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Julian C. Mosley, Jr. Oral History

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Washington University in St. Louis

SCHOOL OF MEDICINE

Oral History Series

Washington University Medical Center Desegregation
History Project

Julian C. Mosley, Jr., M.D.

Interviewed July 6, 1990 by James Carter and William M. Geideman

Bernard Becker Medical Library, Washington University in St. Louis

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Biography

Dr. Julian Mosley, Jr., Washington University School of Medicine's second Black graduate, not only began the true desegregation of the medical school by enrolling with two other Black students in 1968 but encouraged and helped the school's subsequent active recruitment of minorities. He is now in private practice in St. Louis as a surgeon and is on the clinical faculty at Barnes Hospital. Born in East St. Louis, the son of a police officer, Dr. Mosley transferred to St. Louis University after several years of undergraduate work at the Air Force Academy. Following graduation, he worked for a year as a chemist before he applied to St. Louis University School of Medicine and Washington University School of Medicine. Although he was accepted by both, he chose to attend Washington University, largely because he felt an obligation to break new ground in a school that had not had a Black student in almost 10 years. (As mentioned in his interview, Dr. Mosley originally thought he was going to be the first Black student at Washington University Medical School.) He entered the school in 1968 and not only attended classes but aided the enrollment committee's efforts in recruiting and enrolling more minority students. In 1970, he recommended the addition of a minority dean to the medical school, a dream that was realized two years later when the school hired Robert Lee. Dr. Mosley graduated from the Washington University School of Medicine in 1972, the second Black graduate in its history.

We would just like to begin Dr. Mosley by asking you what it was like being a Black medical student at Washington University in the 1960s.

When I came here it wasn't too different a situation than I had experienced all along in the 1960s. I had usually been at predominantly white institutions. I had gone to the Air Force Academy and even when I was in high school, I was at East St. Louis Senior High School which is the predominantly white high school in East St. Louis, rather than Lincoln High School which was the all Black high school. So I had always been in the situation where I was in the minority, number-wise as well as ethnic-wise. So it wasn't too different than I had experienced before. When I left the Air Force Academy I came back to St. Louis University, that is where I finished my pre-med education. I actually had a B.S. in chemistry with the pre-med requirements and so I was fairly highly recruited by Anheuser Busch and Monsanto and those people, because this was right at the time of civil rights awareness and they were trying to get minorities into a lot of places where they had not been. So I was a good candidate for technical positions in Monsanto and Anheuser Busch. I went to work for Anheuser Busch for two years between my college and coming to medical school. I thought that might be the career I would be in, but after two years of doing basically industrial research I decided I really preferred to be in the medical school.

I had gone to St. Louis University so I knew about it and I knew pretty much that I wanted to stay in St. Louis to go to medical school. I didn't want to go away somewhere because I had traveled around a lot during my college time, but I had decided I wanted to make my home in St. Louis. So I knew I wanted to go to a medical school here. Then the choice was between St. Louis University and Washington University. I was accepted at both places and I could have gone to St. Louis University, which was my undergrad school, but I chose to come to

Washington University because I thought it had more prestige and I thought it left me more options available. If I wanted to do research there were going to be more doors and more opportunities available to me from Wash University than if I came from St. Louis U. I thought the quality of education clinically was about the same. So I chose to come to Wash University. Also, I knew there had been other Black students at St. Louis University before, so St. Louis University being a Catholic institution and supposedly having a much more ethical and moral approach to things had been accepting a few Black students all the time. Wash University, I thought I was going to be the first Black student here, but actually it turns out that there was another fellow who had been matriculated here after transferring from Creighton [University], name Sweatt who actually was the first Black student. I was the first Black student to finish all four years here, starting from freshman year right on through the fourth. So I came here kind of with the idea of opening up doors and trying to get this school involved in doing things for minorities.

There were actually two or three other people in my class, a fellow from Nigeria and there was another young lady from Macalester College in Minnesota. The Black fellow from Nigeria eventually left and the young lady, Karen Scruggs, finished after five years in the individualized program. She took two years to finish the first year. I was at an advantage to those other students in the first group of Black students to attend here because I was in my home town. I felt comfortable. I was married and so I had some advantages over them. I think it was difficult. It is always difficult no matter how ethical or how educated or how whatever the white population is, there is always that is present for a visible minority. You hear Representative Perrin [Jones] and the people from the Black Congress talking about being a visible minority, because Black people as soon as you walk in the room, they identify you as a minority. Where if

you are a Catholic and you walk in the room, nobody knows you are a Catholic until you tell them. Or if you are Jewish, nobody will really know you are Jewish unless you explain that to them. But as soon as you walk in the room if you are a woman, or if you are Black, people can identify you as a minority. People have some preconceived notions about what that means, like even though I had a lot of advanced education people felt that we weren't going to do well in the school. And it was felt that Blacks would always be inferior as far as physicians and stuff. There is a lot of prejudice at Wash University just because of the institution and the longevity of the thing, it is a prestige institution. Even though there had been Blacks who had attended places like Harvard [University], nobody had ever attended here. The Black population in general just had the preconceived notion that Black people just weren't going to do as well. I think, therefore that was a driving force for us to try to do as well as we could.

In the year between my first year and second year, I did exactly like what you guys are doing. We worked in the dean's office, we accumulated a number of names of predominantly Black schools which Washington University had never even made gestures toward, inviting their applications and so forth. We compiled a list of predominantly Black schools. Compiled a number of Black students who were making applications across the country. We started talking about some things to try to first of all increase the number of Black students at this school, increase the number of Black students across the country in majority schools. Probably the most elitist schools in the country were Howard [University] and Meharry [Medical College], because all the Black students who were going to go to medical school back in the 40s and 50s had to attend those two places. So that meant that there were about 150 slots for Black people all over the country who wanted to go. So they were probably as selective as Harvard and other places. People didn't appreciate that, people didn't have an understanding. I remember even Dean [John]

Herweg and a lot of other people say, "We don't know how to evaluate an 'A' from Jackson State College, we don't know what that means." You know, it's that going to be comparable to an "A" coming from, just pick a school in Missouri, any small school. They hadn't had experience with those schools and the only way they were going to get experience was to try to start accepting students from those colleges. It is kind of like when people say you have to have experience for this job, but they won't let you have the job because you don't have the experience. So we tried to break down some of those barriers.

After we did OK, I think then the people felt more comfortable about accepting more Blacks. So each year there were larger numbers of Black students accepted. I worked the first year trying to set up the pool of schools and people who needed to be corresponded with and invited to apply. Then the second year we did a similar kind of project and then they extended on that. Then I became an ex officio member of the admissions committee and helped interview Black students, and talked to them and encouraged them to apply here, telling them what we were trying to do, telling them what a quality school this was and trying to tell that you will encounter prejudice wherever you go. So if you are Black in whatever school, if you are in a majority school you are going to encounter prejudice. So if you are going to encounter prejudice at the University of Missouri, you might as well encounter it at Washington University and try and then be in a position where you may be a leader in the future and be able to break down that in a more effective way.

So we did those things and I think one of the most intelligent things we did was we encouraged the school to understand that this wasn't a job that could be done by a medical student or somebody on a part time basis. They needed to go out and find a minority dean. Then they went out and found Bob [Robert] Lee and recruited him. He got started here. That was

probably the smartest thing they did because Bob has been a very effective, efficient administrator. He has kept the program on track where St. Louis University was trying to do it with part time use of medical students and a Black administrator whose job it was to do the administrative job of getting minority students in and getting students into the college, but they didn't have a special interest in minority students not like a minority person would. When Bob came here, that was his job. He did a good job of it, and he had a special interest in trying to maintain it. So while you the number of minority students go at St. Louis University from a high of like 20 down to two and back and forth like that. You see a nice even progression most of the time at Washington University, because everybody understood that, I think one of the things we that we said when we first started, this is a prestige institution recruiting from all over the country, we should have at least the percentage of Blacks in the entering class that is present in the population of the country. So if there are 10 or 20% Blacks in the country, then that would be 10 or 20% minority students in the entering class just because we recruit from all over the country. The pool is essentially composed of the same population that is in the country, so you should try and do that. I think that has been Bob Lee's goal all the time, to at least have 10% or more minority students in every entering class. I think he has done a fairly good job of that. I think that as time has gone on people have felt more comfortable with what Bob has done, people have felt more confident in what the minority students could do.

This was the ideal setup for minority students. It is a very individualized situation. Everybody who got accepted here knew that they were going to get through. When they accepted you, that was the screening process. Once they decided that you were going to get in here it wasn't to see how well you were going to do at the end of the first year. They thought you were good enough to get in here, then they want to try and get you through and out the end as a

physician. It wasn't like, "Well we accept you and see how you do in the first year, and then if you don't cut the mustard, out the door you go." That was one of the things I didn't like about St. Louis University, they had a lot of that kind of stuff going on. If the students didn't perform well in the first year, they didn't say, "It is a problem with us," it was a problem with [the students]. When I hear of some well qualified students and they were having trouble, I would probably make that as a problem with the system and not with the student.

So people in our class were very socially active. As soon people realized that we were trying to get more minority students, a whole of my classmates volunteered to be tutors. They helped organize the tutorial program even before the instructors had a tutorial program in place, we had a tutorial program in place among the students to help the freshman students. People if they knew about a minority student they were always encouraging them to come and this was a place where a minority student was going to have a better than average break. I don't think we were lying to anybody or else I wouldn't have been involved with it. So I think we did a fairly good job and now I think it is one of the best if not one of the top five. Just Washington University says we are one of the top ten programs in the country. Well I think the minority program at Washington University is probably one of the model programs across the country. That is one of the reasons that Bob has been like one of the officers in the Minority Student Recruiters group and that is the reason he has been recognized in the overall admissions process and review people. So I think it is a good program. I think it is a good school and I think it gives Black physicians a real opportunity that they don't have at some state schools. I am not trying to down grade St. Louis University, the University of Missouri, the University of Missouri-Kansas City, but generally when people come out of those schools they expect them to become practicing physicians. They are going to take their patients, they are not going to eventually

become dean of the medical school, they are not going to become head of a department or so forth. Those are the people who formulate thinking in medicine and those are the people who have the most impact and those are the places where minorities need to be most represented.

One of the things that I don't happen to feel happy about here is there haven't been a lot of minorities in the upper echelons of the residency programs. It just so happens I guess that most of the Black students who finish here have been well enough qualified so they could go get in there and a lot of them chose to go other places, and a lot of people who have stayed here have literally reached higher levels, but have not stayed to become faculty members and things such as that. That seems to be one of the problem areas that we need to still work on here. There has not been anybody who has come through this program who has become head of a department or a professor or anything. It is still probably a few years away for you to be thinking about that, but there is nobody in my mind that I can pick off the top of my head who I think is aiming in that line. So I don't know what we can do about that but we are certainly trying to encourage some of the minority students to become academic clinician to try and stay at institutions like this one or go to other places and eventually come back here at a higher level of academic practice.

You said that the female student in your class had the option to go on a specialized program. When exactly was that program instituted? Was it instituted for the Black students who entered in your class?

There has always been a bunch of flexibility. That is the reason I was saying that it was perfectly suited for Black students. There has always been a lot of flexibility. There were three or four white females who took a year out to have a baby or took a year out to get their family

started, and that kind of stuff in my class. So there were no real reservations about trying to adjust the curriculum and the time schedule for variations on an individual basis at Washington University. So when Karen had trouble with some of the courses, realizing that her background preparation might not have been as good as some of the people she was competing with and as might have been necessary for some of the courses that we were taking. To let her halve her load and then take half the first year one year and the other half the second year, that was fairly simple to do. One of the students that I talked to and recruited from Jackson State, this girl's name is Pearl Grimes. She is now head of the dermatology department out at King/Drew [Medical Center] in LA. She was an impeccably qualified student, she was the top student at Jackson State. Her MCAT scores were low, but she had like a 3.8 or a 4.0 average all the way through school. She was very motivated, highly intelligent. And I don't really remember if she was on the individualized program. But there was a hell of a lot of discussion about whether she should be accepted or not, all because her MCAT scores were low. There was a lot of looking at her through the first year whether she needed to have some of her courses delayed or how the timing should be. But it was easy because there was such flexibility in the program. Women had been doing that all along. One of the guys, I think he was president of the class or one of the officers certainly of the class in front of us, who, I don't know what went wrong with him, but we had him graduate with us. It was no big deal. It was easy to do and what everybody felt was that when Black students came out at the end of the tunnel there would be no difference in the product of this school whether it was Black or white. There wasn't a minority product from Washington University or a majority product, there was a Washington University graduate whether you were Black, white or whatever. Now if it took five years or eight years or two years

or three years or whatever, that was the idea that the idea of the critic at the end of the tunnel, what kind of product. At least that was what I think it was.

What do you think about the Wessler Committee and all of its goal and what has happened with it?

I think that was the machinations among the white liberal portion of the medical school. I think white intellectuals at this time were feeling pains of guilt about how Blacks had been treated especially at places of higher learning. You look around and there is no Black professor on the main campus. You look around in the medical school, there is no full professor anywhere and you know that there are some guys that are well qualified. People who were coming from Howard and Meharry were super people. There were a whole slew of them over at Homer G. Phillips [Hospital] and they haven't been given the opportunity. They have been given the opportunity to interact with Wash University. They haven't been given the opportunity to rise within the academic structure of Wash University.

I wrote a history with Dr. Howard Venable about the Black physicians in the city of St. Louis. Venable, for example, trained about 80% of the ophthalmologists in this country because there were only one or two places that you could go to get ophthalmology training, and later on fellowship and residency training. First there were only a few places where you could go to medical school then there were only a few places you could go for post-graduate training, residency program. The ophthalmology residency program here was one of the only ones in the country. So all the Black ophthalmologists all over the country at some time came through here. Most of the Black surgeons who were in the 40s and 50s came through this program too, because

here and at Harlem Hospital in New York were the only two places where we were training Black surgeons. They were training Black internists and other specialists in Chicago and a couple of other hospitals. But Homer G. Phillips had a residency program in ophthalmology, surgery, and either medicine or OB/GYN. The guy who was the head of OB/GYN here, William Skyler, was like a magna cum laude graduate from Ohio State [University] and the only had one or two but he had nowhere to go when he finished, so he had to come here to do his training. As a consequence those Black OB/GYN docs who were trained here had the benefit of a superior intellect and a superior researcher and clinician and all that kind of stuff. Same way with LaSalle Leffall, who is one of the premier surgeons in the country now. He spent two years here in residency training. And probably at some time most of the organ post-docs who are now the Black leaders in surgery spent some time at Homer G. Phillips Hospital. So it was really a great environment because there were great surgeons here at Wash University. Those guys would go over to Homer G. Phillips and make rounds. The guys at Homer Phillips couldn't come over here and practice on any patients, so the guys at Homer Phillips were practicing on Black patients. They were doing probably everything they were doing here. If the guy is teaching you how to do this stuff, they were doing the same things they were doing here because there wasn't a lot of different technology then, it was skill and knowledge. These guys would come over and say, "Hey, you did that completely wrong," and they would say, "Well, what should we have done," and the guy would tell them. But they couldn't come over here and practice on white patients, they practiced on Black patients. They never saw the insides of this place, but they were learning the same information and doing the same things. So it was a real benefit to them because they had the exposure to both aspects, not only exposure to the best in their race but also to the best in the white race. So they really got the benefit.

As a consequence a lot of outstanding Black physicians still remain here in St. Louis. Claude Organ had three of his sons come here to school. Here is a guy who was president of the American College of Surgeons and he has been the head of three or four different departments of surgery across the country, and is one of the people on the American Board of Surgery. He chose for his sons to come here. He didn't send them to Harvard or [Johns] Hopkins [University]. I felt good when I came here, the first person I met on the first day was Ed Doisy, who discovered vitamin E or something. So he was the head of chemistry over at St. Louis University. His son was going here for medical school, so I felt real comfortable. I was worrying should I have gone to St. Louis University or should I go to Washington University. When I was talking to this guy he said, "I am Ed Doisy, Jr." I said if Dr. Doisy sent his son over here to go to medical school, I couldn't be going too far wrong. I may have been that he just didn't want his son to go to the same school at which he taught.

Why do you think there are so few Blacks in the residency programs and the house staff?

I think the students who leave here, people who are trained here get to go where ever they want to go. So they don't have to stay at their home base. A lot of people wind up having to stay at their home institution because their record doesn't reflect their capabilities. People who have been with them and understand and know them have confidence that the person can do the job. A lot of minority students who have gone here have gone to whatever residency program they wanted to, they weren't restricted. Also, I think this residency program, because it is so competitive, as many of them are, that some of the top notched Black students don't bother to

apply or they think it is too competitive. A lot of Wash University don't apply, therefore it is very difficult for Black students from outside institutions to get in.

Do you think that someone like a Bob Lee in the same sort of position would help?

No, because the residency programs are really under individual people. Each department runs its residency program differently. It kind of depends on the attitude of the chief of the department and whoever is in charge of the residency training portion of it and their attitude toward getting minorities. For example Jewish Hospital has been more successful getting minorities into its residency programs than Washington University had been until very recently. The OB/GYN program had been more successful at getting minority residents than had the other programs because first of all, there are people who have been there, or people who are advocates of the program and the attitude of the chairperson was good toward minority residents. So there have been a lot of Black chief residents in OB. I think there has never been a Black chief resident in surgery here, and I was the only Black chief resident at Jewish. There have only been one or two Black chief residents of medicine here in all the time that I have been here.

We read the recommendations of the student committee to the Wessler Committee. It seems that pretty much all the ideas you came up with have been implemented.

I just thought those were reasonable things. I just thought that they were things that should have been done and they were things that could have been done by people who were in authority accepting the idea. Once people in authority accepted the idea there were no road

blocks to doing it. When the [Regents of the University of California v.] Bakke decision came out, it started breaking the effect of minority student programs because before people had been doing all kinds of innovative things, trying to evaluate minority students in different ways and giving preferential admission to medical school and stuff. Then the Bakke case completely reversed that and everybody started drawing back and making sure they weren't going to get in trouble with the government. I think that that was really a significant blow to minority student recruitment. I think that now some of the changes in medicine are a significant blow to minority participation in medicine because you don't have people advocating going into medicine as much as they used to. The people who used to be the biggest advocates for medicine were physicians who were saying, "This is a great way to live and you are doing good for people and yet still you will be financially secure and you will do all this stuff." Now physicians are feeling so much put upon that they are not encouraging their offspring, they are not encouraging white students that they come in contact with to go into medicine, they are telling them to choose what they think is the best thing for them. So I think there have been two real killing effects, one is the Bakke decision, and I think that just the overall change in prestige and attitude and feeling about medicine have hurt minority recruitment just at the time that it was starting to go up and then it sort of got chopped off.

One of the recommendations of the student committee that was never truly implemented was the scholarship program.

I am sure Bob talked to you about the minority scholarship program there. That is at the institution of the minority dean and the minority students alumni and stuff and that is generally

the way all scholarship programs get started. I think there is probably difficulty now in setting aside specific monies to try and induce minority students to come here. I think that might be one of the things that the Bakke decision said that federal money cannot be set aside specifically for minority education. One of the other things that came out of that Wessler thing was some flexibility in curriculum and some stuff about earlier exposure of the medical students to clinical situations. That started the physical diagnosis course in the second year. Before in the first two years the only time you got to see the hospital was when you came over here to eat lunch or go to the cafeteria or something. In physical diagnosis students started doing physical exams and interacting with clinicians and stuff like that, rather than some guy giving a didactic lecture about anatomy. So there were some curriculum modifications. There were some things that led to minority formulation and the setup of the minority student affairs office and some other stuff. I can't remember all of the other things, but there were a lot of good things. At that time a lot of the people who were movers and shakers were on the committee, like Stanford Wessler, who was head of the committee. Walter Ballinger was one of the very active members on the committee. So a lot of the people who were authority people in the medical center were very intimately involved, and so they felt it was their project, it was their idea. Therefore they were working to try and make it come into effect.

Can you tell us something about Homer G. Phillips?

I have told you a little about Homer G. Phillips. Growing up in East St. Louis I was very naive because I didn't about a lot of the racial things and segregation that was going on in St. Louis. Like I said, I was always the first person to integrate something. I was on the cutting edge

of integration because integration was coming into vogue just as I was graduating and I was always just right at the start of the wait. So I was one of the first students to go to East St. Louis High School rather than go to Lincoln High School. At that time it was a very kind of positive effect to me, because I knew that if I saw a Black student in a role doing something, because there were very few Black students in the institution that I went, I knew that those people were probably better or else they wouldn't be in my position. So it was kind of like you used to be able to see a football team from Alabama and you saw one Black guy in the backfield. You knew that that guy was probably the baddest back they had. I was interested in playing quarterback at East St. Louis High School. I was fairly good, but I knew I was never going to get a chance to play quarterback. I just accepted that fact. First of all I wasn't that good. I was as good as some of the guys playing but I wasn't a lot better. If I was a lot better I would have gotten to play that position. But I was just about the same and maybe not quite as talented as they were, so there was no way I was going to be the pet of the coach and he was going to let me have that situation. In the East St. Louis universe there was a significant Black population so I didn't have to travel in the circles with white people and the only place where I brushed against the white society was of my choices. So I was willing to accept some abuse and some unpleasant situations for what I deemed as a bettering of my own situation. So I was willing to go to a predominantly white high school because I thought I could get a better education there and from there I could get a better college opportunity. All my brothers went to Lincoln and it helped me in that respect because I felt very positive about myself.

When I went to Air Force Academy there were very few Black students there. I looked around and said, "Heck, I am as good as anybody else here and why should I feel inferior?" In many instances the Black guys to get to the position where I was had to be superior or else they

would have never even been considered for that position. In some ways that was nice because once you got there if you just performed at the average level everybody thought you were doing something miraculous because they didn't think you were going to make it in the first place. A lot of guys didn't think I was going to make it, like at the Air Force Academy. They said, "Oh, this guy isn't going to make it past the first year." I don't think I had an outstanding career but I did as well as the average person. But people were always amazed. So people were also always watching you and so long as you did just average people were amazed that you were getting along because they thought you were going to do bad. It was kind of a psychological game that was being played because I thought I could do better than anybody, because of the Black people that were succeeding, I thought we were a lot better than our white contemporaries. And the white people who were watching to evaluate always thought that if I just did average, they thought I was doing great because they didn't expect me to get along that well at all. I thought it was to my benefit. I think some of the students who have come on, so like when you talk about the individualized program and so forth at WashU, people got stigmatized. We work very hard to try and avoid that, because like I said there is no difference in the students when they come out at the end of the tunnel. There is no difference in the students. Hell, a lot of the differences that occurred with the individualized program had to do with preparation, skills and exposure and all that kind of stuff. Because nobody has measures of IQ or anything of people. Obviously the Black students were just as elite a core of students as their white contemporaries. It wasn't like you were taking just some Black students who happened to walk through your door and put them in. These were people who were qualified to be here. They could have been anywhere.

What were the professional societies like during your time in medical school?

Black physicians had always had an organization called the National Medical Association which is the equivalent of the American Medical Association, composed of all Black physicians. It really has all physicians represented, but it is primarily a Black physician organization, just like the AMA is primarily a white physician organization. So they didn't have a lot of problems with that. They knew their place and they were just trying to do the best they could. There were a lot of people who saw the un-equalness of the facilities and the things available to them as minority physicians, but they weren't terribly concerned about being excluded because they just created their own. When they were excluded from the AMA they just created the NMA. At a time when everybody said we shouldn't exclude these guys, then [the Black physicians] then joined the AMA. Like myself, I have a membership in the AMA and the NMA because you want to be in a situation where you have camaraderie and association with people of similar backgrounds, just the same thing like fraternities and everybody else wants to do. Still you want to be in the mainstream majority so you want to be distinguishable and in an environment that is pleasant to you but you also want to feel that you are in the mainstream of life. So I belong to both the NMA and the AMA. That happened to most people. People who thought that way, as soon as the AMA opened its doors to accept Black physicians as members a whole bunch of people became members of the AMA.

How about the student medical association?

The Student National Medical Association was similarly an organization that worked very hard to give some networking between Black students who were going to majority schools.

It didn't make very much difference to the Black students who were going to Howard and Meharry because they were already together in a group, it wasn't a problem there. But there were five guys here and two guys at the University of Illinois, and the University of California, San Diego had two or five, and people were dispersed all over the country. The one opportunity you had to get those people to coalesce and have common ideas and common suffering and that kind of stuff was at the National Medical Association student national medical meetings. That was a real opportunity to network, it was an opportunity for people to talk about what was making their minority recruitment program more successful than others. One of the things was starting up a listing of predominantly Black colleges that should be contacted and invited to apply here.

I also went to the Harvard summer school program which was specifically set up to recruit minority students. Two of the people who came here eventually were people I talked to at the Harvard summer school program. I think it is the same thing that is happening to our program, that the program is very good and as a consequence of that, other people come in and raid it. So we will be training students to become good candidates but then they will go off to other schools. Because there are a couple of people who were from the St. Louis area who were being trained at the Harvard summer school program, and after a while that gave the white administrators a good feel that this guy did fine at the Harvard summer school program, he will be able to do fine here even though he had really already demonstrated he was going to do fine at Jackson State or wherever the hell he was. They felt a lot more confident when they were dealing with numbers and talking about people who they knew had taught him and they said he was a good student. I don't feel that is terribly prejudiced. I feel that prejudice is when somebody won't give me an opportunity just because I am Black. I know that if I am going to choose somebody in this room to give my money to, I would probably give it to somebody I know. I wouldn't just

give it to the first person I bumped into. You can understand some prejudices. I think that there is also a place for positive prejudices, for trying to give people who have had a disadvantage for such a long period of time a break. Now you are trying to give them a break just to catch up. Before the people were running with their hands tied behind their back. Now we are going to let them run full speed and slow the other guys down for a while.

What do you think needs to be done in terms of recruiting more Black graduate students and faculty?

I think that there still needs to be some more money added to all the people in the various highest ranks of academic medicine. There still needs to be some modifications there about their thinking about minority students and that kind of stuff. But there needs to be some encouragement among minority students to think along those lines and there needs to be special programs and stuff to encourage them, special inducements to get them to do it. I don't say that they should take the Black student and Black resident preferentially, but there ought to be more inducements for the Black residents to come to a program than, say, his white counterpart.

For example, they might have special fellowships or special monies or grants or things like that to encourage them to come to particular areas. If we are really interested in getting somebody to be a full professor of medicine here, they just lost one of the guys who is now full professor of medicine at Oklahoma, Jim Gantner. He is an endocrinologist, he is one of the world's authorities on diabetes and stuff. They just lost him because they have more inducement out there in Oklahoma than here. I am sure that Jim would like to be here. He didn't see himself progressing and he knew that he was probably not going to get the position of being head of the

department because it was Washington University and there were five other guys who were probably just as good as he was. Where if he knew he had some advantage he might have stayed here. He may have been thinking that if he goes away then he will have a better chance of coming back.

So there is a lot of politics in academic medicine. I think most of all they are going to have to get it straight with the school and make it obvious to the students who are matriculating here that this is a pleasant place to be but that the environment and situation for you to become an academic clinician is going to be good and have some special inducements to try to get them to stay, just like there were special inducements for them to come to medical school here. I think that there are probably more financial aid programs and things available to Black students coming to WashU than there are to white students. Wash University is very liberal with financial aid for everybody, Black and white. I think that probably more financial inducements for Black students to come here than for his white counterpart, just because there is more money available, more grants, more this and that. I think they are going to have to that on the residency level. They are going to have to also make it clear that it is a reasonable environment for Black students in the residency and academic situation at this institution, I don't think that has been present before.

That was one reason I went to Jewish, rather than stay here in the surgery program, because I thought the surgery program was very stiff and populated with people who probably had some ingrained prejudices against minorities, and guys who were from the South who even though they were very intelligent and intellectually elite people, they still in the back of their mind still thought that Black people were inferior. I mean it is very hard to get rid of that. I think

it is okay to say in the back of your mind that Black people are different. But I think to say that Black people are inferior is a bad thing. It is a subtle difference but it is a big one.

Any thoughts on the future?

I would think the future of medicine is more debatable. It is kind of in a state of flux. Unfortunately when I thought about coming here, growing up in East St. Louis, I had never been in this hospital. I said this at Herweg's retirement, I had never seen but one doctor in my life, that was my family physician, the guy who delivered me. I have been in one hospital one time. I didn't know what a hospital was like. I didn't have brothers and uncles and fathers and people who were physicians. About half of my class had what are called medical legacies, either their fathers or their brothers or somebody were physicians. I think that there needs to be something done to try to change the environmental color, change the aspect of medicine so that it becomes a prestige thing again, it becomes a more respected kind of profession.

I just read some kind of survey where more people thought that engineers were more ethical, more moral than physicians. How can that be? I mean, sure figures don't lie and you can't jiggle the figures around, but I know engineers and I know physicians and I think it is much more important for a physician to be ethical and moral than it is this engineer. The engineer knows that he has got a factor of 800 on what he is building, like building a bridge and we want 800 times the strength to make sure it never falls down. Well, you can see him saying, "Well, if I only make it 700 times it won't be too bad, what is the difference?" When you come to doing surgery on somebody there is no time to talk about doing a lesser thing. People in this country want the best. If grandmother is dying, they want you to do everything. You know, bring in a

helicopter, bring in the world's greatest heart authority. Nobody wants to feel at any time they are not getting the very best that they can do for grandma or their mother or for themselves. But still if you ask them if they are willing to pay that money to bring in the specialist from Stockholm to give your grandmother the newest, most experimental drug, everybody says, "Oh no, we shouldn't be doing this, we shouldn't be spending our money on this." People have to come to some realization, and I think that is what the white people understood at the time of the civil rights movement. They understood that to give Black people a break they had to give up something. Now the white population wants to say, "I want to give them a break, but let them do it, I don't want to lose nothing." There is only so much pie you have got there, and if you are going to give this guy more pie then you have got to take less pie, so it is a limited thing. I think that white people understood this in the years of civil rights activism, that in order to give Black people a greater opportunity they were going to have to back up a little bit. Now they say, "Well, why do I have to back up just give this guy a break or give him the things he needs so that he can advance out and do the same thing I am doing?" They never can appreciate that that is not the way it can be. It is not the way that it is.

Hopefully one of these days it might be that way. But right now it is not that way. So even if you gave both of you out equal cards to start off in the game, you are at a disadvantage. The white population doesn't understand that they have to give up something. The Black people don't understand that they are going to have to work harder to prove that they desire what they got. I don't know if it is a phenomena of the generation or what it is. But that is among the problems that exists right now. The white population is not willing to give up to allow for greater expansion and growth of the minority population. The Black population is not willing to put out a hell of a lot more to show that they merit the opportunity they have been given.