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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 29, 1990 by James Carter and William M. Geideman

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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, I would like to start off by asking you if there is anything in our previous interview that you would like to clarify or expound on.

I don't think that at last interview that I emphasized this school's commitment to this program. I have been impressed for well up to 22 years with this school's commitment to this program. I don't think it has wavered and with new leadership that we have had over this past year, I think the commitment is even more solid. So I feel very positive at this point.

My first question has to do with the capitation grants that you mentioned last time. What exactly were they and how were they designed? What were the eight choices you had?

I can talk about some of that. Frankly I have not reviewed what the eight choices were. I never was responsible for filling out the complete forms. That was done in Dean [M. Kenton] King's office. Congress was aware and I think our whole society was aware in the 60s that there weren't enough doctors. Our nation was relying increasingly on foreign trained physicians. It was at that time that it was stated that one-fifth of the practicing physicians in the U.S. were foreign trained and one-third of the resident physicians were foreign trained. That certainly is not a very enviable position from our nation's standpoint. Congress in an attempt to encourage increased physician production by U.S. medical schools, made available monies in a number of forms. One of them, this is true at both the state and national level, monies were made available to establish new schools. State supported schools really popped up all over the country. The capitation grant was available to all U.S. medical schools. Congress authorized the expenditure of a certain amount of money, and it varied from time to time from \$1750 all the way up to

\$2000 for every student enrolled in the four year classes at U.S. medical schools. Although Congress authorized that much, the schools never got that much. Usually they got \$1000 or less per head. None the less it was an appreciable amount of money.

There were a couple of carrots attached to it. You were given that money if you would enlarge your classes 10%. Naturally schools were interested in obtaining that money. There was bonus money available if you added another five students. In order to qualify for that, there were about eight criteria that had to do with a number of areas the government was concerned about. One was increasing the enrollment of minority students. Another concerned curriculum, the inclusion in the curriculum of courses that had to do with important topics such as health care delivery systems, problems of medical ethics such as abortion and euthanasia, etc.. The school did benefit financially for at least about a half dozen years. That money was used to strengthen our overall educational program. The support disappeared after about a half dozen years and we haven't had any capitation for about a dozen years.

When you started accepting minority students there must have a need to increase the financial aid support as far as need based grants and loans. Did the government help to fund that or was the School responsible for coming up with its own money?

During that same time period that capitation grants were available, the federal government provided two programs. One is the health professions scholarship program and the other is the health professions loan program. Those were generally available for support of medical students. After about a half dozen years the scholarships stopped. The health professions loan program has continued but there has been no new money added for several years. We do

have a revolving fund. Students who have received health professions student loans say a decade ago, as they pay it back, the government allows us to re-lend that money to students currently in the school. The goal of funding students in this school has consistently been to provide based on documented financial aid information to provide the funds necessary for any student to take care of the expenses in medical school. Those of us who sit on the financial aid committee feel very strongly about that. As a group, minority students at least early on and maybe even now, have required more funding than non-minority students, but there is a spectrum obviously of fiscal needs in both groups of students. We have never felt that we should treat one group differently from another. I like to think that we do not have a minority student program, but a program for medical students. We are here to recruit, enroll, educate, and graduate medical students and provide for all of their needs, educational, health, tutorial, counseling and fiscal, on an individual basis. Some students both Black and white have essentially needed the whole ball of wax. We have made a strong push for a number of years to increase our scholarship dollars. We are getting more, a lot more. Dr. [Robert] Lee has done a marvelous job collecting scholarship dollars specifically for minority students. We still have a long way to go. Some of the schools with which we compete have more of those scholarship dollars. Dr. [William] Peck has formed a committee to look into this.

What is the Washington University admissions criteria?

There are only four general areas that every medical school can use to assess the qualifications of an applicant. One is the academic record. This usually is a three year evaluation by the different people who have taught you, as to your performance. The quality of university

you have attended. The courses you have taken and the grades you have made. Have you accepted a challenging curriculum? Have you taken the minimum 15 semester hours or have you taken 18 semester hours? Have you taken some upper level courses? Have you taken honors level courses? etc. We place recommendations second. Recommendations from people who have taught you, personal references from people who have known you well, someone who can say something about the applicant as a person. Our committee interviews about a third of the applicants. We place this third. We place the MCAT scores fourth. If that was a great predictor of future success and the quality of physician that we would produce based on the MCATs then we would be delighted. But that is not the case. On the other hand, strong scores are better than weak scores. There is correlation between success in the first two years and performance on the test. So those are the four areas that any school can look at. The mean grade point average of entering students here has been stable here for 10 years. It has been about 3.65. The mean MCAT score has been an average of 11. I think that our committee follows the same patterns with individual modifications of subjective biases.

Are all the groups, both majority and minority, looked at as a whole or as separate groups?

All applicants are reviewed by one or another subcommittee. We have a Committee on Admissions that is programmed for 22 faculty memberships. Since we get applications from all over the country, we divide the applicant pool into geographic regions. We have an east subcommittee, a central, a south and a west, primarily so the faculty members can get to know the institutions in the region as regards their curriculum, the premed advisors style of writing,

etc. We feel more comfortable with 75 or 100 schools instead of 400 that we get applications from. Each application is reviewed by one member, sometimes more than one member, of the subcommittee. A decision is made about interviewing. A third of the applicants are interviewed. They are interviewed by a person other than the one who went over the chart. One administrator goes with each subcommittee and each of us administrators reads about 75% of the applications. Once the application has been read and rated on a quantitative grading form, the applicant is interviewed. After the interview, that person's application is discussed in a meeting of the subcommittee. From this group of applicants we select those that we think should be accepted into our school. Each week the selection committee meets, there is a representative from each of the four subcommittees and some of us who do the administrative work. Those applicants who have been recommended for acceptance are reviewed by this final selection committee. Then the acceptance notices go out. There is a minority advisory committee. Every application from a minority applicant is reviewed carefully by the advisory committee. Each minority applicant is seen by member of that subcommittee and a member of the regional subcommittee of the students' undergraduate school. In that way, I think that minority students are looked at very carefully and are selected by the same pattern as the rest of the applicants.

We were told that in the last few years that the minority applicant pool for the University has increased, although the number of accepted minority students has dropped.

That isn't entirely true. Our peak applicant pool was in 1977 when we had 6700 applicants. It dropped progressively until two years ago, that is true both here and nationally. We got to about 3400 applicants, almost half, but still considerably more than many other medical

schools. Last year we went up about two percent. This year we are just about stable. We probably have bottomed out on the up-turn. I am a little bit concerned because this year we were stable while the national pool went up about eight percent. The number of Black applicants to this school has fallen. At our peak we had about one out of every four Black applicants applying to any medical school apply here. We continued to drop with the national trend. This year we have had an up-turn in Black applicants. I think we had 65 more applicants this year than we had last year. I think at least in part that is a result of the fact that last year we had our first large summer program. We have had them in the past. We have continued all along to have them for high school students. Dr. Lee got the HCOP [Health Careers Opportunity Program] program grant after three years of trying. We hope to enroll some of the ones who have been here in subsequent years.

Do you see a problem in that the Black applicant pool has increased but the number of Blacks enrolled has remained fairly stable? Is this a problem nationwide?

Highly qualified Black applicants over the last 20 years, now and probably for the foreseeable future, have the pleasant problem that they can decide where they want to go to medical school. Frankly many medical schools are providing very attractive financial packages for minority students. We compete with a lot of other schools, both public and private, for the best minority applicants just as we compete with them for the best non-minority applicants. For instance, our M.D./Ph.D. program—which is probably if not the best one then one of the top ones in the country—they accept two applicants to fill one spot. That is for full tuition and a \$12,000 a year stipend. So even with that very attractive package they are batting about 50%.

You just can't get everybody to come to where this school is. We have to compete for a lot of students. Programs that are fully funded such as the MSTP [Medical Scientist Training Program] but 50%, we bat about 33%. This year 33 Black applicants were accepted, and we are down to nine or 10 who are still planning on coming here. This school has set as its goal, from ever since we started this program in 1967-68, minority representation in the class roughly the same percentage they occupy in the national population. We did make that on a number of occasions. One year we had 15. In recent years we have not been doing that well as the pool declined. This year is the first year that there has been a significant increase in the Black applicant pool. I think that we will be more competitive if we had more scholarship dollars. There are some states which provide full tuition at their state schools plus a stipend. If you combine that with the fact the student will be close to home, family, support structures, significant others, that is hard to pass up. Those are some of the problems that this school and every medical school has to recruit the best Black applicants. There are some Black applicants and some non-Black applicants who can't make it here academically. It would be inappropriate if we admitted them, because they would fail. We are committed to getting students to this school who are very confident in their ability to succeed. In the last decade, 95% of our Black students graduated. This is a shade less than our class as a whole.

What is your commitment to other minority group students?

We have the same commitment to other groups. Some of them are a little less identifiable. Every Native American does not have straight black hair and black eyes and brown skin. We had a blonde, blue eyed Indian here. Indians, for instance, are few in numbers that

apply to medical schools, probably 50 a year. Over time we have had about a half dozen. The Mexican-American, Chicano, we have had a handful. We do not have a significant number of that minority in the city of St. Louis. Far and away that group is represented in the southwest, Colorado and on the West Coast. We have accepted a number, we have recruited a number, but not have enrolled very many. For instance, if a Californian can get into a California medical school, no way will we get them. The support structure is nearby and the tuition is under \$2000. We don't do very well with Chicanos. We have had some. Maybe we will average one or two a year in the four classes. The mainland Puerto Ricans, they have differentiated the mainlanders, those Puerto Ricans who live in the contiguous 48 states, from those who live in Puerto Rico. We don't compete very well for them. Mainland Puerto Ricans often are on the East Coast.

I think the school's major commitment, and I think appropriately so, has been to Black minority students. They have the largest minority group, although Chicanos are coming up pretty rapidly. Certainly it is far and away the largest minority group in the city and in the region. I think we have been most successful in recruiting Black students here. We have been disappointed with the undergraduate school on our west campus, providing us with well qualified Black medical students. I think that's going to be changing because the Erwin scholarship program now has been in existence three or four years. It allows 10 very bright young Black students to come to Washington University for full tuition plus stipend support. Undoubtedly some of those are going to go into medicine. Many young Blacks are attracted to other areas, to business, engineering, law. Sometimes we are recruited by some of those job areas, because remuneration is less deferred. There will be some Erwin scholars who desire to go into medicine. We hope that our in-house students will encourage other students to come and visit and show them that this is a good place to go to medical school. Over the last two years we have had, as

have a number of medical schools do, a “Washington University Revisited” program. The minority applicants who have been accepted and are still considering us, are invited for a weekend back and given another look at the students, faculty, and the city. It is a major decision to make when you decide where you are going to medical school. Last year 95% of the applicants accepted here had at least one other offer in addition to Washington University, 41 % had five or more offers. We had six applicants who had 12 acceptances. One had 13. With that type of opportunity we are going to lose some.

Do you think that a program such as the SPIM [Scholars Program in Medicine] program if they let in more minority students that we would see a fall out?

The SPIM program has tried to attract the ten best pre-meds irrespective of their minority or non-minority status, and those who designed that program are very insistent on that issue. The school I think is in the process of looking at the SPIM program. I reviewed all of the data. I think Dr. Peck planned on waiting until the new admissions people got into position. Then along with the provost they would appoint a committee on the undergraduate campus, and the medical campus. Frankly we have had some very good students from SPIM, we have had some that we probably would not have accepted here if we had just a look at them as they were applying to medical school. We have had two or three Black students. One of them was not a SPIM student, he turned down SPIM. SPIM does not provide any scholarship support. Some of the best SPIM students go elsewhere. They are given a provisional acceptance to this school when they enter the undergraduate school. In the past they have had to have a “B” average and take the MCATs. That has been three years ago changed, such that must now have a 3.33 average and to perform

at the national average. Some of the best students in SPIM have gone to Harvard [University], Stanford [University], Yale [University] or their state school for personal reasons. I think the SPIM has overall been a good program for the undergraduate campus as a recruitment tool. We have gotten some good students and we have gotten some average students, perhaps one or two marginal students.

In your last day of work at this school, what are your thoughts on the future and what do you see happening at this school?

I think this school has new leadership. It will take a little while, all the leadership is not in place yet. I think you really are on the brink of a leap forward in the next decade. I think this school has the potential to be the best medical school in the country. It is best in certain areas, but it is really subjective as to what is best. We can be a better school than we are. My strong pitch is to improve the educational strengths of this school. This is a medical school not a research institute. You can find researchers here some of them I think feel that they would like to be in research institute and maybe are. I have always felt that if every faculty member in the whole institution would give just five percent of his or her time and devote it to the educational aspects of this institution, that it would be a better institution. I do hope that we can have strong educational leadership. We need to do a better job in the educational area and I think we can. I think we are at the start of an exciting period. When I was a student here, I think looking back on it, I arrived at the time of an educational explosion. As an undergraduate medical student I had four teachers who very soon were to be Nobel laureates. I have very strong positive feelings about what lies ahead. I think both of you when you leave here are going to increasingly feel as

you get out into your professional careers that you got a fine education here and when you tell people that you graduated from Washington University that doors will be opened to you. It is interesting when our students go out in their senior years to interview for their residencies and they come back with some different viewpoints, such as this isn't such a bad place. I think you are going to find that this is a fine school and if you exploit the opportunities available to you here that you will get a tremendously fine education.