've got to clear the deck. But we got to clear the deck. By the time there were ten interns – not interns anymore but [unintelligible 0:38:53] – we've got a major decision to make.

[0:38:56] Here's my only chance, and to get any chance of any more training, but to do it, I've got to throw the brothers out, which created one hell of a set of reactions. I'm not certain they've died out yet. They only died out now because there ain't many survivors. But just a whole lifetime. And that was tough to do.

[0:39:31] It was incredible that we could do that in an institution that old, but it reflected one of the main problems of the institution and the Black medical societies, that they were not organized. So what you're talking about there, about six interns telling the Black docs and the Black medical society and [unintelligible 0:39:48], you gotta go. And when I think about that and how somebody allows that to happen, is the sad part of the whole thing.

[0:39:59] So essentially moved them out and been blamed for all kind of things ever since. But the end result was in comes these new people. All of them professional types. Excellent people. Interested people. And so for instance, about four of us who were there were interested in surgically related things.

[0:40:30] So in just a chance meeting — the guy who turns out to be the obstetrician gynecologist said he would take the place, but he couldn't take it unless he had a resident to help him. So I'm about the fourth or fifth man down the line at this time, so the senior group. The senior resident in surgery says, well, why don't you take him? Pointing to me, you know?

[0:41:01] So like that, I got to be an obstetrician gynecologist. And so then they took it over, and within three or four years, we had an approval. Now, listen to this. Show you how [unintelligible 0:41:21]. I did a residency, and it took about two or three years later.

[0:41:31] And when I say I did a residency, we had to create – there was no division of gynecology then. General surgeons did all that stuff. So we had to establish that, and then start brand new, with nothing, creating a service and hopefully after three or four years, you could ask the board of accreditation to say it's okay. And the only way to do that was for me and some other people to decide that we wanted, on a handshake, to spend three years trying to get it.

[0:42:07] And then three years, for my own training too [unintelligible 0:42:11]. But take a chance on doing that for three years and then ask somebody, was it okay? So we did that. We had no choice, and we did it. And within five years had the place, OBGYN accredited for an approved residency.

[0:42:37] Three residents. Now, at that time, neither Howard University nor Meharry had an approved residence in OBGYN. And when you think about how terrible that was. So suddenly we go from nothing to essentially ahead of the two Black medical schools. I don't make no big deal out of that, because I don't want to embarrass nobody.

[0:43:06]

Interviewer: No, but I know what you're saying.

Respondent: Suddenly, in six years, we go from zero to a status ahead of the two Black medical schools in that particular. It was just an incredible sight. So we did all that, so that's why I couldn't leave.

[0:43:30] I had no reason to leave.

Interviewer: Right. You had a reason to stay.

Respondent: Yeah, I had a reason to stay. And then – I don't want to take all your time. But the other part of that was, doing all that battling to get trained. So came the graduation time, and I was so proud of the chief and all them. Interestingly, the first thing that happened, they were having not a graduation as such, but you finish your three-year residency training and all that stuff.

[0:44:07] [unintelligible] and all that. And we're going to have – the local OBGYN society, white, was going to have a little thing downtown. And at that time, they had a society from Chicago that used to come visit St. Louis. All white.

[0:44:27] So to make a long story short, they were having this affair downtown. Of course [unintelligible 0:44:32] there was another guy and I, and to make a long story short, they had it in a place, and about two hours before I was to go, they called me and told me they didn't think I ought to come because the place they were having it – I think it was the University Club – wouldn't allow Black people in it. Can you imagine? Well, just a taste of it, okay.

[0:44:54] So then the other issue, there was no – after all this fancy training, and [I'm not gonna say I'm the best that ever did it] you know – start a practice, [and there's no] hospital I could go to. Can't get in the white hospitals. And the Black hospital was Wheatley. That was not equipped for any first-class stuff, you know. So I'm caught up in this damn training, got all the credentials now, and I got no place to work. And that was true of me and two or three surgeons.

[0:45:29] So then that started this whole battle of hospital integration in town [unintelligible]. So we in the front of that. Have to be in the hospital [unintelligible] the city hospital. They gotta start all over again trying to get to the [unintelligible]. And that went on for years and years. And the [unintelligible] part of it was, when you first applied, they say you don't have the credentials.

[0:45:56] Well, so we settled that. We went through all the damn credentials, all the [American board]. Every damn thing possible. We never got [unintelligible] surgeons. So then we go back to them and say, how about this? Well, you got the credentials, then they come up with some other stuff, something ain't quite right, we can't do this, you know? And it just goes on and on and on.

Interviewer: I wish you would elaborate on your attempts to get into the private hospitals, because I think that's a very good…

[0:46:33]

Respondent: Okay, there were about four – there were a lot of private hospitals, but that was the Catholic bunch of private hospitals. Then there was St. Luke's, and Research. Research was up on Hospital Hill. And [Menorah]. These I guess represent. And the Lutheran Hospital, but you couldn't do them all.

[0:47:02] So the question is, where's the soft spot? Well, at that time, Research did not have a Black janitor in it. Well, okay, so you understand that. The St. Luke's had Black people working in the laundry, but the notion of any more was totally out of the question.

[0:47:30] And the Catholic hospitals were essentially basically the same way. And we had a couple [of friends] at Menorah. It's the same situation. You Black, and I don't care if we're Jewish or whatever the hell it is. You understand the travails. Because I always thought the Jewish people always liked to tell you how they suffered.

[0:47:57] But they never -- [unintelligible] understand what people do, you know? Well, so – in the meantime, the thing was so acute. [interruption] Now, over the time, you see – the time I started residency until it got done and everything – the guy that was [unintelligible 0:48:21] a guy named Howard Gainey. He was probably the best OBGYN guy in town.

[0:48:29] And if he wasn't the number one guy in town, he was certainly the – I'm talking about in the academic respect. And he was rich. He had money. But in the meantime, he worked like a dog all the time. So he was a strong man in town at St. Luke's, and known all across the country.

[0:49:00] And one of the advantages of it [unintelligible], I got introduced over time to – I knew – not buddy buddy, but I had met almost every outstanding OBGYN in person in the country. Guys that wrote the books [unintelligible]. This Gainey was that kind of guy. He ran with the decent people and was well respected.

[0:49:26] So to make a long story short, this thing – he had taken a lot of his own time and his own money to set up the system at General Hospital Number Two, to have it produce me, and I was the first guy on the program. Then he's confronted with a lot of [embarrassment]. Now, this guy's good. I mean, it's nothing conceited. I'll just tell you, I was all right. And I'm certain, if I'd been white, there's no question I'd be right now sitting on the Plaza.

[0:49:58] I mean, pardon me, I never even said that ever before to anybody, but it's a fact. Because this man did that. And what he did that really helped was, during those days, you talk about Black people who went to see white

doctors. When I graduated, he stopped seeing Black patients and told them, you want a good doc? You came to me, Howard Gainey, because I'm a good doc? Here's the name of another good doc. You go see him.

[0:50:27] And nobody else has ever done that in this city. And he did it in full recognition of the difficulty we were having and the point that if somebody didn't help you, you'd never get help, and that he couldn't do it at St. Luke's. And although the guy suffered considerably by his peers who gave him hell for the time he spent with us, he spent 15 to 20 years helping.

[0:50:56] But the point was, so now we're confronted with this guy I produced, Sam Rodgers, and he got no place to [unintelligible 0:51:03]. No place that he can practice the kind of medicine that he's capable of doing. And I know he's good. He used to take me over to St. Luke's and St. Mary's on special things. And interestingly, I can go in the operating room with him, and we scrubbed and worked together, but I couldn't never get there by myself. So I used to go to St. Mary's with him or St. Luke's.

[0:51:28] All right, well, so what are you going to do? Now, coincidentally, in those years, we were on 23rd Street around, you know the Benton Curve? You go up 23rd, further east, that was, at that time, a Catholic maternity hospital named St. Vincent's that was also related to – they had a foundling home.

[0:51:59] But it had been once the outstanding one, the only strictly maternity hospital that the city's ever had, I think. But at least it was there. And they were shutting it down because of the population moved around, moved away. So Howard Gainey and some of the other guys who had some influence and some Catholic influence ended up with enough response from O'Hara – this is Bishop O'Hara – that they said well – and that was myself and Dr. Richardson, another Black guy, and two or three other people who needed a place.

[0:52:39] So they started letting us – the [real] hospital – and started letting us use it a little bit for OB related things. In the meantime, they got an order – the Maryknoll Sisters were sent for specifically to staff this hospital, which is going to be a totally interracial hospital.

[0:53:14] And it was. And it was the best control – I mean, really control hospital in town – in that there were no – nobody anything. You know, there were no grandfather clauses.

[0:53:30] The Maryknoll sisters were brand new, didn't have nobody, no great benefactor. And so we got into the thing, and we ran it just absolutely clean and wouldn't let nobody on the staff that wasn't decent, [unintelligible 0:53:52] anybody. Well, they did that with the full knowledge and the clear intent of trying to have an interim place where young Black doctors could have a

decent place to start, knowing for a while the integration thing was going to catch up to us someplace down the line.

[0:54:14] So it was absolutely integrated, especially with staff. And it started off with a few white patients, but you know, that's a whole other story about what happens to white patients who like to go with a Black hospital when they get to a hospital and [unintelligible 0:54:14] with the front desk.

[0:54:33] And I used to be on the staff at the University of Kansas and could never get my patients registered correctly, because if a Black patient showed up at the registration, and they said, who's your doctor, and they say Sam Rodgers, somebody says, it can't be, because he's Black. And I always put somebody else's name on my damn [picture]. Just part of the problem.

[0:54:55] So back to the… So we started that, and the Catholics put a lot of money and a lot of time, and it was a hell of a – I'll tell you, it's the finest, best run, managed hospital I've been around before or since.

Interviewer: Queen of…?

Respondent: They finally named it Queen of the World. You remember that? Now, it lasted almost ten years, but it was a critical period of time. It was during the ten years that the white hospitals started taking Black patients and Black doctors.

[0:55:33] And after that was over, there wasn't any need. The hospital, the physical plant, was nothing to compare with [unintelligible], so we had trouble, but it really did [unintelligible 0:55:45]. Now, the other thing it did was it rekindled the fight or the apparent war between us and the Black other doctor society.

[0:56:00] So I didn't tell you another part of it. You know where the doctors clinic is? On Montgall? 31st and Montgall? The doctor's clinic.

Interviewer: Oh, okay, yeah.

Respondent: It's a nice building started by about half a dozen of us. No, four guys who were all involved in this battle royal about General Hospital Number Two and the Black doctors.

[0:56:31] And to make a long story short, we were told when we finished the residency, don't stay in town, because you're specialists, and the only way you're going to make a living is dependent on us to help you referring patients as a Black doctor, and we're not going to send you any, because of what you did to us. So as soon as you graduate, you all are leaving. And that didn't make sense, so we said, well, the only way we could survive was the four docs start off together.

[0:57:01] Broke, with nothing. And started with no referral system. And we were specialized. I'm an obstetrician gynecologist, and I ain't gonna do nothing

else. And we had a [unintelligible 0:57:12] surgeon. So we started, not in that building, but we started up on 25th and Brooklyn [unintelligible]. Well, anyhow, started with an organization totally for survival.

[0:57:30] Because we just created damn warfare. So that was part of the battle, because we were supporting the Queen of the World, because we were really what it was all about, frankly. And then for the first time, I became aware of the religious warfare between Catholics and non-Catholics. I wasn't really aware of that. It turns out that the battle between [unintelligible 0:57:58] the Black hospital and it staff not so much flared again, because of us.

[0:58:07] And there got to be religious warfare. It was just crazy. Well, in the meantime, the integration thing was in the small private small hospital things. Didn't solve the racial problems, but at least a Black doc with training now is a lot easier to get on the staff than ever before.

[0:58:39] But it still is a different world. So I was talking about [unintelligible 0:58:47], and what that did. It was very [unintelligible], and I was sort of at the right place at the right time for me and [unintelligible]. Otherwise, we wouldn't be here, because we couldn't have stayed in town and survived.

[0:59:02]

Interviewer: You mentioned Bishop O'Hara. Did he have any control over the other Catholic hospitals?

Respondent: Well, what he did – St. Joseph's was sitting on the corner, and my office was about a half a block from St. Joseph's. And a sad reaction to part of this battle between Wheatley and the Black staff as it relates to us as an individual – I mean us and we called it the doctor clinic that I mentioned.

[0:59:40] It was two or three other Black guys, and all the Black docs were part of this. One guy named Fleming. You ever heard of Dr. Fleming? Well, anyhow, he was a general practice guy. But an episode occurred down at Wheatley Hospital, an episode in a meeting or something, that ended up with just an arbitrary expulsion from the staff of Wheatley.

[1:00:09] [unintelligible] and Dr. Fleming were just essentially, for no decent reason at all, put off the staff of Wheatley. Now, you've got to understand again, Wheatley had been the only place for a Black guy to go. If you get put out of that, the only possible source of livelihood, it's critical.

[1:00:36] So for whatever the reason was, it didn't make any sense. It's just an arbitrarily absurd decision out of anger or something from somebody that couldn't have had any to do with it. So one day, in the headlines, Wheatley Hospital excludes [unintelligible] and Dr. Fleming and maybe one other guy.

[1:00:57] It was at that time that Bishop O'Hara, well, he knows about all the battles going on, because he's [unintelligible] at Queen of the World. So he just issued an edict, I guess, one day, and told St. Joseph's Hospital, or St. Mary's to put [Carl] and Fleming on the staff. And that did that. But it only did that for Carl and Fleming, because it took me another five years to get on the staff of St. Joseph, and I'm right across the street in a group with Carl and it was all because of the race thing.

[1:01:33]

Interviewer: Would you say that it was the overall racial problem, or was it more with the hospital administrators?

Respondent: I would say it's all racial problems that dictated what the hospital did with it.

Interviewer: Right, because they were fearful?

Respondent: Sure, absolutely. It's the reason I couldn't go down to the Muehlebach Hotel and eat. That's part of the whole damn thing.

[1:02:00] And nobody was able to make any kind of move toward any kind of liberation short of that. And that was just the health part. At the time there was this whole other confrontation with eating places. And that was different. So by that time, later on, things got better, I guess.

[1:02:29] General Hospital Number Two was – I guess in the early sixties or something – had the decision [unintelligible 1:02:44] results of the good relationship between us and the system, said we didn't need two hospitals anymore. There was no big fanfare, just the city council made some sense for one of the few times, said, come X day, we're going to shut down.

[1:03:01] And then the whole thing moved up to Number One. [interruption]

Male Voice: I have a question. You mentioned patients a few times. What was the attitude among Black residents of Kansas City toward going to a hospital to get help with health problems?

[1:03:32] Apart from any racial restrictions, were there other… What's behind my question is that I've lived in some rural areas where to this day, there are people who are afraid to go to the hospital.

Respondent: Absolutely.

Male Voice: And I'm wondering, was that here too?

[1:03:55]

Respondent: It was everywhere. That's a human thing that's passed down from – all ethnic groups have variations of that. That's consistent with their religious

backgrounds and stuff like that. Black people essentially relate hospitals to the place where you're going to die. And early on, that was, right, because there was not the things that we have now to get people well.

[1:04:26] So they were essentially dying places. And so that's a matter of ignorance and bad experience and all that. And even now, you still see some people who – not nearly as many, but there still are people, especially poor people, who relate hospitals to dying, because their experiences have only been in – not Black hospitals, but in city and tax supported institutions where the atmosphere is one of, you know, you come in to die, partially.

[1:04:57] Maybe not so much now. So that's a complicated reaction, but it exists in all ethnic groups for one reason or another. They've been taught that, and they learn differently all the time.

Male Voice: In your specialty, was there an attitude of being born at home?

[1:05:30]

Respondent: When I came to town, it was that.

Male Voice: How did you overcome that?

Respondent: Well, see, if you're in a town like this one where poor Black people had a city hospital to go to, and so they were a lot softer on that than if you were in a city that they never had an alternative, home was it, and they didn't know anything about hospitals, it was much harder nut to crack, you know?

[1:06:00] So here, going to the hospital, when I came along, was not a strong objection to it. However, there were many people still having home deliveries. Because even in the medical school days, in all the cities, most medical schools taught home deliveries, home delivery teams, you know? It's part of your training in labor, because whenever you got out, when you left, you were going to be [unintelligible 1:06:27].

[1:06:28] You don't see that anymore in cities now, because everybody is picked up and taken to the hospital. So that was no major problem per se. The difficulty's been we've still got problems with people understanding the importance of prenatal care. And that's a hangover that's still very deadly for Black people [unintelligible 1:06:49]. And the importance is one part of it, but they do have problems with the accessibility of getting their prenatal care piece and all that.

[1:07:00] We fight that all the time now, even in this institution, that I would like to think is wide open and trying to help people with their care. It's so amazing the difficulties of a pregnant woman. It actually [unintelligible 1:07:13] she wanted to come here. So to answer your question, that's one of the [unintelligible] –

nobody talks about it in urban areas. In rural areas, you still have to do it. Ain't no place else.

[1:07:30]

Male Voice: Do you do home deliveries?

Respondent: Oh yeah. We're trained to do home deliveries in med school. When I was in med school, universities had, as part of your training – and in Washington DC at that time, Howard and at least two other Black medical schools, they were doing the same thing. So a frequent occurrence would be we all used to meet up at the same house.

Male Voice: Well, I'm wondering, after you set up your own practice out here…

[1:07:57]

Respondent: I have never done any. No, not never. Because my training was – I came through at the end of it, you know? No, I never did. But now it's rare to see anybody in urban areas, in spite of that little – about five years ago, there was this little talk about home deliveries. It's crazy. It doesn't make any sense. I can say maybe I don't hear about it anymore, because I'm not in practice. Absolutely ridiculous.

Part 2:

Male Voice: Interview number two with Dr. Samuel U. Rodgers, August 8, 1988.

Interviewer: I want to ask about something that you referred to in the other tape. And these are primarily informational. They may be one-word answers or more elaborate. One of them, you mentioned that there was a Black military hospital in Arizona. Do you remember exactly where?

[0:00:26]

Respondent: Oh yes, it was at Fort Huachuca, Arizona. And it was there – I told you the results. A lot of politics. And then in the absence of any other Black staff – army, I suppose. It was there at Fort Huachuca, because Fort Huachuca was this training site for the two Black combat divisions that were produced in the war. The 93rd was the first one.

[0:00:58] And the 92nd was the second. That was the division I was in. So that's how I got there, because this was a training [unintelligible 0:01:05].

Interviewer: I didn't know that was a…

Respondent: Well, that's a detail point.

Interviewer: Now, you also mentioned in the tape that when your patients came to KU Med Center that frequently the receptionist or the person that admitted the patient would apply a white doctor's name.

[0:01:37] How did you handle that situation?

Respondent: Well, the first thing, it didn't come as any surprise. Secondly, you could call them at that point in time and just tell them that you insist that they put your name on it.

[0:02:00] But that didn't change – the people who were writing the names were clerks and that level people who simply had not been informed from the high ups that they wanted to change, number one, and then they'd never known any Black doctor before, so they just sort of presumed that that cannot be, that there's no way for you to be in charge, and just forget that.

[0:02:27] The difficulty really came in payments from third party people, like from the Blue Cross or something. The check came that should have had my name on it, and it had somebody at the university on it.

Interviewer: So did you get payment?

Respondent: Oh yeah, sure.

Interviewer: But it was involved?

Respondent: Yeah, involved and unnecessary. And it was a sign of the times. During those days, KU was segregated in terms of patients.

[0:02:57]

Interviewer: So the wings or sections of the hospital?

Respondent: Oh yeah.

Interviewer: Now, also, another point that I wish you would elaborate on, you mentioned that there was a conflict between the Catholic hospitals and Wheatley.

Respondent: Well, that was more the other way around. The conflict was more between Wheatley and anybody that they perceived as muscling in on their market.

[0:03:26] So the Catholic hospitals, I told you that except for Queen of the World – and that was the only Catholic hospital that really was any –where this confrontation was taking place, and that was because distinctly, Queen of the World was the distinct other hospital in town that Black people – private hospital people could go. So the anger wasn't – the Catholic hospital didn't have any problems with it, it was Wheatley that was having trouble.

[0:03:59] The trouble had to do with the fact that Black doctors were the ones who would potentially bring patients to Wheatley, and these patients were being – going to some other hospital.

Interviewer: Wheatley, then, saw this as the beginning of its demise?

Respondent: Well, I don't think that anymore, because this was just another of many threats. I don't think any more than somebody that owned the grocery store across from yours.

[0:04:28] I mean, they're competitors, but I don't think they ever thought of it as that profound.

Interviewer: What happened when Wheatley didn't get accreditation? I think you mentioned that in nineteen…

Respondent: I can't remember the details. It really didn't make any difference, you know? Because that still was the only private hospital for Black people, and it really didn't make a…

Interviewer: People continued to go?

Respondent: Oh yeah, yeah.

[0:04:55] And accreditation during those days was a lot less important than it is now.

Interviewer: Okay. Looking back, what would you say was the reason for the success of Queen of the World Hospital?

Respondent: Well, it was several. It [caught] in the timeframe.

[0:05:28] It was established publicly and purposefully for a problem. The problem was to act as an interim hospital, knowing full well that the integration thing was going to take place, and it also was there because of the acute embarrassment in the city of having half a dozen or more Black well trained doctors who obviously could not go anyplace.

[0:06:00] And they saw the need of it, and that was how it got formed. Now, the question again specifically was…?

Interviewer: What would you say was the success of the hospital?

Respondent: I think it was overwhelmingly successful. What it did was – I said before – offered immediately an outlet for about a half a dozen well trained Black doctors in town.

[0:06:31] Set up strictly interracial, and it also offered an opportunity for white doctors, good doctors, who were interested in working in the same place and working together with Black doctors. And see, a lot of these – again, the Black doctors had been trained by their counterparts on the white side, and so it was just a continuation of a training process and an opportunity to be helpful.

[0:07:05] And there were some sincerity on the part of a large number of the people who came to try to help solve these problems. And I said it was essentially scheduled to close itself out as soon as time caught up. It hastened the integration of the city. There's no question about that.

[0:07:33] So it was very beneficial for that, you know?

Interviewer: So from you said, then, I gather that everyone who was at the hospital realized that it was to be an interim hospital?

Respondent: Yeah, it was. It had to be.

Interviewer: It was not to last.

Respondent: No, it was not to last, and it was an acute problem that everybody could clearly outline, clearly needed some time for the normal evolution.

[0:08:02] And it was well timed. Didn't solve all the problems, but it gave us enough time to get settled into the capability of surviving. And so we added onto that.

Interviewer: I'm going to shift a bit from the hospitals and just look at the doctors per se and their recognition by other groups of doctors.

[0:08:33] You mentioned in your article the Kansas City Medical Society and the National Medical Association, the Missouri-Kansas Medical Society. I gather those are all Black associations of physicians?

Respondent: Right. The National is what it says, national association. The Missouri, and the state was part of it.

[0:09:02] And across the country, you had [unintelligible].

Interviewer: When did the white medical associations begin recognizing Black doctors?

Respondent: Well, that was a local phenomenon across the country.

[0:09:26] Here in Kansas City, in 1950, when we requested membership in the local white society, the answer came back that the charter did not make that possible. You couldn't join. I don't know if [unintelligible 0:09:53], but shortly thereafter, there was a Chinese doctor in town, a guy named Wu, a neurosurgeon.

[0:10:03] He was brought into the Queen of the World staff, and he and about three or four other Blacks made the application about the same time. Now, he was also illegal because he wasn't white. So that was the incident. And they changed it. What they had to do, when he applied, the answer came back, you cannot be a member because the charter doesn't allow for non [unintelligible 0:10:33].

[0:10:33] [unintelligible] I think that they didn't have any non-white members. So that was it. What got you into the Jackson County local one did not automatically put you in the state. I don't think at that time. But I know one thing, the American Medical Association was so arranged that by becoming a member in Kansas City, Jackson County did not guarantee you at all any interest into the American medical Association.

[0:11:10] So they had incidents all over the country where – in the South and out this way – that the American Medical Association had rules and regulations that, as I said, didn't automatically allow a member of a local to become a member of the medical association.

[0:11:35] What they did have for a while was some things they used to call social memberships. No, non-social memberships. Not to the American, but local societies. Which means that for instance in the location where we were, you were Black, so you could come to the scientific meeting, but you couldn't go to the events or the social part.

[0:12:05] That was all over.

Interviewer: Just give me your personal, how did you feel?

Respondent: Well, to me, it was just another example of the advantage of the whole system. It's not shocking.

[0:12:28] As you grow older, one expected now you're dealing with some professional people and doctors, ought to maybe think a little differently.

Interviewer: Were you angry?

Respondent: Well, I don't think it's anger, but it's a controlled anger sort of thing, because you recognize that the only way to break that down, you can't go in and burn the house down. Sure it makes you angry, but it's part of the anger like James Baldwin says in this country.

[0:13:00] I mean, to be Black and not angry, you've got to be sick.

Interviewer: Did you write letters?

Respondent: Oh, I had several local skirmishes in terms of organizations, yeah, trying to fight the system. And that's how it's broken down. Time and pressure. And it was in the south that there was the last remnants of it, you know? There were some more northern states where I don't think they had troubles. But this was remnants of the separate society.

[0:13:32] So that makes you angry, but, you know, you can't change it by pure anger. Like the whole system, like going to school, and going to the movies, when you had to go up in the balcony to sit down. So you either say, I'm not going to be a part of it… But I'll tell you, my father's a doctor.

[0:13:59] Did I tell you about his – he was so angry with the system. He's a reasonable, quiet man, you know? So, about 15 years ago, when I came back from [unintelligible 0:14:15] I was going to practice with him. And I told you, I applied for the hospital thing. So about 10, 15 years ago – I guess 20 years now – one summer, my dad had a heart attack.

[0:14:29] Very typical, no question about it coronary attack. He came home from his office [unintelligible 0:14:35]. So I happened to have been there because it was vacation time. And I mentioned going to the hospital, he said absolutely no. And that was it. He just… And I knew he wasn't going. I didn't think about even asking. He was so angry with these people.

[0:14:55] So he stayed in that bed in that house and survived it. But the point is, he knew he had a heart attack, and anybody would – no question about it. And full blown, you know? And he just flatly refused to go to this white hospital. He left to trade his life possibly for it.

[0:15:28]

Male Voice: Do you have any of those feelings about hospitals in Kansas City?

Respondent: Me? Meaning am I angry with them?

Male Voice: No, do you have any of those feelings yourself about hospitals here?

Respondent: Now? Well, you can't hardly have it, because I don't have any alternative. I mean, there's no Black hospital. But my anger was – and I mean, if you're talking about getting mad [unintelligible 0:15:54], well, you got mad over General, when we told the city we were going to close it.

[0:16:00] And I remember in some of innovation processes, especially research, and when they moved out and had the new building and they were getting ready to have President Truman come down and cut the ribbon. And at that time, they didn't want to talk business with Black doctors and two or three other Black people. So we just told them, if you want the president to cut the ribbon on a Sunday, you ought to know in front we're going to turn the place on.

[0:16:30]

Interviewer: They agreed?

Respondent: Sure.

Interviewer: Did Truman have any effect on that?

Respondent: He himself probably didn't know. It was a local thing.

Interviewer: A local problem.

Respondent: Oh yeah. No, he didn't know. But it's just what it takes sometimes.

Interviewer: Because I was surprised at Research, you mentioned that there were – by 1962, when you wrote that article, there were still two hospitals that had not integrated staff and patients.

[0:17:00]

Respondent: Research.

Interviewer: Research was one.

Respondent: And St. Luke's.

Interviewer: St. Luke's? How did you integrate St. Luke's?

Respondent: We didn't. We just stopped. Because it was impossible. St. Luke's was making some statements that they never refused a Black doctor. And we answered. You know, you didn't refuse nobody, nobody asked.

[0:17:27] And anybody knows there's no point in talking to St. Luke's. And the first Black doctors that got into St. Luke's were some younger guys who were at

that time in training but for Leavenworth, in the army hospital. The army hospital had some kind of combined training thing with St. Luke's. So these guys were just part of a rotation, not really head-on confrontation.

[0:18:02] [unintelligible] So by that time, they were asking us to join. I said, the hell with you. We just finished. We couldn't go when we wanted to, and I'm not going to be a demonstration of a token. So we just refused.

Interviewer: Who runs St. Luke's?

Respondent: That's Episcopalian.

[0:18:33] And because I mentioned Research, because it got down to warfare, just make up your mind about this and not, come Sunday morning when you cut the ribbon, there'll be some more.

Interviewer: So they didn't want a show of opposition on the banner day.

Respondent: Oh no.

[0:18:57]

Male Voice: What then did happen at research? Who was allowed?

Respondent: At that time, there were about two or three Black doctors who were the question. I was probably one of them. It's just a matter [unintelligible 0:19:12]. There were two or three got in on the front end. And they took more guys in time, as you expect, but then there were other reasons, legitimate reasons, for not taking some of Black doctors or the white ones too, for that matter.

[0:19:30] But then it was always a pretty pointed identification of who's doing what. So we just happened to have been at the wrong time. Because there were only half a dozen or so people who were eligible to press an issue. [unintelligible 0:19:51] that you had to have all the paperwork, all the training, that they couldn't pull a [unintelligible 0:19:58].

[0:20:00]

Interviewer: Did you have any contact with Black nurses?

Respondent: Sure.

Interviewer: Did the two groups work together?

Respondent: Oh yeah, the Black nurses. Yeah, most of the Black nurses in town came also out of General Hospital Number Two, early on. So at that age, you knew these people. And they were the first group who were essentially basically integrated in a lot of the hospitals around town.

[0:20:31] I think they probably – and I'm not certain totally about the Black nurse situation. There may have been some Black nurses working in some of these hospitals before Black doctors. I don't remember the detail on that.

Interviewer: That's why I was wondering whether it was easier for them to get into the hospitals as opposed to the doctors.

Respondent: Well, it was easier, because the whole issue was not being Black so much as the docs and the necessary hands-on relationship with patients.

[0:21:05]

Interviewer: And I'm just curious, were there any female, women doctors at that time, Black?

Respondent: They were in town. But it was not in Kansas City. During these years it was all men. I think there had been one or two in town, but there were none. Well, there was a Black woman doctor here.

[0:21:30]

Interviewer: I want to ask you a little bit about Wheatley Provident. It closes in the 1960s?

Respondent: I guess it was in the sixties, yeah.

Interviewer: Then supposedly, Martin Luther King Jr. Hospital was an outgrowth of that?

Respondent: Well, Martin Luther King was – it was an outgrowth, yeah. And it was there, and when they closed this physical plant, they moved [unintelligible 0:21:57].

[0:21:58]

Interviewer: Who was behind the organization of Martin Luther King Hospital?

Respondent: Basically, the group of primarily Black people. He just died recently.

Interviewer: Williams?

Respondent: Williams. [unintelligible 0:22:22] the strong perpetuating force here.

[0:22:27] And he was a very sincere man, and I also thought that he'd been misled more times than once about that, you know? But that was the force, and about that time, arguments were becoming less meaningful in terms of the Black thing. Because by that time, most of the white hospitals had taken Black docs.

[0:22:58] The community's strong argument for Martin Luther King was more sentimental than based on any reality as we knew in terms of doctors. And I

didn't blame them for that, but the reality was that the cost of building a hospital, the cost of maintaining one, still was a critical issue.

[0:23:32] And the economic issue was the same one, that it had always been a problem. For instance, in the good days – let's talk about that. When Wheatley was essentially filled with patients, the truth is, the real truth is that half the patients there were patients that were essentially industrially related cases that had white doctors.

[0:24:01] Like the packing house and a lot of the railroads. When they had real sick Black people who worked on [unintelligible 0:24:09], they obviously took them in, because they couldn't take the Black patient to St. Mary's [unintelligible 0:24:16]. So that gave an appearance of a real need for this hospital. I mean, a real need at that time. And the implication, somebody could say, well, we're going to have [unintelligible 0:24:29] because you always need it.

[0:24:29] When the integration movement slowly went through hospitals, the first Black people who --- not doctors, patients, who got in a white hospital were usually the cook or the maid or some of the rich families. And that was the first that kind of happened, and then slowly some other Black people, but still no Black doctors.

[0:24:59] So that was a pretty strong level of integration as it relates to Black patients, slowly preceded some concomitant movement with Black doctors. So what happened when the industrial surgeon from the packing house no longer had to take the Black patient to Wheatley because they could take the Black patient now to St. Luke's or [unintelligible 0:25:29], although they put them in the basement or something – that's a different story.

[0:25:34] But the point was that the paying patients out of Wheatley started disappearing early. And that simple process was the one that really destroyed – was a major problem at Wheatley, because they didn't have enough Black patients who had enough money to keep it solvent.

[0:26:02] Because, again, the first layer of Black patients, many were industrial people that went with the white doctors. So if you look at that process over time, it just undermines the economic basis. So by the time the [unintelligible 0:26:23] that's building the hospital up was fine, but the cost of it – and I don't understand the exact dollars, but a great deal of the money that went in the new hospital came out of the city, basic construction money.

[0:26:36] Nothing wrong with that, but that sort of perpetuated this myth, I say, that it was really needed. Now, also about this time, more and more Black doctors were essentially into the white hospital thing all in town. And so that meant if you looked back at Martin Luther King, there were several Black doctors who essentially practiced – medical type people.

[0:27:10] And a few surgeons who still carried patients at Wheatley, but they were well into the money difficulty, because the cream of the crop in terms of economics were being taken out to other places.

[0:27:27] So pretty soon, Wheatley – I mean, Martin Luther King just sort of the volume went down. And with that, the support services got a little weak, and then you had the vicious cycle of not being able to run a first rate institution because you don't have the money, because you don't have the patients.

Interviewer: Was there pressure on Black doctors to staff Martin Luther King?

Respondent: Oh yes. Yeah, terrible pressure.

[0:27:58] But one thing you also need to understand, that hospital, Martin Luther King, was purposefully constructed without a delivery, without facilities for delivering babies. And that was during the time, again, when in hospital construction there was a lot of argument about whether every hospital needed to have an OB department, because it was extremely expensive.

[0:28:31] It's the most expensive department in a hospital. At that time, St. Joseph's Hospital was on the corner of [unintelligible 0:28:37]. And they put together a scheme that says it's a lot cheaper in construction and a lot cheaper to maintain a hospital that didn't have an OB service. Some other hospitals – Baptist cut off their OB service, and one or two others.

[0:28:54] They found out it was an awful mistake, but the mistake is when you eliminate that, you also eliminate the gynecologist. Because I'm an obstetrician gynecologist, so for me, it meant that it's hard to deliver babies in one place and do the other part in another place. And unnecessary to do that. So also, when you remove your OB service, you interfere with the pediatric part. So that created a major problem that nobody ever wanted to talk about.

[0:29:28] And when you ask was there pressure, pressure on obstetricians like myself. And it's very hard to make the point that you don't have a great deal of what I can do. So there were some built in things. There were good reasons that it was constructed the way it was, but at the same time, these good reasons created problems.

[0:29:57]

Interviewer: So would you say the physicians in the city were consulted concerning the need and the use of this hospital prior to its building?

Respondent: Well, yeah, sure, they were consulted, but by the time, the physicians in the city, again, now, were pretty well identified as who's who and what's what. And another thing you need to understand is that small hospitals all over the country were, at that time, disappearing.

[0:30:35] Many, many. It's a well known fact among hospital administrative people that hospitals smaller than 100 beds don't make any sense, because you just simply can't – they're not big enough to maintain themselves. And you've got that, and you also had, by that time, in the community, aside from the doctor level of confusion, patients by that time – and especially the younger patients – were not into, let's support Wheatley.

[0:31:11] Because this hospital carried with it for years a total, a very high degree of community involvement, for a long time. I mean, really all the people, because that's all they had, because it was the biggest thing in its [town].

Part 3:

Respondent: [unintelligible] getting older and dying off, and pretty soon, the people who normally supported Wheatley were no longer around. I remember before I came to town, I used to – I'll tell you, my roommate [unintelligible 0:00:17] used to tell me about every year they had a fashion show for Wheatley. I'm talking about downstairs in the auditorium.

[0:00:26] You're familiar with that? Okay. It was a benefit thing, and I understand a huge thing. I never saw them, but that degree of community involvement, as people grew older and youngsters come in, just sort of disappeared also. So that was going on. The other thing that was going on about this time, a large number of Black doctors coming to town were graduates of other than Black medical schools.

[0:01:05] So that Black orientation was – and had done internships in white hospitals and big hospitals. So another major problem was that a doctor who's worked at the university hospital level, a hospital like Research or St. Luke's, don't want to be caught in a 100 bed hospital.

[0:01:32] And they're right, because they're used to all sorts of support. You know, x-ray department open all night long, the lab opens all night long. And these guys are highly trained in a situation where you could push a button at two o'clock in the morning and get all the support you want. You can't do that in a small hospital. So all these things just converged together and created a situation that just made Wheatley and a thousand other across the country, others like it, just one after another disappear.

[0:02:08]

Interviewer: So Wheatley, Martin Luther King closes.

Respondent: Yeah, across the country. This article that I wrote was a part of a series that the organization was writing about Black hospitals across the country. And that was in the future for Kansas City. But the point is, all these Black – like that one here, on the East Coast, in the Carolinas, in Durham was a Black hospital and someplace else another Black hospital and another one and another one.

[0:02:40] All up and down the East Coast, and they just one by one – Baltimore – just went out of business. And I guess Provident in Chicago was probably the last of the fair-sized Black hospitals in the country.

[0:02:57]

Interviewer: I want to ask you a question. This might seem redundant, but I'd like you to answer it anyway.

Respondent: Sure.

Interviewer: There is a move to reopen Martin Luther King. I don't know how serious it is. What do you think? What's your opinion?

Respondent: You cannot. There's no need for it in terms of a general hospital. There's nobody in town to support it anymore. The older set of Black doctors my age who at least recognize the name are all gone.

[0:03:32] There's absolutely no support for the idea, no need for the idea, no money to support Martin Luther King. And it's part of the phenomenon of – you're old enough now to see kids who don't even know who Martin Luther King is or was.

Interviewer: Yes, I teach them. We teach them.

Respondent: So all that happens, and the main thing, there's no excuse for that anymore.

[0:03:57]

Interviewer: So the city should contribute money to reopen this hospital, you would see it as a waste?

Respondent: Oh yeah, the city's not going to do that. Not as a general hospital. A lot of medical related things, that's a different story, but certainly there's absolutely no – doesn't make any sense at all to talk about a general hospital.

Interviewer: Now, I'd like to bring you to this place.

[0:04:28] 20 years ago, right?

Respondent: Yeah.

Interviewer: You gave up your private practice?

Respondent: In degrees, yeah.

Interviewer: Would you just tell me the story of why? What led you here?

Respondent: All right, well, let's go back to – I started practice in about 1950 and went through all the [screaming war] stuff and all the battles and all that. And in the meantime, I got [unintelligible 0:04:58] and ended up being an examiner of the American Board of OBGYN.

[0:05:05] I don't talk about first, but I'm the first Black examiner they ever had. And about 1965, I said, what the hell, I've done that. And the other thing, I've always wanted to be in a position to do more for somebody. And where I could take care of you in my office first rate, that's just a one on one in town sort of thing.

[0:05:33] And it gets dull doing that all the time. And I had a couple years along with that been running through my mind what's possible to do. And during those days when the first talk of the – not the first talk, but another reoccurring idea from the government level that the government ought to do more for poor people's health.

[0:06:01] And I inquired around the University of Kansas about – at that time, in medical schools, there were two or three schools that were featuring departments of community health. Because I must tell you, it's always a stepchild of normal academic medicine. But there were a couple of young guys over there.

[0:06:24] So I went to talk to them about what I was interested in, and I just wanted to find out – I'd heard about all this federal involvement stuff. Didn't quite understand it. Didn't really understand the political system. So I wanted to find out what was happening, what was predicted. And the only thing I could found out was to go someplace where they teach it and where they discuss it.

[0:06:54] I thought I could do it part time, and that I was an obstetrician, I was primarily interested in maternal child health. So I was finally driven to the point that if you're going to do this, you have to do it. So what do I do? And they said there were two schools in this country, just outstanding schools, public health schools. Well, I mean, there are more than two public health schools, but they all specialize. So there were two ones that were very good in maternal child health. One of them was Berkeley out in California, and the University of Michigan.

[0:07:29] And I knew that the University of Michigan people were the ones that did all the social security stuff. And I had to make a decision. I thought, number one, that you could part time it, but you couldn't do that. So it was obvious that if I'm going to do this, I have to do it. You have to go to school. And I just thought, that's for me. I have family and all this to deal with.

[0:07:57] My wife understood me from a point of view that if I left and eat and sleep it would be a major dislocation. So I [unintelligible 0:08:09] Michigan and enrolled and got accepted in '66. When I wrote, they told me it was a nine-month course.

[0:08:30] So I got up on the day of registration and just made the decision I'm going to change it to 12 months. And in the meantime, I'm legally tied up with the doctors clinic. We had a legal arrangement, you know? So this all doesn't take place the same one day, but I told them I was wanting to do something different, at least long enough to learn and that I was going to leave temporarily.

[0:08:58] And it would probably take a year. Because they got mad about that and announced that I was crazy, had lost my mind. And so I arranged that every other weekend, I used to come back home to work.

[0:09:28] [unintelligible] on the weekend. I'd come back Friday night, go work Saturday in the office [unintelligible] Saturday night. [unintelligible] by Sunday afternoon, I'd get back on a plane and go back to Detroit. I did that for a whole year. Well, when I left here to do it, everybody says you're crazy. And when I got down [unintelligible 0:09:57], everybody else said I was crazy.

[0:10:02] But it worked out. I had three kids, and they were 10, 11, 12 years old. But during the summer part of the final semester, I took them all up to Ann Arbor, on the campus. So these three little kids are on the main drag of the University of Michigan. The had a ball, you know?

[0:10:29] And I really think, in fair fashion, that – I have two girls and a boy. The boy's not the academic type. But they all enjoyed it, living on a university campus for almost two months and seeing what the big time was and everything. And these girls have never been the same since, in terms of getting turned on. They may have been already, but they certainly were by the time…

[0:10:59] So that went on, and so I graduated in August. This was the summer that the riots were in Detroit, so that was when that was, okay? So I finished and came back to Kansas City, go back in the office. In the meantime, while I'm in Michigan, oil, these people came to down and dealt with the human resources corporation and the city, and they had decided that – well, a lot of confusion that I was not a part of because I was in and out.

[0:11:42] They finally got a grant for two or three million dollars that was going to be given to the city, except that at that time, there was a lot of turmoil in the city hall, and they didn't have a city health director. So listen to this.

[0:11:55] So I got a telephone call up in Michigan during the last couple months [unintelligible 0:12:01] for this money. And [unintelligible] Kansas City about a neighborhood health center, a word I had never heard before. And they were searching for a health director, and I got involved in that.

[0:12:26] And I'm still away in Michigan and the University of Minnesota for about three or four months. Well, so that came to an end. They got the money. They had a board of people. That was a poverty program. Are you familiar with that?

Interviewer: Not too. A little.

Respondent: Well, it's [unintelligible 0:12:43] in these communities. The model cities programs, you remember? They were all – that's another whole story, fascinating story. So I came back, and they were looking for a director for this little institution that it was going to be.

[0:13:01] And they had a board, and they made arguments about the money. And at that time, I didn't understand, then, about across the country, there were many neighborhood health services, usually funded out of preexisting hospitals or medical schools or some institution. They were looking for, I understand later, and they're always looking to have a place freestanding that was going to be run by a Black doctor who was trained in public health.

[0:13:39] Now, that was pure fallout, you know? [unintelligible 0:13:44] So they thought, we started talking about the job, and I was interested, because there was probably not going to be opportunities to do anything that I had said I wanted to do. So I'm confronted now with, here it is, what you've been talking about.

[0:14:00] So we went to that thing about [unintelligible], and so I was offered $25,000. And everybody thought that was really high, you know? I'm telling you, these people in the government. So, you know, okay. Well, I said, I want to do the work, but I've got to keep my practice and make a living until you all do better with this salary.

[0:14:33] So that essentially was, I think, illegal almost. But I said, I gotta practice, because I can't make it. So we had an illegal relationship over long years that I did both, for a long time. For a long time. I had to do it, because I told them, you've been a little crazy in that you change things, you discontinue programs overnight. I don't mind being helpful, I want to be helpful, but I'm not going to lay my life on the line for you.

[0:15:07] And this was during the days when the police wouldn't come down here. Postmen stopped delivering mail. Firemen wouldn't come. The Black Panthers were all over the place. So we started in one of the apartment buildings. It was [unintelligible 0:15:23] Michigan. And it was touch and go.

[0:15:31] The money had been set aside to renovate the thing. They'd been messing around for a couple years and got started, but you can't renovate an old building. So the point is, started there, went a couple years and got a chance to build a new place. And this was the second brand new [unintelligible 0:15:55].

[0:15:57] Because the rules and regulations by that time prohibited new construction. They spent millions on renovating. That's part of keeping the people in their place. Can't have nothing new for these poor people. So we had a chance to do that, and so that's how I got in that. And we needed some help, so half the people we started out with were people that would go to General Hospital to get their you know.

[0:16:28] And all of them thought it was crazy. And I guess, I think they came to the conclusion that if I was – they were surprised that I was doing it, but if I didn't have more sense than that, they would come and help. So that's how I got

here. And so when I came – you've never seen the stationery from here, but we never – essentially, there were never any names on it in terms of board members and stuff.

[0:17:00] And still, I got new stationery, and I still didn't put any. And the reason was that when I came down, the chairman of the board told me, don't put your name on that, because you're not going to last six months. [unintelligible 0:17:17] Not to this day, in terms of never letterhead with – I've gone to the extreme.

[0:17:29]

Interviewer: You mentioned Black Panthers. What was your relationship?

Respondent: During those days, everybody was creating problems, I guess. The Black Panthers at that time were very active out here, and they viewed themselves as protectors of the poor. And a lot of other people, a lot of organizations.

[0:17:58] So I always remember, across the street, when they were – a patient came downstairs and was waiting around longer than they thought they should wait for transportation, so pretty soon, up comes a committee of Black Panthers. You know, they come in the room, and they've got a tape recorder they set down on the desk and turn it on and announce who they are and all that and what the action was about so and so's down there and she needs a ride home.

[0:18:31] And if you don't get it, what are we going to do? So I just said, no, I run this upstairs, I don't mess with your stuff, I'm not interfering with the Black Panthers action. So you just leave us alone, and we'll take care of it, son. And that was the end of it. But they really thought that many times they were acting on behalf.

[0:19:01] It was grossly wrong many times, but they really – part of what they were doing was calling themselves protecting the unprotected.

Interviewer: Sometimes it got in the way.

Respondent: Oh, no question about it. Sometimes they were very destructive. But I'm telling you, if you could really sit down – listen, it's a part of them, that's not the whole Black Panther thing. But I'm talking about the part, you're asking about my relationship with them.

[0:19:27] They thought that they were doing their thing in terms of helping protect these poor sick people.

Interviewer: Were the people in the area happy to see this facility come into being? Were they eager to come?

Respondent: Yeah, but not for the right reasons. They were not eager to come. When these places were talked about in terms of political system, a great deal of emphasis was put on the fact that [unintelligible 0:19:57] to health services would be possible with sources of employment.

[0:20:03] Now, I don't know if you're familiar much with [unintelligible], but they had early on a lot of training phenomena, teaching community people and training cycles in homemaking and how to do things and all that. And obviously a lot of the training cycles were dead ends, because after they produced homemakers, they didn't know what the hell to do with them. Coincidentally, by the time I got here, they were getting ready to graduate 25 or 30 women who had been through this homemaking [unintelligible 0:20:03].

[0:20:36] It was supposed to teach them how to, among other things, watch their money. So the training cycle was about to end and with [unintelligible 0:20:46], they had no place to come to work. So to answer your question, before I knew what was happening, they were announcing that as soon as the health center opens, these people were going to have jobs.

[0:21:00] And when you make a public announcement to these people… And sure enough, I wasn't there two weeks, and here they come. Not here they come. They were sent from the other poverty program to come over. And you're just caught in a situation, so what the hell can you do? So suddenly you've got 30 women who were told they're going to have a job.

[0:21:30] The interview process [unintelligible] were very limited. Except asking somebody their name and where they lived, you couldn't ask them a great deal more because it was – at that time, it was anti spirit of trying to help somebody who's poor, because you couldn't ask them about their police record, because you could be guaranteed almost all of them had a police record, and you couldn't ask the usual job interviews by law.

[0:21:56] So we ended up hiring – not hiring, we had to receive them, because the pressure was on us. You know, we're all of like two weeks old, refusing to hire 30 poor women. So you do that, and then you end up finding out about half of them are essentially illiterate. Then we end up – I show you the classrooms? We've got two rooms, and they were designed for classrooms.

[0:22:28] And we had on the payroll there for a while two emeritus teachers – I mean, high school teachers on the staff. So we were trying to get these people – as many as possible. And all that at the same time I was supposed to be running the health center. And everybody's angry, and they're all mad.

[0:22:57] So when you talk about using the place, it's a different story. Behavior and health behaviors and normal behaviors at the community level, first, poor people have been so beat up and badly mistreated in terms of organizations

coming and going that their perspective to begin with is, here's another bunch of people coming to mess with us sort of thing. So when you open these places up, they may just sit there for a while.

[0:23:31] And you see periodically they send in a test. We used to call them test cases. It's true. So to answer your question, it takes a long time to build up any degree of support from the community people. And that's slow, slow, slow.

Interviewer: But after 20 years now, you would say you're a permanent fixture?

Respondent: Well, lord, yes, there ain't no problem. And the other part of that was – we're essentially talking Black people to begin with.

[0:24:01] Because 9th Street was a sort of racial separation point, but there were some white people who would inquire if they could come there, because somehow, part of it was [OEO's] fault, and I guess other social agencies' fault, that they had allowed the feeling to prevail in the community that OEO was essentially for Black poor people. And that's very strong across the country, you know?

[0:24:29] And so this health center here was viewed for a long time as just for Black people only. By that, it was not doing its job well. Over time, right now, we've got a preponderance of white patients, about 55%. And time has done that, and a great deal of the Black population is gone from here.

[0:25:00] And so we never had that. I can't ever remember anything that approached a serious racial. I remember some very funny thing in terms of the white patients, as they viewed their problems. It's interesting, when Black people think they're being discriminated against, they don't think anybody else things that.

[0:25:30] So over time, you learn – you see some white patients, and some of them over time get reasonably friendly. I remember an incident, I was up in the hallway once, and one of the white guys – I mean, probably [unintelligible 0:25:48] – he knew me then, and we got friendly. He called me over to his side and put his arm around my shoulder and said, this is a good place you got and several kind words.

[0:26:01] But his only trouble was that you had to be a nigger to get waited on. He was telling me, buddy buddy.

Interviewer: I like that. What's the staff like?

Respondent: Staff? Originally was preponderantly female. Now, that's another product of the populace, because the preponderance of visible poor people were always women.

[0:26:37] And part of the other thing about the department, we were pushed in a direction to be if at all possible, more helpful to women, because they have

families they have to take care of. And part of that was recognition of the babysitting problem and all that kind of stuff. We were told don't be surprised if my wife has to come to work late because all that.

[0:27:07] And that made no sense then. But right now, we're preponderantly female, as much as 90%. And we have all the problems of women trying to raise a family and all that. And one of the major problems has always been lost time.

[0:27:31] Now, on the other hand, early on, most of the professional people who came were really interested, because we were all, let's take care of these people sort of stuff. I can't say that for the nonprofessional ones. And that doesn't mean – it was sort of a selective device. If you came to work down here, then you wouldn't come unless you were interested, because there were too many jobs someplace else.

[0:27:58] And that went primarily for nurses and that level. So most of the other ones were real serious people. And I've got a few of them now that don't understand what's going on now, you know? They were real serious and understood. That was good. And the doctors were a little different. We were getting some – early on, some doctors who were interested. Not necessarily Black doctors.

[0:28:28] But they were a fair mix, but there was no overwhelming fallout of Black docs. And we had trouble maintaining staff levels because the pay for professionals was not near what it ought to be and still isn't, as a matter of fact. And the notion to come down and help the poor people didn't stick very long with most doctors. In the meantime, we had several years of the whole doctors who for one reason or another sought out these places.

[0:29:02] Some of them, a few of them, really had an interest in helping poor people. There were some misfits, guys who didn't make well in the private practice or who were alcoholics or something. You don't know this until you're living with them. And then there was one guy who was a young fellow who came here. He worked down a the city health department.

[0:29:27] And he's well, he's a general practitioner, trained fine. He announced when he comes in, says, I won't be here in about a year and a half two years. Well, that didn't mean nothing. That's fine with me. As long as you're here. And someplace in the conversation, a little later, he explained that what he was doing was, he was separating from his wife and their kid, and he knew that every time he changed address, it would take probably a year and a half for them to catch up with him.

[0:30:01] And he studiously did that.

Interviewer: That's terrible.

Respondent: Can you believe that? Doctor, okay? So I said to him, we ended up with all kinds of people for a while. And as time has passed the last – and the government got into that doctor training thing – you know, National Health Service Corps. So in the last years, we've really had to depend on them a great deal.

[0:30:27] Community help from doctors is not substantial at all, and certainly not now. The Health Service Corps people were young guys, and by the time they got to us, they were angry about something. Strange thing happens when a guy accepts somebody's help in terms of free tuition, knowing for a while that we give you this, and you're going to pay it back in terms of service.

[0:30:57] But when the service time comes, these people who accepted it suddenly don't want it, and they're angry about that, and then they have to go about, shipped around to find a place, do their time. And by that time they're teed off at the federal people. And by the time we receive them, most of them are so damned angry about something long before they got here. Then they start the confrontation between us.

Interviewer: And it's not your fault.

Respondent: Not my fault, no. And they're disillusioned and all that. [interruption]

[0:31:35]

Interviewer: Ten full time.

Respondent: Yeah, we call them full time. And they're divided roughly – right now, these institutions are described as primary care places. And primary care now includes general practice – or family practice is another name, which we do not have anybody [unintelligible 0:31:56]. Includes pediatrics, includes OBGYN, and it includes internal medicine.

[0:32:03] So these people we have are internal medicine or OBGYN. We have the family practice specialty. You've heard a lot of talk about it. Doesn't fit well in most of these places, because on the one hand, most of these people are specially trained. For instance, we've got obstetricians.

[0:32:28] And the internal medicine people. To bring a family practice person here, they're really trained in family practice. They expect part of the OB action, part of the internal medicine action. And it's inconsistent with, on the one hand, with the specialty training that all these guys go through. And so strangely, it doesn't work well. And I just never got involved with it, because there were so many contradictions.

[0:33:00] I couldn't have one doctor delivering babies as a primary care, as a family practice person, and another 25 specialists, because you're running two

levels of care. So we ended up dealing with all the specialized people. I can tell you, out of the ten people, nine of them are board certified people. That don't make them make sense, but at least they had the training.

[0:33:34] Because they're frustrated. They've got their own lives, and they're all mixed up. Because right now, the reality is, we talk about HMO stuff, what these guys were looking forward to when they went to school eight years ago ain't here no more. Ain't there no more. So they're unhappy, and they're slowly recognizing that.

[0:33:57] So this old bit, I want to be a doctor because I want to be my own boss and I want to do what I want to do is over, at least temporarily. So they're angry about that. So we have to get it, because I'm the closest one to them, I guess. So that's strange. It's a strange time, a strange world.

Interviewer: I have two questions I want to ask.

[0:34:27] One, the city, like the rest of the country, has a lot of homeless. Does your practice include those people?

Respondent: Let me tell you about that. In this town, we have from day number one. We're in the oldest part of town. The Salvation Army's right down the street. City Mission is right down the street. And we have taken care of these people forever.

[0:34:55] So two years ago, when at the political level they started to think about homeless care, then they started designating new definitions for homeless care. And in this town, there's really not a major problem as it compares to some other towns. But what happens here – and I say we're the original caregivers for all these destitute people, forever. So when the word gets out that money's going to be available, a group of these people get together and end up with the money being assigned [unintelligible 0:35:30].

[0:35:31] And we were not even included in that. Which means that on paper, [unintelligible 0:35:31] and the Salvation Army and all these people that used to take care, they certainly didn't include us in the planning. And they got a new organization to take care of homeless who's five miles from here. Ain't no homeless down that way. So they come down and raid the territory, our patients.

[0:36:00] And we had a big head on with the regional office about it. But it's the result of some decisions made for [unintelligible 0:36:11] good reason by people who are not familiar with history. What I've described doesn't make any sense at all. Doesn't make any sense, I would think, to anybody except the damned politicians and the local people who created that monster.

[0:36:27] So we always took care of them and still do. And now I can tell you, that whole bubble's about to burst. I think that whole homeless thing, because what's happened in most cities, the problem is not near so bad as it's been talked about. And here in Kansas City, they're really having some problems finding all these people that they said were there.

[0:36:56] I guess just recently, you may remember, they advertised they've got a big traveling doctor's office. This is a homeless [unintelligible 0:37:08]. Ridiculous. The damned machine is so big that you can't drive it down a city street. Absolutely no need for it. Absolutely wasteful. Absolutely all they're doing is glorifying a section of the people that we already saw. And it's unfair.

[0:37:27] Why should you, because you are a designated homeless, be able to have somebody come to your house to see you, and somebody next door, who's just as poor…? And it's an example in this country of misused monies. I think it's just awful, for lots of reasons. To answer your homeless thing. So that's what's going on. And already, the first year of funding from the federal government for the whole country was like $40 million.

[0:38:00] Before the first year was over, they had already said, next year, we're going to reduce it to $13 million. So you get some indication already that the damned thing is in trouble before its first birthday. And the point you're making is what this program does not talk about is doing something for them in terms of their homelessness.

[0:38:28] And it's the first time I can remember that in any health-related program that there's not some statement about, let's try to do something about the basic cause. The outstanding basic cause is when the states started closing up psychiatric mental health things all over and put these people on the street – there were always homeless people, but that precipitated the problem. There's nothing in any of these programs that talks about building more houses, or less correcting the cause.

[0:38:57] It's another demonstration in this country of some crazy thinking about people. So it's my prediction that you're going to hear less and less about it about a year from now. So what we do, we ask the question. The same people that we've been seeing all the time, when they walk in the door now, how do we decide who's homeless and who's just poor? So they've got some questions that's asked.

[0:39:29] It's a matter of a definition that's given to you by the patient, and I think the person has to do – if you are not able to stay home for the last couple of nights. And that's crazy. So they're finding out, the whole program is just lots and lots of questions. I was just reading an article about one of the big cities, Cincinnati or somebody, one of the big cities that had figured they were going to get 25,000 homeless people.

[0:40:05] And I remember the last count, that they looked at it and they were saying that they could only count like 2,500. And they make the statement, obviously there's someplace we've misdiagnosed this thing.

Interviewer: My last question. What's next for you?

Respondent: For me?

[0:40:31] My next is why am I hanging out here? I don't have anything special in terms of being next up for my own personal self. I like what it does, and I insist on it doing what it's supposed to do. There are a lot of increasing pressures from people who want to turn it into something else, make money, make money.

[0:41:01] I would probably leave if I thought – I only took the job [unintelligible 0:41:01] that I didn't think anybody else was interested. And I think I'm right, after 20 years. And I guess if I had any assurance, any kind of a thing, a personal assurance that [unintelligible 0:41:01] somebody else is interested in taking care of it and the poor side, I wouldn't worry so much.

[0:41:33] But right now – and I can tell you, I can tell you unofficially, the next guy in charge here, [unintelligible 0:41:33] is so focused on money that it even frightens me. It frightens me because the guy's been there almost – I had him 18 years ago.

[0:41:57] But his problem is, he's a youngster. All young people are career oriented. He tells people don't worry about it, he'll take care of poor people. But he really wants to be interested, just not at heart. And so to answer your question, I don't know. I've got weeks and weeks of sick time and weeks and weeks of vacation time. I never take them. Not that I'm here all the time, because I got my vacations mixed up. I do a lot of traveling on the job.

[0:42:29] Trips that ain't no vacation, but somehow in your head, they end up that way. And the funny part about the organization, everybody says, doc, you need some time. And I say, okay, [unintelligible 0:42:29] be gone, and the next day he said, when did you say [unintelligible]? I said, next – well, can't you put that off?

[0:42:57] So I don't know how to answer your question. I worry. The present feeling in the country, sociologically, at this point, I think it's close to a change, but right now nobody really gives a damn. I mean, not nobody, but there are very little real demonstrated concerns for poor people. I think things have certainly been terrible, bad, as bad as they were 20 years ago. When Reagan disappears. And that was it.

[0:43:32] But I think the country is very close to some civil disobedience, really. There ain't no question in my mind about that. These people who don't understand that are just crazy. Because these people are furious on the street in a

different kind of way. And I think they're also smart enough to know that burning down buildings ain't got no more to burn down. I mean, I don't think that's going to be the problem.

[0:43:55] It's going to be something different. And the amazing part is that 20 years ago, it was essentially an all Black phenomenon. Right now, with the number of white people – I mean, in the last two or three years – I'm talking about people who never thought they'd be caught in this trap, you know? Intelligent people who want to work but just terrified and angry as hell. And I really don't – it will be interesting in this time, in the next – well, Truman, like everybody else, is hurting for money.

[0:44:31] I mean, to the point that it's getting dangerous. Dangerous in terms of meeting expenses. [unintelligible 0:44:31] including Mercy Hospital. And so we were talking about trying to get a bond levy. They wanted to get it on this one that just passed. But they're talking about November [unintelligible 0:44:31] health levy. Strictly for Truman and Mercy, [unintelligible 0:44:31] to the neighborhood health centers.

[0:45:03] And you know, the city fathers, of course they want a little more airport and everything else. And I don't think – I know damned well they're not going to pay attention to anything until it's forcibly called to their attention. So we're talking about what to do and what to do. Kansas City doesn't run the hospital system, you know that.

[0:45:30] Did you know that?

Interviewer: No, I didn't know that.

Respondent: Well, long years ago, this city and most cities across the country tried to get from under their responsibility of being totally responsible for the indigent care. So Kansas City was one of the early ones who made this deal with Hospital Hill, this new corporation gave them the billings and [unintelligible 0:45:55] county's paid for and all that.

[0:45:58] But what exists between the city and the hospital is a simple contract that says the city pays you, Hospital Hill, so much money to take on indigents. And so what it does for our cities is get them off the hook in terms of responsibility and all that. So the money isn't enough, and there's no question about it. Truman and Mercy, you can imagine, we spend…

[0:46:31] We've got roughly close to a $4 million budget. And let's say over the course of a year, we have over 100,000 contacts with patients. And the other health centers, about the same. Now, the city don't pay a damned thing for that. Very little. Maybe you get $100,000. But the point is, so the city – great, they're covered.

[0:46:55] Somebody else is paying a great deal of that. And they don't really – they don't recognize what that means to them. And [unintelligible 0:46:55] just suppose [unintelligible] shut down. These people are going someplace, and they're going to Truman, and suppose some of them have the other health center, going to Truman. So the point is the city had a good time, a good life, and they don't want to face the issue of paying their bills.

[0:47:27] So everybody needs more money now. So my position with this group I belong to, and we're trying to figure out what to do, is I'm convinced beyond a doubt, the only way to talk to these people, unfortunately, is to get their attention. And to do that, unfortunately, one has to create some sort of a scene. And there's no doubt about it.

[0:47:56] That can be a controlled scene or some other kind. You can't sit down across the table and talk with them damned crazy people down at city hall. Because what do they have to worry about? Somebody's going to take care of it. My reaction to anybody who's talking about accepting some more tokens from them, I just say, you ain't doing nothing but delaying the inevitable.

[0:48:31] I'm ready. Something gotta give. And the sooner it does… Because as it goes now, Truman is close, really close to being insolvent. I'm talking about closer than you think.

Interviewer: It's frightening.

Respondent: It is frightening. And the thing that's frightening is the city people sit down there and say, well, Truman, that's your problem.

[0:48:54] Because we gave you a contract. And Mercy is the one who really is getting ripped off. The city doesn't pay for Mercy. The city pays Truman, and Truman [unintelligible 0:49:12] to Mercy. And Mercy is one of the finest pediatric hospitals in this country, who gives away – I mean, by virtue of the fact of not being – there's a major pediatrician for this city who's given away in a year $7 or $8 million worth of services that the city doesn't pay him for.

[0:49:35] So Mercy is not part of the city hospital. They've got their own board, and they've got a lot of money, and they've got a lot of influential people. And periodically, they tell the city, y'all gotta do better or we're going to move out south someplace. At what time it would just kill the medical school, because the medical school ain't got no pediatric department.

[0:49:59] What's the point of me telling you all this? Because it's a critical situation, and [unintelligible 0:49:59] reaction. But something [unintelligible]. Something bad's got to happen. And you may as well start it now. There ain't no point in [unintelligible], and that's too bad. So it's bad.

[0:50:29]

Interviewer: Well, I found this fascinating.

Respondent: It's interesting.

Interviewer: It's fascinating. I think someone who has seen more than 40 years of the progress of medicine in this city and who's been on the forefront… Most unique.

[0:50:59]

Respondent: I meant to tell you, there's some other historical things. Jackson County put out something once. But [unintelligible 0:50:59], they all took it from…

Interviewer: From you?

Respondent: So if you pick up some of these things, you'll recognize some passages in there you've heard somewhere before.

Interviewer: I will know who the author is.

Respondent: So yeah. So, you know, I've really experienced it, because I'll tell you, the interesting part to me is how it all just happens.

[0:51:31] Lord knows, when I started, we had no idea what was going to happen. And to me personally, my training was pure accident and just great. And [unintelligible 0:51:31] that guy, because he – the guy who trained me on the OBGYN, he's a big wheel in this town.

[0:51:57] A quiet guy, but who knew the mayor by first name because he delivered his wife. And in the process, I learned a lot, because this guy at two o'clock in the morning was sitting around. He was a lonely guy, you know? Kind of sad. So he liked to talk, needed somebody to talk to, so over time, I would listen and listen. And he had national connections. And I'm certain that's why I got to be an examiner for the board.

[0:52:27] Because when this American Board of OBGYN – these are academics. The guys who write the books. And I used to go to – the examinations would be every year in Chicago. And for four years, I was the only Black guy there in terms of an examiner. And it was just totally terrifying. The terrifying part wasn't because they had so much… But I know in the room who was in the room.

[0:52:54] And I know I was not – I hadn't ever written a textbook. I wasn't famous for nothing. So the guy used to tell me about the game. You know, that's probably why you're here, because we got all these egg heads out here and we needed somebody who understands some of the facts of life. The other thing about that, then I'll quit, the embarrassing part to me was first, the hurting part was that here is this large group of OBGYNs in this nation.

[0:53:31] Not a Black person there, number one. Number two, when I showed up, they thought that I was a professor from one of the medical schools. And the sad part about that is, it means that the medical schools were not known and they found out I went to Howard, so they assumed I was a professor at Howard.

[0:53:56] And the worst part about that, there were two other medical schools in the district, and one of the guys who was chief of one of the medical schools just across down didn't know who the damned chief was at the Howard University. Isn't that sad? And by hiring me, they never heard the word Meharry. And it scared the hell out of me. I spent the whole week up there, you know? And I was a little nervous. And I finally got tired of it. I spent almost ten years.

[0:54:32] In the process, they kept asking me about if I had experience. There were some other Black guys in the country that I really thought should have been there. I just thought somebody from the medical school should have been there. To make a long story short, I gave them a couple names, one time from a guy [unintelligible 0:54:55]. Black guy that I thought was okay.

[0:55:00] Well, it turns out to even be considered, you have to have a ranking at least assistant professor. No, what's the first thing?

Interviewer: Assistant?

Respondent: Then what's the next ranking?

Interviewer: Associate?

Respondent: Either associate or above.

Interviewer: A full professor?

Respondent: Yeah, you had to be at least an associate professor at a teaching institution. Well, incidentally, my man who brought me up had taken care of that.

[0:55:28] But these other guys that I knew, turns out, couldn't be considered because they were not. And these guys used to tell me how great they were at their university. To make a long story short, I had a friend, college friend, who by this time was at Howard University. And he was associate. So they asked me – so I turned them on to him. And this guy was the second Black guy that was [unintelligible 0:55:28].

[0:56:00] Now, I was on it in 1968, and so I'm just saying how bad, how sad things were. It was in November that they met all the time. They'd greet me. I'd say, how's everything up at the university. Well, I didn't have the heart to try to explain.

[0:56:29] And when they waved goodbye, I said, I'll tell [unintelligible 0:56:29]. Finally, some other people showed up. But I mention that because it's another picture of the academia in this country and how the Black schools essentially were out of it. Now, that was not necessarily true in some other specialties.

[0:57:00] I mean, the surgeons, I think, were better. But this is OBGYN, and for the guy who's at the university across the street from Howard – not across the street, but in Washington – thought I was a damned professor at Howard, it means he don't know nothing about Howard, and it's across town. That means Howard University doesn't know anything about the outside. Because part of this game, these professors visit each other and that cross-culture thing that you get.

[0:57:26] It means the kids in these Black schools were totally isolated from the mainstream. Isn't that sad?

Interviewer: Very sad. Very. Extremely sad.

Respondent: Yeah. So when I look back at all this, and I just -- a continuing part of an education that was incredible. And I guess the ultimate thing was when we ended up here with an approval for training, it was complete before Howard University had one, and Meharry, [unintelligible 0:57:26].

[0:58:03] Out of that training thing, we turned up – I happened to have this. This is a bunch of people, there must be 21 of them – I think 20 or so – who trained during the 10 or 15 years we were at General Hospital Number Two. Maybe you wouldn't recognize the names, but the point was, about three years ago, we added up one full professor who was a chief now at Howard University, who trained in the system.

[0:58:37] Another guy down at one of the schools in Houston who trained here. But the point was, we had produced more university professors than the university.

Interviewer: That's unbelievable.

Respondent: [unintelligible 0:58:37].

Interviewer: That is unbelievable.

Respondent: It's incredible.

[0:58:55]

Interviewer: I never think of Kansas City being such on the forefront of biomedical.

Respondent: It wasn't recognized and probably hasn't ever been. Because nobody – well, I think the Black people didn't know what it meant.

Interviewer: That is fantastic. Well, I really… Are we off?

Respondent: Well, I just see the lesson – I guess the one thing that I was impressed with is the difficulties in becoming trained as somebody in the system.

[0:59:35] And this is just the level of it. And I was looking today at a thing from the medical school. They were announcing that the new class was coming in or something. And I was looking at the percentages. To make a long story short, they've got four percent Blacks over here in the new class.

Interviewer: That's not good, is it?

[1:00:04]

Respondent: No, but that's across the country. That's about what the average has always been in terms of Black people in medical schools. And around 1975, it got probably up – the highest was around 7% or 8% for a couple years. And so this is the training in the country. I think 4% is about the figure across of all the people, which means about 3,000 or 4,000 medical students.

[1:00:34] Maybe more than that. Incidentally, I don't know if I told you. I've got a daughter [unintelligible 1:00:43]. Did I tell you that?

Interviewer: No.

Respondent: Yeah, I've got two daughters. The older one is an architect and worked for a long time as that. The young one went directly to med school.

[1:01:01] So two years ago, the architect one was working for IBM and besides – she thought she would like to be a doctor. This lady is now 30 years old, 31. So I said, why do you want to be a doctor? Her name is Rosalyn. She's in the corporate stuff and understands that doctor is exciting but totally uncontrollable, totally unpredictable.

[1:01:27] What I'm looking for is, I had a thing from the med school today that announced the new class of the med school. See in that paragraph there?

Interviewer: I see it already.

Respondent: Says she's going to start.

Interviewer: Congratulations. That is great.