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## John C. Herweg Oral History, June 13, 1990

John C. Herweg

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Washington University in St. Louis

SCHOOL OF MEDICINE

Oral History Series

Washington University Medical Center Desegregation  
History Project

**John C. Herweg, M.D.**

Interviewed June 13, 1990 by William M. Geideman and  
Edwin W. McCleskey

Bernard Becker Medical Library, Washington University in St. Louis

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## **Biography**

Dr. John Herweg, as associate dean of Washington University Medical School and chairman of the admissions committee from 1965 to 1990, played a crucial role in the final desegregation of the medical school in 1968 and encouraged the recruitment of minority students from that point forward. Dr. Herweg was born on March 19, 1922, in Fort Dodge, Iowa. After attending Drury College for his undergraduate work, he earned his M.D. from Washington University. Dr. Herweg moved to Monroe, Wisconsin, after his residency and established his practice as a pediatrician. In less than a year however, he returned to Washington University as an instructor in pediatrics at the medical school. He remained there as both a professor and later as an associate dean until his retirement in 1990.

*Dr. Herweg, the first question we would like to ask is to get some idea of a comparison of what it was to be a medical student in the 40s versus being a medical student in the 80s.*

I entered Washington University in July of 1942 during the Second World War. It was the standard pattern of medical schools at that time to have four nine-month years and to operate continuously, so that a student would complete his or her M.D. degree in three years. It was a very busy life. My classmates and I started in the midst of July in the non-air conditioned biochemistry department, and we worked very diligently from that day until June 1945, when we graduated. In our sophomore year, almost everyone entered either the Army or the Navy programs for medical students, which pleasantly provided tuition payments and a monthly stipend. Thereafter we were committed for two years of military service following a nine-month internship.

Obviously, the curriculum was different. There was less to know in the 1940s than there is in the 1980s, I suspect also that students of the 1940s are very similar in many ways to students of the 1980s. In the 1940s students were just as hard working and strongly motivated as were students in the 1980s. My class moved pretty rapidly into our clinical years. Many of us filled more prominent roles in the clinical departments than is possible today, because many of the resident physicians and faculty had been drafted into service.

*We got the feeling from what we have been reading that in those days and actually through to fairly recently the attitude of the medical school was that it was almost like a screening procedure and a lot of students dropped out along the way unlike now where most of the students pass and go on to become physicians. Was that the case?*

That is generally true. Our class lost perhaps 10 students. We had an official class size of about 85. We lost a number after year one. If a student did not pass that year then there was no possibility of remediation. Occasionally a student who failed only a course or two was permitted to repeat the year. If there were several failures, then the student was dropped from the school. We had only three women students in our class, which is different from today. One of them married a classmate, and another one dropped out to be married and did not return. We almost invariably had a student or two in the class who would drop out due to tuberculosis, some of them returned subsequently. So there was a greater attrition rate, and I think much less concern for providing tutorial help and psychologic counseling than there has been in recent years. So there was a higher attrition rate perhaps less so at Washington University than at other medical schools, some of whom almost prided themselves on saying that a third of the freshman class would not return for the sophomore year.

*There were separate Black wards and white wards at that time. Would students see Black patients?*

Yes, at Barnes Hospital there was a Black ward for Black patients called 0400. Barnes had a tier of medicine wards set in the same physical position on different floors. 0400 was in the

basement of Barnes Hospital and students were assigned patients when they were on the medicine clerkship. You were assigned patients in rotation and if you were next up and the next patient who came in was a Black patient, then you went to 0400 and worked up that patient just the same as if it was any other patient. In the [St. Louis] Children's Hospital there was a ward for Black patients called the Butler Ward. It was about a 10 bed ward on the second floor of the east wing of Children's Hospital and all Black patients were admitted there and the students who were assigned patients on rotation all had contact with the Black patients. In some of our services we served at the Homer G. Phillips Hospital.

*Were other groups segregated? Hispanics? Jews?*

No, they was no other segregated area other than the Black wards.

*Were there obvious differences with regard to privacy, comforts and so forth?*

No, at that time there was a ward service and a private service. Patients on the private service were cared for under the guidance of a private physician. The wards for both Black and white ward patients were large open rooms with overhanging curtains that swung around the bed for privacy. There was no difference as far as physical comforts between Black and white patients. The visitors to the 0400 Black ward had a separate entrance just to the side of the tier of medicine wards with steps leading down to the basement.

*I assume there were no Black physicians at the hospital.*

To my knowledge there were no Black physicians on the staff until sometime around 1960.

*But there were Black nurses.*

There were some Black nurses. They took care of Black patients. I don't recollect there being Black nurses on the wards with white patients.

*Do you know about the events that led to the removal of the Black wards, that led to desegregation?*

Well, again I know more about the Children's Hospital than about Barnes and so I should only speak about the Children's Hospital. The head of the hospital and chairman of the department of pediatrics, Dr. Alexis Hartmann, had a very positive attitude toward the care of Black patients. First of all, there was no difference in the quality of care. I think for some time it had been his desire to integrate Black and white patients. Patients were assigned to the various divisions of the hospital based on their age and Dr. Hartmann desired to put Black patients and white patients together. It came about in a way that gave Dr. Hartmann the opportunity to integrate the Children's Hospital, but not to make it on the basis of desegregation. The east pavilion of the Children's Hospital housed the Butler Ward for Black patients and the isolation ward for contagious patients. During the summers we always had numerous patients with polio.

It was right around 1950 that there was a very devastating epidemic of polio and we were swamped with very ill polio patients. Dr. Hartmann used that as an excuse to say that we must take over the Butler ward to provide space for polio patients. Black patients were moved to wards throughout the hospital. It went very, very smoothly and that is how desegregation of the Children's Hospital came about almost a decade before the desegregation of Barnes Hospital. It was well accepted and there wasn't any hitch. That was, I think, the first hospital in St. Louis to admit Black patients and white patients to the same wards. I suppose one could say that it was easier to do that in a pediatric population than in an adult population. There was another physician on our staff, Dr. Park J. White, who played a major role in the desegregation of medical societies here in St. Louis. He was a staunch supporter of Homer G. Phillips Hospital.

*There are other names which mainly have to do with Barnes Hospital but I will just run by them quickly and you could tell us what you remember about them. Evarts Graham.*

Evarts Graham was professor and chairman of the department of surgery when I was a student and probably the most prominent surgeon in the U.S., if not the world. What role he played in desegregation I don't really know.

*It is a story that Albert Roos gave me that he played a role in desegregation, at least making it possible for Black nurses to treat white patients.*

Well, he would be the type of person who would very quietly be able to accomplish something like that.

*Goldring. Is it Sidney Goldring?*

No, David Goldring. They are brothers, you know. Dave Goldring was second in command at the Children's Hospital.

*The last of the names that we have is the man who was chief administrator of Barnes until 1962, Frank Bradley.*

Well, again I can't tell you what role he played. Dr. Bradley was a long-term administrator at Barnes Hospital and I guess one of the early M.D.s to go into hospital administration. Dr. Bradley set up the school of health administration here. He established it and nurtured it and it has grown to be one of the best such hospital administration training programs in the country. What role he played in the desegregation at Barnes, I am not in any position to say.

*So [regarding] the desegregation of the medical school. You are a major player. Bob [Robert] Lee says that between 1968 and 1972 you did it.*

Well, that is very generous of him but that is not entirely true. In 1967-68, I think our society as a whole was really focused on the need to provide educational opportunities in medicine and the allied health professions for those who had been denied those opportunities in the past. In the medical school there was interest and activity on the part of the students, faculty and administration. This school had an unenviable record as far as Black students were

concerned. The first Black student entered the school in 1951. The student was an early academic casualty. I talked with a student who was a classmate of this Black student. He said that the student had a depression. He was dropped from the school.

The first Black to enroll and succeed was James Sweatt, who graduated in 1962. He entered in 1958, ten years before we really started recruiting Black students. So there was a hiatus from '62 to '68 without any Black students. In '67-'68, Dr. [Stanford] Wessler, head of the medicine department at the Jewish Hospital, chaired a large committee charged with the responsibility of developing a recruitment and educational program for minority students. We were authorized to recruit Black students and we succeeded in enrolling three. Two of them were Black Americans, Julian Mosley and Karen Scruggs, and the third, Patrick Obiaya, was a Nigerian who in two years was dropped from our school for academic failure. We eventually succeeded in getting him enrolled in the Western Reserve University Medical School where he graduated. Julian Mosley graduated in four years and Karen Scruggs took five years to graduate.

Thereafter the numbers of Black students increased. The applicant pool has increased. When students took the MCATs, minority applicants could choose to have their names listed in the MedMAR, the Medical Minority Applicant Registry. We sent them letters and literature encouraging them to apply to Washington University. At the peak of our Black applicant pool, we were getting applications from about one out of every four Black applicants who applied to any U.S. medical school. Our school's aim and commitment, was to recruit, enroll, educate and graduate students from all minority groups at the level at which that minority group is represented in our society. Blacks comprise roughly 11 to 12% of our society. The last few years have been disturbing to us since we have not been as successful in enrolling Black students. There is still a considerable differential in the credentials of most Black students as compared to

whites. This year the Committee on Admissions has accepted 32 Black applicants and at the moment we have 10 who say they are coming. The number of Black students in this school has declined in recent years. This past academic year we had 38 Black students enrolled in the School of Medicine. Five of them have graduated, leaving 33. If we get 10 Blacks next year, we will be up to 43. Almost all medical schools are competing for a very small pool of Black applicants. The pool has increased in size this past year and that is gratifying.

Blacks, as well as non-Blacks, make their decisions as to whether to attend a certain medical school based on many reasons. One is geographic. Some students, both Black and white, don't want to come to the Midwest. Others give personal reasons, such as strong family ties or they want to stay close to significant others. Some of it is money. We do need more scholarships specifically for Black students. Bob Lee has been here for, I think, 20 years this fall. He has done a great job. Of particular importance, I think, have been the summer exercises in which Black college students come to strengthen their scientific backgrounds. We are hoping to see some enrollment benefit from some of these groups.

*Have there been debates about scholarships for minorities?*

I like to think that we have a program here for medical students that meets the needs, broadly described, of all students, whether they be academic needs, personal needs, counseling needs, health needs, or fiscal needs. We have never had a Black or white student leave this school because of an inability to fund their medical education. Having said that, the debt load of all students is about at the national average. We still need more scholarship support. We need more scholarship support specifically for Blacks. The schools we compete with can say to a

Black student, “We will give you a full-tuition scholarship for four years plus a monthly stipend in addition,” and we can only say, “We will give you a \$5000 or \$10,000 scholarship.” They are very likely to go to the other school. So I think it is a matter of philosophy. Do we want to or do we have to get into monetary bidding for minority applicants? Is that fair and equitable to non-minority students who may be fiscally in as much need as the minority students? The minority students’ fiscal needs, as you might imagine, cover a spectrum. Some of them need entire support, and at the other end of the spectrum is the occasional minority student who doesn’t need any fiscal support. As a group, they have needed more financial support than non-Blacks. So there are philosophic and practical aspects of the problem.

*We were told that upon the major desegregation in the early 70s that slots were added to the medical school class. That must have been a big political decision.*

Well, actually to my recollection and knowledge there were never any slots added exclusively for minority students. There was early on authorization to recruit and enroll up to five Black students, but it occurred at a time when the federal government was trying to increase medical manpower. There was encouragement in the form of capitation grants for existing medical schools to enlarge classes. So medical schools were given a certain dollar amount by Congress for each enrolled student and during that time period our entering class grew from 85 to 120. The school stated its commitment to recruit Blacks at the level they occupied in society. We had hoped that in a class of 120 to have 13 or 14 Black students. Some years we made that goal and others we didn’t but that was a goal for which we aimed. It was hoped that the academic credentials of Black and white students would merge so we could take even more Blacks than

that. Unfortunately, that has not occurred. There are some super Blacks who, if they apply to 20 schools, will be accepted at every one of the 20. We are hoping that the Erwin scholarships that are available out at the main campus for 10 Black students during their undergraduate years will help provide some outstanding Black applicants to our school.

*There are two things you brought up; one is that you mentioned the federal government. Was there ever any pressure from the federal government, financially, for example?*

No. When they gave capitation grants there were a number of things a school could choose from, I believe seven or eight things, of which you needed to do three to qualify for the grant. One of them was to increase minority enrollment. There were others that had to do with curricular changes, such as teaching health care delivery systems and topics such as euthanasia and abortion. So there were a number of options that schools could choose. We chose minority recruitment and enrollment as one of the three options in order to comply with the capitation grant requirements.

*At some point the school developed the philosophy that it has now, which is very much nurturing. We assume that students are not going to fail and we will do what it takes to get them through. When did that philosophy really come to be?*

I think that was really a part of the program right from the start. We realized that these students had a different background and if they were going to succeed we were going to have to remove as many obstacles as we could. The faculty early on said that there has to be a tutorial

program and, I think very wisely, that it should be available to all students. The minority program strengthened our curricular program across the board. Minority students had to use the tutorial system more extensively than non-minority students in terms of number of hours. We first did it on a volunteer basis. The tutor volunteered his or her services and both faculty and upper class students volunteered. It became apparent that some students felt they were imposing upon the tutor, both time-wise and other-wise, and so eventually every tutor got paid for tutoring. I think it started out at about \$6 per hour. The program has been really helpful to students.

*Has there been any quantitative change in how the students do on boards over these years?*

Well, our students in general have done very well on the examinations of the National Board of Medical Examiners. These exams are not a school requirement, as you know, but taking the Boards is one of the pathways to licensure. Some medical schools have required students to take them in order to proceed from year two into the clinical clerkships. Our students certainly are not taught a curriculum that is geared to do well on the National Boards and they are not given very much time to study in those three weeks between the end of the sophomore year and the start of the third year.

Our students have done very well. I am not certain what that means. I think it means that we have very good students. I suppose that one could say that we select students who do well on such standardized test instruments. They did well on their SATs or ACTs, they did well on their MCATs, they will do well on their National Boards, they will do well on their licensure examinations and further down the road on their specialty board exams. This type of exam,

whether we like it or not, is here to stay. It's a test instrument that students clearly have to learn how to handle and traditionally at least some of the minority students have not done well on these tests. But it can be learned both by minority and non-minority students. Our students in general do very well on it. You cannot equate performance on the Boards with the quality of the end product. On the other hand, I think most of us would rather have as our own personal physician someone who has done well on those exams rather than someone who has just barely scraped by.

*I forgot to prompt you for a story that you once told me about desegregation; what initially started the desegregation, I think in 1947. You told me about a Black physician, post doc, who applied here and that really started the ball rolling.*

During the post-World War II period, physicians leaving the service needed to refurbish their skills. A number of institutions, and of course Washington University was one, had post-graduate courses. One such course was held by the department of ophthalmology. They did have on the application form a place to note the applicant's race. An individual who was applying for the course was a Black, and either he did not fill out that question or it was overlooked and he was accepted. If it had been filled out or noticed, he wouldn't have been accepted. He was accepted and it was decided that rather than make a big issue out of it they would just go along and cause no big furor. Thereafter there was no further segregation of post-graduate courses. The university as a whole desegregated at the graduate level earlier than it did at the undergraduate level.

*Does the Board of Trustees have input into medical school policy also?*

Well, one could say that the Board of Trustees of the University controls everything in the University and we are just part of the University. The medical school through the Executive Faculty system has a lot of autonomy, but the Board of Trustees has the last word.

*Is there a simple explanation for why there was the long lag between the 1940s and 50s before the real desegregation in the late 60s?*

Well, I think our society took time to get used to the concept of a desegregated society. It has moved slowly and we still have a long way to go. We have made a lot of progress but we have not moved very much in the last decade.