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Interviewee: Yancey, Asa

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(MS450)

BAYOR: Testing, one, two, three. Is it all right if I put
this here?

YANCEY: (inaudible).

BAYOR: OK.

YANCEY: This is very inexpensive, and it's -- would you rather
I sit over here? I've got my (inaudible).

BAYOR: OK. I (inaudible) most of *A Century of Black
Surgeons*, and I thought it very interesting. (inaudible)
pertained to some of the material I'm interested in.

YANCEY: I will give you more than that. Some background,
especially with -- especially the article on Charlie Drew,
which gives you some background on what people are...

BAYOR: Well, also the one on Tuskegee and his connections
with the Spalding Pavilion. I wasn't quite aware of all
that.

YANCEY: Well, the one on Drew gives a little different
perspective. And that was [00:01:00] important to them --
to me (inaudible).

BAYOR: Yeah, I wanted to get to (inaudible). I was curious about the situation at Spalding, when you came [in 1968?]. Was there any training programs for black surgeons at Spalding at that time, prior to you coming?

YANCEY: There was no accredited training program -- educational program -- in what we call graduate medical education, not only in Spalding, but nowhere in the state of Georgia, for black physicians -- not in any specialty whatsoever. And that was the big emphasis by many individuals because, obviously, specialization is (inaudible). It began, as you may recall, at the turn of the century, with ophthalmology, which is the first one -- the first [00:02:00] medical group to set themselves aside as documented specialists. And then, at about 1947, by following the efforts of people like Flexner in 1909, 1910, 1911, and the work of Halsted at Johns Hopkins, and (inaudible) people who developed the residency program in surgical education at (inaudible). But then, the rest of the country sort of caught up, and it was decided that there should be methods for documenting that an individual had received adequate education -- graduate education in that specialty. Boards should be organized and individuals, then, [00:03:00] would receive a prescribed amount of surgical experience and education, and documented

as surgical specialists -- as surgeons. I mention surgery because that's my particular specialty. The principle holds for all of the various specialties and subspecialties of medicine. Let me just make one thing clear -- I said "graduate education." And, mind you, in medicine, when an individual is in college -- (inaudible) school -- why, that, of course, is an undergraduate. Now, if he's seeking another degree, why then, that's post-graduate education. But in medicine, that individual, in medical school, becomes, again, an undergraduate. And a graduate education in our group is that education after that person has received an MD degree, and is proceeding along specialization lines [00:04:00] as a resident. That's graduate education. Post-graduate education in medicine has to do with an individual who has completed all education as a specialist, to have certified by a board, and then who returns and wants to try to (inaudible) whatever -- for the rest of his life for post-graduate.

BAYOR: New techniques and (inaudible)?

YANCEY: That's right.

BAYOR: Now, when you -- I think one of the stipulations you mentioned in the [Tuskegee?] (inaudible) book was that there should be -- you had a guarantee of a program being set up at Spalding before you came, I believe?

YANCEY: That's right. I made it clear to Hughes Spalding that there was no need for my coming here or anybody else, for that matter, to work excepting that that would be the [00:05:00] (inaudible) accredit the program in general surgery at Spalding in order to work, which otherwise (inaudible).

BAYOR: And they agreed that the...?

YANCEY: Well, not only would agree, but (inaudible) work for it. And got that (inaudible).

BAYOR: At what point? After you had arrived?

YANCEY: No, that was what from the minute go.

BAYOR: Oh, so (inaudible). It was already a program --

YANCEY: No, no, there was no program. There was nobody here. But the agreement was. In other words, we did that with letters between Hughes Spalding and myself, while I worked in Tuskegee.

BAYOR: But -- OK, so, (inaudible). What was the reaction at Grady to the changes at Spalding? Apparently black surgeons, like doctors in general, could not [00:06:00] treat patients at Grady.

YANCEY: That is correct.

BAYOR: OK, and what was their reaction to the changes that (inaudible) from that particular training program?

YANCEY: All right, this was discussed with the chief of surgery, Dr. [R. A. Ferguson?], Sr. He was very helpful in many ways -- in every way -- and so was Mr. Hughes Spalding, (inaudible). The -- they were very frank and open. They agreed to -- the Spalding resident and myself would come over and work in the clinics (inaudible) -- the outpatient clinic. But as we examined the patients here -- (inaudible) the patients here -- these were (inaudible) patients. We treated them. (inaudible) that if we wanted to -- if we want to send to Spalding for an operation, we would do that.

BAYOR: Even if they were indigent patients?

YANCEY: Yes. [00:07:00] Yes, sure. We had 12 indigent beds for indigent patients. And in addition to that, I, of course, (inaudible) patients (inaudible).

BAYOR: But for the bulk of the black patients at Grady, they would just (inaudible)?

YANCEY: No, my surgery was done at Grady.

BAYOR: At Spalding.

YANCEY: I didn't intend to say that. At Spalding. My outpatient work -- our outpatient work -- the resident and my -- residents and myself, was done at Grady. We used the Grady outpatient. In other words, Spalding was -- the name of it was the Hughes Spalding Pavilion of Grady Memorial

Hospital. In other words, it was a ward of Grady Hospital. A ward which we used for the education of black residents under a segregated system that existed at the time. So, nobody wanted the segregated [00:08:00] system. I didn't want it. The residents didn't want it. Spalding didn't want it. Nobody wanted it.

BAYOR: But that was Ferguson?

YANCEY: (inaudible). Ferguson didn't want it either, as far as I knew, anyway.

BAYOR: But it just seems, as chief of surgery at Grady, Ferguson could have, I guess, helped to change the system as little more than he did.

YANCEY: Well, he did have to change the system. And so did his successor, Dr. J.D. Martin. And so did some other people at the top, (laughs) who had to change the system. But that's the way we worked. We had -- we worked the outpatient clinics at Grady. We operated at Spalding. We used the research facilities at Grady. And we used their library at Grady, because those things were essential to an accredited program, and [00:09:00] they all understood that I would not work in a program that was not accredited.

BAYOR: Now, what could you not do there?

YANCEY: We did not use the operating room at Grady.

BAYOR: And then, you didn't make the rounds of the patients at Grady either. You didn't do that?

YANCEY: These were outpatients. You can rounds with (overlapping dialogue; inaudible).

BAYOR: I guess I meant the inpatients, (inaudible).

YANCEY: Yeah, yeah. So that, this is the way it worked. And that was the way it was, pretty much, all over the country. It was not the best way, but that was supported by federal law up to 1954. Now, after 1954, the federal law was abolished by the Supreme Court. But between the mid-1890s after *Plessy v. Ferguson* decision, up through 1954, it was federal law -- separate and equal. It was just -- which was an unjust law, absolutely.

BAYOR: On what point [00:10:00] did Grady open up its other inpatient facilities to black doctors? And how did that come about?

YANCEY: That happened about 1965, '66. One of the many demonstrations. The impetus was, of course, Martin Luther King, Jr. That was really the cause. And then, of course, this fellow came down from the federal government (inaudible). I forget his name -- [Page?], or [Pace?], or something like that. And then, of course, with the demonstrations -- students, doctors, (inaudible).

BAYOR: I guess partly the Civil Rights Act of '54 was
(inaudible) the end of the federally supported hospitals in
terms of the segregation (inaudible). That must have
changed (inaudible).

YANCEY: Well, that was a part of it, too. And then, of
course, if you want to go back into the history of it more,
why, in the Veterans Administration, (inaudible) [00:11:00]
began to break up with the process. And he (inaudible).

BAYOR: So it really took -- you came in '58. It took until
the 1960s, would you say, until Grady was opened up?

YANCEY: That's' about right. I'm trying to recall the first
real... (inaudible).

BAYOR: So, really, Ferguson, although he was sympathetic to
you and Spalding and all those people, really couldn't
change that...?

YANCEY: Well, what he was doing -- he was acting in keeping
with Georgia law and Georgia's habit. Because the habit
outlasted the law. That's why. But you asked a little bit
ago, what was it like? Ferguson told me, as I was in the
process of deciding [00:12:00] to come here, and after
Spalding and I -- we -- was an accredited program. He
said, "Remember now, you can get killed working at Grady,
and going back and forth." And, frankly, the basic idea
that it was just right to have a program in Georgia which

would provide specialized training, accredited -- fully accredited -- in the state, be it at Grady or Spalding or wherever -- until that, it was not a frightening thing. It's -- I really wasn't concerned about it. But I did mention to Dr. Ferguson, "How can you expect us to work well in an educational program, and do clinical research, with that type of threat hanging over our heads?"

[00:13:00] And he said words to this effect: "Don't take the statement out of context of our total conversation."

He said, "It's only fair for me to let you know what could happen." He says, "I don't think it will happen, but you ought to know in coming to Grady, what the situation could be." So, we got a resident who agreed to work, and he came and worked, and carried on from there. And vary-- at varying times, it was really interesting though. At times, in informal conversation with Spalding, he would say, you know, "Just go ahead and do the work. It won't be long before you'll be on the [00:14:00] staff of Grady

(inaudible). Ferguson said the same thing at one time or another. He said, "Just go ahead on and do a good job."

Frank [Smith?] -- Frank Wilson, the superintendent of Grady, who was viewed as an arch-segregationist, told me the same thing. He said, "Come on, do a good job, and move

on. And it won't be too long before you would be on the staff, in surgery, at Grady."

BAYOR: So, they were (inaudible) support of waiting for, I guess, public opinion to change (inaudible)?

YANCEY: This seems to be about what it (inaudible). Now, it took the work of [00:15:00] many people, starting way back with Charlie Drew. And I hope you saw the letter.

BAYOR: I did. I was (inaudible).

YANCEY: OK, that Charlie Drew wrote, who firmly believed in much of what I'm telling you was (inaudible). Charlie Drew was -- he just had the -- as you probably know, he just had the purest heart of anybody I've ever seen. He was an unusual individual. He was a gentleman, in the finest sense of the word. Whenever he entered the room and became a part of the discussion, he was the sinecure of the whole area -- the charismatic person. Frankly, I just (inaudible). I always will. And he deserves the admiration. [00:16:00] But he felt that excellent work would transcend segregation. And, of course, he knew nothing about the techniques of Martin Luther King that I knew. Now, if had read the works of (inaudible). And this was -- his approach toward eradicating segregation was by excellent performance. And if -- even if you had (inaudible), why, still, one must have people who are

willing to perform in keeping with the standards of that time, in order to work (inaudible). You just can't simply do it. So that -- it takes many different type of people. It takes many different types of groups with different [00:17:00] interests, different backgrounds, different ways of accomplishment, in order to make a social change actually occur and become permanent.

BAYOR: But I noticed what (inaudible) wrote in '47 seems to coincide just about the same time the Urban League was (inaudible) with some of its (inaudible) Pavilion never materialized, but I sort of have the feeling that Drew was one of the inspirations for what became Spalding Pavilion.

YANCEY: Well, yes and no. He wasn't thinking so much of that. I think that the prime individual who worked -- which work culminated in the Spalding Pavilion was [00:18:00] Mrs. Grace Towns Hamilton and Mr. Hughes Spalding, Sr. But those were the (inaudible). And, of course, at that time, you have to remember that the separate institution was popular throughout the nation. Nobody -- we, as black people, didn't regard this as the ideal of what we wanted. We regarded it as the best we could do under the circumstances. Few or none of us were aware of the means of accomplishing anything using the techniques of Martin Luther King, Jr., and Gandhi. I did not know of the

techniques of Gandhi until Martin Luther King had demonstrated a long time. And I didn't realize that he had gotten these techniques from Gandhi. The only thing I read as a [00:19:00] student in this country, is the fact that Gandhi was fasting. I never knew he was marching. Hello?
(pause in recording)

BAYOR: OK, let me just get up to (inaudible) chart here. I was curious about the effect of the lack of training programs, and the segregated situation at Grady, on, for example, healthcare for blacks in Atlanta. It's very clear that the black population here had a much higher death rate than the white population, that there were fewer hospital beds.

YANCEY: And it still is. (laughs)

BAYOR: Excuse me?

YANCEY: It st-- and the death rate is still higher --

BAYOR: OK. Do you relate that all -- at all --

YANCEY: -- with the black population.

BAYOR: Is that a poor people's program, or do you write it off to the just the lack of hospital beds and the -- I guess, the segregated situation among the hospitals here?

YANCEY: Well, it's all that and more. [00:20:00] It is -- it's obviously not for lack of a certain number of arithmetic beds, because the beds are here. It's the

socioeconomic -- and I know that's a cliché word -- and the conditions under which people live. I don't believe that there's any genetic difference between black and white people that causes one group to live any longer or less long than the other. I think it's the educational level. I think it's their habits. I think it's a matter of type of foods consumed -- and this is habit, too. It's a matter of abuses or lack thereof, and both groups abuse. One may do it a little more than the other. (inaudible)

BAYOR: [00:21:00] Do you feel at all that black patients in Grady -- poor blacks who were in Grady, who couldn't be seen by their own doctors if their doctors happened to be black, and were only attended by white doctors -- do you think they were given less concerned care at all by the whites? I mean, you were still, you know, (inaudible) that period where there was a lot of race-based hate, obviously.

YANCEY: The -- let me give you a specific example of that. There was a locally well-known surgeon in New Orleans -- and I'm trying to think of his name (laughs) while I'm talking -- who stated that black people (inaudible) peritonitis less well than white people. He was basing his opinion on the higher death rate from, let's say, acute appendicitis or perforated appendicitis. [00:22:00] And the results that he got in black patients as compared with

white patients. And this was one the things that Dr. Drew attacked, as he trained us in general surgery. And he developed a paper on it, and tabulated the cases -- mortality rate, morbidity rate -- of the patients operated with acute appendicitis and all the complications (inaudible) at Freedmen's hospital -- which was then the teaching hospital at Howard University School of Medicine - - and compared it with this surgeon in New Orleans. And it showed, very clearly, that with the (inaudible) at Howard University, they -- black people -- did not have the higher morbidity or mortality (inaudible). [00:23:00] What was the difference? And this has to be speculation. I don't have any documented proof of it. At one time or another, they all got operated. At one time or another, they all got what anti-infective drugs that were available at the time. The difference, probably, was in the time factor. It was in the time factor in these respects: the patient probably, feeling a little unwelcome, waited a little longer until the pain got worse, as long as they could bear it. So, they probably came to the hospital a little later.

BAYOR: Feeling unwelcome (inaudible)?

YANCEY: Even a little bit (inaudible). Probably they reported to the hospital a little later than usual. They were not the next-door-neighbors and friends [00:24:00] of the

medical staff, and [they never would be?]. Therefore, the staff responded a few minutes later. And that response, probably, would continue with the entire treatment. If a nurse called for the fellow who lived down the street -- you know, and this shouldn't be a factor in medicine, and I don't think it is (inaudible). But the response might be just a little bit later than if this guy was someone who had a little closer relationship. I think it was a time factor. So, I think, because the -- [00:25:00] I think that, in general, physicians do administer the very best care they know how to administer. And so, I feel that it was (inaudible).

BAYOR: OK. My thinking, I guess, was, given the racism so blatant at that time, that among the white doctors there must have been those who were totally unconcerned with the health of that black patient.

YANCEY: Well, I'm using different words to say the same thing. If the fellow is eating lunch and the nurse calls and says such-and-such a thing is not right -- the fever's going up -- he might just sit and finish his lunch and talk for a while.

BAYOR: That's where I think black doctors making the rounds at Grady might have been -- might have created a little different situation.

YANCEY: Yes, this is right, this is right. The -- you can't take [00:26:00] a human being and teach him that another human being is a second-rate human being, and expect him to respond as rapidly as he's going to respond to a first-rate human being. I'm calling it timing (inaudible).

BAYOR: (inaudible).

YANCEY: Yeah.

BAYOR: How about the segregated situation at Grady, the lack of training of programs, and what effect that had on attracting black doctors to Atlanta? Was there a short-- I know there was a shortage of black doctors in the city. Was this related at all to...?

YANCEY: Yes, that shortage was related to many things: the lack of a teaching hospital, an academic hospital and it's more interesting [ward?]. But it related to more than that. It related to the small number of black people entering the field of medicine, for a multiplicity of reasons. [00:27:00] The medical schools were segregated. There were some that took black students. There were some that did not

BAYOR: Some had a quota (inaudible).

YANCEY: I bet your pardon?

BAYOR: Some had quotas for the (inaudible).

YANCEY: Well, you know, I think the word *quota* was misused.

And I don't want to get away from the prime question. They didn't have quotas. They had ceilings.

BAYOR: OK, yeah, that is definitely the proper word.

YANCEY: If they had quotas, it probably would have worked out a whole lot better.

BAYOR: And the ceiling might be one.

YANCEY: The ceiling might be one, and I think that's what [it's called?] -- a ceiling. Now, let's go back to the original question. The pool of black individuals who had completed college training, or at least premedical training, needed to be (inaudible). And, of course, the ability to enter a school [00:28:00] of medicine at less cost, at less distance of travel, less expense to a poor family, which is the great majority of black people. All of these factors entered into the shortage of physicians. For example, the -- when I began in medical school, I had to go from here to Ann Arbor, the University of Michigan. The travel expense was there. The tuition was higher. After my first year, I attempted to get into the University of Georgia, and they told me flat, "No, you will not be accepted in the school of medicine."

BAYOR: (overlapping dialogue; inaudible)?

YANCEY: That was about '39 -- [00:29:00] '39 academic year.

BAYOR: So, I guess for most black doctors who did receive their training either in a Southern institution like Howard, let's say, or (inaudible) --

YANCEY: Howard or Emory, or a few Northern institutions like the University of Michigan, the University of Illinois. I think of particularly Harvard, occasionally, and others.

BAYOR: Well, then, what would be the attraction of black doctors to come to a city like Atlanta? Segregated hospitals, (inaudible).

YANCEY: It could be just a matter of a previous association with the city, sometimes. Or a feeling that it was a good place to practice, because of the need, and [00:30:00] a feel for an economic situation that was helpful to rapidly develop a practice (inaudible). There was no stimulus insofar as continuing to grow, medically, and in medical-scientific knowledge, nor the stimulus of teaching, nor the stimulus of an academic institution (inaudible).

BAYOR: Or even getting an association with a hospital (inaudible).

YANCEY: Oh, that's what I'm saying in different words. Because the academic stimulus would be in the hospital setting.

BAYOR: Well, really, I guess the impetus to come to a segregated city like Atlanta would really be limited, which might explain, somewhat, the --

YANCEY: It related to the economics. It related to (inaudible). There was no academic stimulus.

BAYOR: [00:31:00] Nor were the -- well, that might be part of what you're just saying, but nor was there any respect for the black doctor by the white doctor in this city. They weren't allowed to join the medical association.

YANCEY: That's right. They could not join the medical association -- that is, what was then called the County Association, which was the basis for the American Medical Association. They could not join, in those days, the American College of Surgeons and all of the other colleges -- physicians, pediatrics, etc. These things were [barred?]. Let me just mention that Dr. Drew was not readily accepted into the American College of Surgeons. And he, having been well-qualified -- they finally invited him to [00:32:00] become a fellow of the American College of Surgeons. But they were doing that for him as an isolated individual, and then were not admitting the black surgeon on an individual basis as a group. And he refused to accept membership, since other well-qualified black surgeons were not being accepted. So that, after he met

this tragic accident, well, the American College of Surgeons gave him fellowship posthumously.

BAYOR: That's (inaudible).

YANCEY: That's the way the story went. And I'll never forget the day that Drew told me that he had refused fellowship with the American College of Surgeons, because he realized fully that it was solely extended to him as an individual.

BAYOR: When [00:33:00] black doctors began working at Grady, actually being allowed into Grady, was there a lot of (inaudible) at the beginning?

YANCEY: No, not at all. I came over, made rounds, operated in the operating room. And, as a matter of fact, they were very (inaudible). And Dr. Ferguson handled it very well. He and I walked through the building, and he introduced me to key people such as the supervisor of the operating room, the supervisor of the clinics, the people on the ward. And he said, "This is Dr. X, Y, Z. He will be working here. You should extend him every courtesy." And we went through the key portions of the building like that and (inaudible). Now, this was after the (inaudible) [00:34:00] came down from HEW, and after the student marches, and after the physicians (inaudible).

BAYOR: Which was in the '60s?

YANCEY: That's right. Let's see, Martin King (inaudible) in 1968. That was the day Dr. J.D. Martin came (inaudible), and then he became a full partner in 1970. And an (inaudible) in 1968, but the exact year escapes me at the moment -- probably the mid-'60s, about '65 or '66 -- somewhere around there -- maybe '64.

BAYOR: What about Emory Medical School? What (inaudible)?

YANCEY: Well, you see, that is Emory Medical School. You can't be an instructor. Grady is not a school. That has to be in (inaudible).

BAYOR: Any medical school student going to Emory [00:35:00] is also working at Grady, (inaudible)?

YANCEY: That's right. I don't remember the first year that Emory took a medical student. I do remember the first year that an intern -- a black intern came to Grady. But I don't remember the first year that a black medical student went to Emory School of Medicine as an undergrad.

BAYOR: As a black intern coming into Grady -- was he (inaudible)?

YANCEY: Well, he felt a bit lonesome, of course. But there was no physical or verbal abuse that I am aware of. But, of course, it was obvious that this was going to be. The whole principle of the situation had been demanded by the

federal government and by the -- by Martin Luther King and other people [00:36:00] who were...

BAYOR: The time had come, and the whites were (inaudible) now, accepting it -- maybe grudgingly, but they were accepting it?

YANCEY: That would be a reasonable description of it.

BAYOR: I was also curious about the training of black nurses. What was their situation in all of this?

YANCEY: They were segregated for many years, and going way back -- and this was from the reading in the history of it -- they were not allowed the RN -- the registration -- registered nurse. They were not given those initials. And then, later on, they were given the registration. And then they were in two segregated schools of nursing. They had different color uniforms. [00:37:00] And they were called "Nurse So-and-so," and the others -- the whites were called "Miss So-and-so." The blacks were called "Nurse So-and-So." And then, they remained segregated like that until the mid-'60s and when (inaudible) Martin Luther King (inaudible) the marches forced the cancellation of the two schools (inaudible).

BAYOR: Did you have situations where they were harassed at all, or situations in which white patients would refuse to

be (inaudible) by a black nurse or black doctor? Anything (inaudible)?

YANCEY: I don't know as I'm qualified to answer that. I just don't know. But, you see, there would be little of that, or maybe (inaudible) to zero of that, because throughout the days of slavery, the black female nursing the white [00:38:00] female or white male was a part of the scene.

BAYOR: Was part of the culture.

YANCEY: Yeah, this was part of the culture, so that there would be no cause for that. But the black doctor is a different story. That was (inaudible), so that I would have doubted that there would be any problem with a black nurse nursing a white male or female, excepting you'd get some irate so-and-so who'd be cantankerous no matter who nursed him or (inaudible). And he may have just used that because (inaudible).

BAYOR: (inaudible) that would be the case. I was curious, also, about any repercussions of the lack of training and the segregated facilities, at that time, on healthcare for the black population in the city today. Well, then you had a segregated system up to the mid-'60s. [00:39:00] Do you see any remnants of that in terms of higher mortality rates today?

YANCEY: Well, I think that higher mortality rates are due to lifestyle more than physicians. Now, of course, physicians help. But the difference now is a little more subtle. There's access for anybody of any color. But the access is more difficult for the black person, therefore, he seeks it a little later, therefore he is sicker -- and I'm using the word *he* for *she*, both genders -- therefore, he or she seeks it a little later than otherwise. For example, the low-income people -- [00:40:00] person who has to come to a public hospital arrives a little later with a given disease -- let's say a breast tumor. And there have been studies to show this. A study was done by Dr. [Jane Petri?]. Dr. Petri reviewed breast cancer at Grady Hospital and breast cancer at the private hospitals in Metro Atlanta, and made a determination as to when the patient was first seen and examined, what was the state of advancement of the disease. It was found that the breast cancer in Grady patients -- low-income people, black minority people, and white [00:41:00] low-income people -- but the black minority was the group she was studying -- the Grady patient, which is about 75% black, plus or minus, came in some four to six times with advanced disease as the person going to a private hospital. Now, what does that include? It included education. It included funds for travel to the

hospital, as small as that might be. It included a willingness to go. It included a longer wait at the low-end county hospital and that private facility. Putting all that together, they arrived later, when their disease was in a more advanced stage, and the mortality rate was higher, and the morbidity rate was higher. Now, [00:42:00] during that same study, with regard to cancer of the colon -- the large intestine -- the state of advancement of the disease between the Grady patient and the private patient was about the same. Why? One reason -- and you never know all of the reasons in this like this -- and you'd be fooling yourself... But an outstanding reason is that the colon with the tumor would tend to produce symptoms. So, whenever anybody is uncomfortable -- low income or high income, or a smaller amount of education or a larger amount of education -- they seek help. So, the differences were not so great in those. But now, given an educational campaign over [00:43:00] a TV station, *Fortune* 500 magazine, *Time* magazine, whereby (inaudible) examinations were (inaudible) were done, everybody did it -- what would happen, then, is that the black minority, a person with low education, would probably be the last to take advantage of that, whereas the high-income black and white with higher education would hear about it, because they read *Time*

magazine, *Fortune* 500, (inaudible) channel this on TV.

Whereas this other fellow is listening to a radio station that these higher-educated people don't listen to at all.

And if it doesn't come over that station, he isn't motivated coming in with a subtle test, and there are no symptoms, [00:44:00] then you're not going to know about it enough to do it. And, therefore, he'll wind up with the more advanced state of disease than the well-educated person --

BAYOR: (inaudible)?

YANCEY: That's right.

BAYOR: Would you say, at all, that -- and I guess this is sort of the (inaudible) -- that medical care improved for the indigent black patient once Grady was integrated, (inaudible)?

YANCEY: Oh, there's no doubt. There's no doubt. There's no doubt about that. It improves because people feel better -- the acceptance of the individual as a first-rate human being took a definite step [up?]. The -- and let me add, I don't want you to get the idea that I'm discounting [00:45:00] the number of black doctors available for care. That's a factor, too. But that's not the only factor having to do with higher mortality (inaudible).

BAYOR: Oh, (inaudible).

YANCEY: I just wanted to make that clear. Now, the medical care all over improved with recognition of nurses as full first-rate nurses, calling them "Miss," and giving other people their (inaudible); recognition of the patients as all first-class human beings, dealing with them in that way; interns and residents being trained to treat everybody as a first-class human being; the attendings, the medical staff, the faculty making rounds on everybody instead of in separate [00:46:00] groups -- all of that was very helpful.

BAYOR: Plus, black doctors getting better training.

YANCEY: Plus, black doctors getting better training, plus black doctors being certified by specialty boards after adequate education. All of it fits into the common mode that produces a better doctor, a better society, a more healthy society, a longer-living society. But more important than living long -- living longer with a higher quality of life. That is really what I'm talking about (inaudible).

BAYOR: No, I realize there's a lot of factors involved in this.

YANCEY: Yes, right.

BAYOR: But I can't help thinking, you know, again, given that racism at the time, that a lot of the white doctors just

would define these black patients as just somebody not really (inaudible).

YANCEY: I wouldn't want to say that to --

BAYOR: Or maybe it's too harsh to say that.

YANCEY: Yeah, it really is. And because -- you see, there are human beings with [00:47:00] feelings among whites and blacks, and there are doctors -- white and black -- or, very, very few of them, who have mistreated patients, white and black -- absolutely. So that, the big thing is that people are people, and that -- and it's hard to say this, because if you say one sentence, somebody will say, "Well, what about this?" Well, that's true, too. And you -- it'll just take miles and miles of discussion here to try to make it all be as accurate as one would wish and want it to be. But there were white doctors who did have great concern for black patients and treated them just as well as white patients. But there were also white doctors who treated, you know, black patients [00:48:00] as subhuman beings -- not total human beings. And, of course, the fact that many white doctors came up -- grew up on this system whereby they were taught, or were -- by virtue of the way things -- people were treated, that blacks were less than the 100% human being. Therefore, they are added to the (inaudible). There were others who were afraid to let

their friends see them treat a black person as a 100% human being, because they didn't want to lose the friendly relationship. For example, there would be whites -- and just take a small example -- who -- the word *Negro* was just as acceptable as the word *black* is now, [00:49:00] back then. When they were among black people, they would say "Negro," just as well as anybody. But when they would get in the presence of another white, they would split it. They would say "nigra." And that let the white person know that he was sympathetic towards segregation. And he didn't say "nigger." He'd insult the black. He just kind of split it (inaudible), to try to satisfy both. And, of course, you know, when you try (laughs) serve two masters you don't really get any job done.

BAYOR: Well, I just think (inaudible).

YANCEY: And that -- that's a small example of what I'm trying to say to you.

BAYOR: Yeah, I just -- people brought up with that warped type of thinking about race, that had to affect other parts of their (inaudible).

YANCEY: Sure, of course, it affected what they did. And, well, it's just the way it was.

BAYOR: I'm curious, also, about something that [Michael Womack?] said a few days ago regarding the suggested

renovation versus [00:50:00] tearing down the Grady and starting anew. He said that the original design of the hospital was set up to serve a segregated system.

YANCEY: Yes.

BAYOR: And that, in his words, "That design was (inaudible) [modern operation?]." (inaudible) how has the previous segregated Grady Hospital that was built in 1968 hampered the operation of the operation of the hospital right now?

YANCEY: Well, most of that has been broken up. They are the mirror images of -- which was the original construction of the hospital. And what was done was to use those segregated -- those separate facilities for different activities, which minimized the fact that it was physically built as a segregated building. For example, [00:51:00] the emergency room that was for black patients is now used for medical emergency cases. The emergency room which was for white persons is now used for the emergency room for surgical patients. So, that simply minimized the difference. Now, suppose what we need now is an emergency room twice as wide as either one of those. (laughs) So, that's the cause for the renovation. The renovation -- the building of the building as a segregated building did, no doubt, cause a greater expense, and it interferes somewhat now. But that was minimized by (inaudible).

BAYOR: Or tried to do something (inaudible)?

YANCEY: By [00:52:00] doing something with it. The main thing that's active now is the fact that medicine has changed in many things. For example, when this hospital was constructed, nobody had heard of intensive care. Nobody had done any open-heart surgery. And now, what we have done is simply taken various areas and renovated them, and made them (inaudible), which is not as adequate as if it had been constructed for that purpose.

BAYOR: So what you're saying really is what would have been better is if there was no segregation --

YANCEY: Oh, absolutely.

BAYOR: Would have been (inaudible).

YANCEY: Yes.

BAYOR: Is -- has everything -- was everything duplicated, pretty much?

YANCEY: The wards were duplicated. The emergency clinics were duplicated. The elective (inaudible) were duplicated. But the operating rooms were not.

BAYOR: [00:53:00] So, the same operating rooms were used for black and white patients?

YANCEY: Yes.

BAYOR: At different times?

YANCEY: At different times. Now, one might be in one of the rooms and another one next to it, but they were both asleep, and they wouldn't give a hoot (inaudible).

(laughter) Of course, the main thing about a discussion like this is, for instance, if one were to pick a single sentence out of what I'm saying, they would say, "That guy doesn't even know what time of day it is." But you've got to take the total discussion and deal with it, and not particularly any one sentence.

BAYOR: Yeah, I'm trying to -- trying to get a sense of --

YANCEY: Because if you take it out of context, it's not going to be what I'm trying to get over to you.

BAYOR: That's true of most things people say.

YANCEY: Yeah, that's true.

BAYOR: Politicians (inaudible). (laughter) But I guess that if the hospital had been built as a non-segregated hospital --

YANCEY: It would have been better.

BAYOR: -- it would have been better. Better in terms of merging a lot of these separate rooms (inaudible) function better for the [00:54:00] growing integrated population?

YANCEY: It would have been -- it still would need renovation.

BAYOR: Oh, yeah.

YANCEY: Right (inaudible), because it wasn't purely segregation. Because, at that time, to have an eight-bed ward was a big improvement. Because when I was an intern and resident, we had 30-bed wards. And everybody was in this huge room with a little sheet between them, and we made rounds. So, the eight-bed ward was a big improvement. And we have eight- and four-bed wards now. But just -- I guess it wasn't a half an hour before you came here, the daughter of a patient called and just blasted my ears because she wanted her mother in a private room on (inaudible). And her mother was in a -- I believe she was in one of the eight-bed wards. And she doesn't want her (inaudible). And I can understand this. And that's why we -- that's one of the [00:55:00] main reasons we're -- one of the reasons we're renovating the hospital, to abolish the eight-bed and four-bed rooms, and to convert them all into two- and one-bed rooms, as well as to add laboratory facilities, larger emergency clinics, a larger operating room for open-heart surgery, intensive-care units, and (inaudible).

BAYOR: But it would have been more efficient back then to have had the white and blacks together?

YANCEY: Oh, yes, no doubt. It would have been more efficient by far. It would have been better bed utilization.

BAYOR: You said better...?

YANCEY: Better bed utilization. See, because, if one side was empty and the other side was running over, they couldn't transfer the patients (laughter) to the racially opposite side, which is poor bed utilization.

BAYOR: That's (inaudible).

YANCEY: Yeah, that's the way it was.

BAYOR: How about any things like the emergency clinics?

There was a white one. There was a black one.

YANCEY: That is correct.

BAYOR: Any stories about blacks [00:56:00] (inaudible) -- this is really Charles Drew's story, (inaudible) coming to the white emergency clinic and not being treated. That being the, you know, (inaudible).

YANCEY: No, that didn't happen to Charlie Drew. That's a myth.

BAYOR: Oh, really?

YANCEY: Yeah.

BAYOR: Oh, I didn't know that. That's interesting.

YANCEY: That's a myth.

BAYOR: I had heard that story for years, that he had not been treated at the white hospital.

YANCEY: No, no.

BAYOR: All right, well, in terms of Grady then, blacks coming to the white clinic, no matter how messed they were --

YANCEY: Now, blacks were refused treatment in white hospitals. That's why the myth persists.

BAYOR: OK.

YANCEY: But Charlie Drew received the best care known at the time when he was injured, in a hospital that was segregated with the beds. But the emergency room in that hospital was a common emergency room (laughs) for whites and blacks. It was right out of Burlington, North Carolina.

BAYOR: Yeah, I remember, yeah.

YANCEY: I think I have some of that detail, if you get a chance to look at it. (laughs)

BAYOR: But in terms of Grady, though, [00:57:00] they were separate?

YANCEY: They were separate.

BAYOR: And that was, I guess, an expensive duplication also?

YANCEY: Yeah, (inaudible).

BAYOR: And one that harmed patients, I suppose, too?

YANCEY: Yes, yeah.

BAYOR: How about the double ambulance service?

YANCEY: I just don't know a thing about how the --

BAYOR: OK, I -- let me just tell you, I've heard stories about --

YANCEY: I just -- I'm not aware of how they worked that.

BAYOR: -- somebody calling in and saying they were in an automobile accident, they were injured. And the first question would be, "White or black?" And if it was white, of course, the ambulances would come out. And if it was black (inaudible) lying there, they had to wait around until the black ambulance was ready, even though the white ambulance was (inaudible).

YANCEY: I have heard that, and know that that did exist. No question about that. But how Grady worked that, I just --

BAYOR: Well, they worked it that way (inaudible).

YANCEY: They did work it the same way? I see.

BAYOR: And that -- and that had [00:58:00] to impinge --

YANCEY: Good night. Have a pleasant weekend.

BAYOR: That had to impinge on (inaudible).

YANCEY: Oh, no question about it. That had to -- because the time of care was important --

BAYOR: How well --

YANCEY: -- especially in trauma, because a few minutes here or there would make the difference between saving the patient's life, and death.

BAYOR: Well, that certainly could have contributed to --

YANCEY: And I have heard tales of that occurring. I just, frankly, don't have any proof of (inaudible). Whereas, on

the wards, and (inaudible) I have abundant personal
(inaudible). But I have heard of it, and I believe it.

BAYOR: That is (inaudible) black mortality.

YANCEY: (inaudible). But that's not where the big mortality
(inaudible).

BAYOR: I understand that.

YANCEY: It would be [00:59:00] a factor.

BAYOR: How well was Spalding funded?

YANCEY: Spalding was funded insufficiently for continued
growth and development, as time went along. The initial
building was well-constructed. But Spalding was not funded
as medicine grew, changed, to keep abreast of the
developments.

BAYOR: Not as well-funded as the white hospital -- as Grady?

YANCEY: Oh, (inaudible).

BAYOR: Yeah, OK. I wanted you to say it. I mean, I know,
but --

YANCEY: We -- the -- it did not keep abreast of what was going
on in medicine.

BAYOR: That, too, had (inaudible).

YANCEY: Yes.

BAYOR: (inaudible).

YANCEY: But still, that's not (inaudible).

BAYOR: I understand. It's all these little things.

YANCEY: Yes, it's part of it. But -- [01:00:00] and Spalding was built -- it was designed, as I understand it, as an eight-shape, but the rest of it was never built. There was one limb (inaudible) was constructed. And the rest of it was never completed, so that Spalding was not funded in order to keep (inaudible). Medicine was not expanded. It -- intensive-care unit followed others. They do have one, a little bit later than some of the others. The ward were renovated from four-beds down to two- and one-bed wards. So, they don't have the big wards, (inaudible). But the modern instrumentations that (inaudible) are not there. And there are many reasons for that. [01:01:00] The patient demand fell off as people moved out of town. The white doctors left, and the black doctors left after that. So, that's the whole Spalding clientele fell down. There are not enough black doctors in town. We need more black doctors of any description, any specialty you can think of. And if there were more, hospitals like Spalding, like Southwest Community, like physicians and surgeons on (inaudible) would have a much larger patient (inaudible). But with the small number of doctors -- and this is something you don't hear about. Well, there aren't enough doctors to bring in the patients to keep either one of them going well.

BAYOR: Spalding still runs as a private --

YANCEY: Still runs as a private hospital. Now, they don't have the 12 indigent [01:02:00] beds that we had, that we talked about earlier, anymore. Those beds were there from about 1958 through about 1970. So, it could have been '69.

BAYOR: So, basically --

YANCEY: It might be there, that those 12 beds were removed from Spalding. And I --

(break in audio)

YANCEY: Half the time, when there were white and black doctors working with them, they had an abundance of patients. You know, at that time, they had very good equipment at the hospital, [01:03:00] and the building was well-constructed, not like it (inaudible). One of the better constructed in town, (inaudible) marble and all this (inaudible). And the instruments were of high quality and very good.

BAYOR: Initially?

YANCEY: Initially. Then, as time wore on, when the -- when integration occurred, and a large number of white doctors took their black patients to white hospitals in their communities, why, then, the income at Spalding was reduced. The authority pumped money into Spalding to air condition

additional segments of it. We reduced the rooms from four beds, to two beds, into private rooms. But the clientele, - the patient influx -- did not improve the growth. So that, [01:04:00] as additional funds were (inaudible), there was no increase -- there was no response by an increase in patients. The air conditioning didn't do it. The renovation producing two-bed and one-bed units, private and semi-private, didn't do it. The additional of this access center and emergency clinic didn't do it. And the only thing that I see that would bring an increased number of patients into Spalding, if you're talking about private only, would be a pronounced interest by the Morehouse School of Medicine to use that as a teaching hospital, and that its academic faculty house its patients there for treatment. [01:05:00] Otherwise, the patients aren't coming because they need more black doctors. The patients will be going to other hospitals near their homes, like most black people with means, with good insurance, and so on, continue to move out from the central part of the city, just as (inaudible) the periphery of the city, and (inaudible).

BAYOR: During the time that Grady was -- that other hospitals -- private hospitals in the city were segregated -- (inaudible) and the other ones... During that '58-to-

about-'65 period, was Spalding being funded (inaudible), during that time when it was strictly a black hospital -- was it getting the funding? (inaudible).

YANCEY: Well, you see, when you say "being funded," you ask a question that's not accurate. Spalding was not supposed to be funded. Spalding was supposed to make money off of private patients to develop itself. [01:06:00] Spalding was not a county hospital, because nobody would fund it. They got it because it went into debt, and it had to have it in order to survive. Spalding would have closed many years ago if the authority hadn't pumped money into it.

BAYOR: But does the (inaudible)?

YANCEY: So, it is a false question to ask if Spalding was funded. That was not the intent of Spalding. Spalding was supposed to be a private unit for the care of black patients by black doctors, and then grafted onto that was for the accredited education for black doctors and specialty (inaudible).

BAYOR: And (inaudible) have anything to do with funding that (inaudible)?

YANCEY: No, not at all.

BAYOR: Did the board --

YANCEY: They did make a donation in terms of -- to get the [01:07:00] hospital started.

BAYOR: So, it was really a self-supporting --

YANCEY: It's supposed to be self-supporting, but it hasn't been in a number of years.

BAYOR: They black areas -- the black sections of (inaudible), were they fundamentally less well equipped -- less well than the white (inaudible), do you know?

YANCEY: Well, you see, there would be no point in that, because you -- the white doctors trained predominately on the black patients. So, to put less there would be cutting off his own nose.

BAYOR: (inaudible).

YANCEY: Oh, absolutely.

BAYOR: OK --

YANCEY: And, of course, as I told you, the operating rooms were common.

BAYOR: Right.

YANCEY: And I believe the x-ray area was common.

BAYOR: Would the labs be common?

YANCEY: [01:08:00] Not the ward lab, no. On the ward, it would be segregated. But the central lab was not.

BAYOR: The other thing I wanted to turn to, getting away from medicine, was your stint on the board of education back then in '67 to '77. And I was just -- I was -- been doing

some work on the board of education dealing with segregation (inaudible).

YANCEY: And you have a number of individuals who were educated there, and you saw that in that (inaudible) -- a number that had been certified. And, of course, mind you, there was (inaudible). Because the two institutions -- the Tuskegee Veterans Hospital and Spalding -- were cooperating.

BAYOR: OK. But (inaudible).

YANCEY: Yeah.

BAYOR: Well, actually, I've spoken to Grace Hamilton (inaudible).

YANCEY: Oh, yeah.

BAYOR: [01:09:00] I just spoke to [John Cappelari?]. I hadn't realized his relationship to Tuskegee at all. (laughter) That man has done more than I've seen anybody ever do in a lifetime. He's been so many different places.

YANCEY: Yeah.

BAYOR: Interesting (inaudible).

YANCEY: Yeah, (inaudible). He and I were classmates at Morehouse.

BAYOR: Really?

YANCEY: He wasn't the (inaudible). (laughter) I was not acutely aware of who he was, and the fact that he had

(inaudible). I knew him, of course, by virtue of the fact that he and I were classmates together while we were at Morehouse. But, of course, when I was at Morehouse, there was very little knowledge of these things going on in (laughs) 1922 at Tuskegee. [01:10:00] Now, if I was reading the newspaper at that time (inaudible) a grown man. But as I got some knowledge of it -- and, naturally, I went back and talked to him about it, and read a bit (inaudible).

BAYOR: He has many stories to tell.

YANCEY: Well, he (inaudible). Have you talked with him?

BAYOR: Oh, yeah.

YANCEY: Well, I'm glad you did, because he's an interesting...

BAYOR: Board of education -- I was curious of your feelings about John Letson's handling of desegregation. Did you think he moved too slowly?

YANCEY: Well, he did not get the job done that we, the board, felt should be done. We supported the concept that if [01:11:00] the administration was completely integrated, qualitatively and quantitatively, and if there was a black superintendent, and if the teachers were completely integrated, qualitatively and quantitatively, and (inaudible) the racial discrimination, as far education was

concerned, (inaudible). Now, that's the principle under which we, the board, operated.

BAYOR: You supported (inaudible)?

YANCEY: Well, I didn't regard it as a compromise. I regarded it as a truism, of the thing that I just said to you. That is there is no racial segregation or discrimination embedded in administration, teachers, [01:12:00] then this would eliminate the racial discrimination in the school system, because there would be the flexible control, the teachers, the principals, the administration, the physical plant, teaching materials, books, libraries -- everything.

BAYOR: I spoke to [Wanda King?], who --

YANCEY: So that, I feel very strongly that that was a wholesome thing to do, but it absolutely wasn't done.

BAYOR: OK, so, the problem there, for others I've spoken to, (inaudible) so long about the white students fleeing the city. By the time the blacks got in control of the administration, the white population was essentially gone.

YANCEY: (laughs) I'm afraid that Letson couldn't let or prevent the whites from fleeing the city. I think he was going -- now, if he had done it sooner, there would have been more there. But they would have left sooner, [01:13:00] no doubt about it. And he couldn't have kept them in -- I don't think Letson could keep those people in

that school system, with busing, at all. I don't think I could have done it. I don't think you could have done it.

BAYOR: There are cities that were more success. You know, Atlanta is one of the 10 most segregated cities in the country today.

YANCEY: Yes, but what did they do? Charlotte-Mecklenburg -- they expanded there. Now that's a different thing.

BAYOR: OK, well, across county (inaudible).

YANCEY: Well, you see, that's a different thing. Now, if we had gone for -- unified all of the school system in Fulton and DeKalb counties, then that could have been accomplished with busing and with a racial balance of the students. But that was not the issue.

BAYOR: What do you think about the Freedom of Choice plan?

YANCEY: I think the Freedom of Choice plan was one of the methods that we... Now, if you're talking about M&M, that's what I'm thinking about. Are you thinking of that?

BAYOR: [01:14:00] This was actually before M&M.

YANCEY: You're talking about Freedom of Choice only? Then, no. That's out.

BAYOR: OK, the feeling I got from (inaudible) is what Freedom of Choice did was to make it tough for blacks to get into white schools -- white-majority schools -- because they had

to pass (inaudible) tests, they had to be in proximity,
they had to be...

YANCEY: Freedom of Choice was not it.

BAYOR: And it allowed a lot of the whites to [escape?],
because their freedom of choice meant running away.

YANCEY: Well, they were going to escape anyway. (laughter)

BAYOR: I don't, maybe that's true.

YANCEY: Don't you think for one minute they weren't going to
escape. Now, Freedom of Choice simply was not acceptable
and was not workable.

BAYOR: But it was the one push for a long time. That was
Letson's main program.

YANCEY: Well, that's a -- that was not the board of education,
after we got on it.

BAYOR: OK, (inaudible).

YANCEY: That was before we were on it.

BAYOR: I'm trying to get your feelings about Letson's
handling of the desegregation (inaudible), whether you
think [01:15:00] he was an impediment to it, or did he
actually try to honestly develop (inaudible)?

YANCEY: Well, that's a responsibility of the board. We were
the ones who did that. Letson could help, or Letson could
make suggestions and recommendations, but it was the

responsibility of the Atlanta Board of Education to integrate the school system.

BAYOR: You were only the third black on the board.

YANCEY: Yeah, that's right.

BAYOR: And, you know, Rufus Clement was there for a long time, but, you know, you've got a guy -- he didn't put up much of a fight about what Letson was doing.

YANCEY: Oh, you see, I -- there's no doubt in my mind that Rufus Clement believed in -- Dr. Clement believed in school integration as much as anybody. But when you have one vote against whatever the [01:16:00] others were, then there you are. And that was the way it was for a brief while, while I was on the board. Only two of us for a while, then there were three for a few years -- Horace Tate.

BAYOR: (inaudible).

YANCEY: But we got a lot done, even though we were in a very distinct minority, just by being there.

BAYOR: Oh, yeah.

YANCEY: That helped. Then there were some other things that we got done. Of course, it took the lawsuit to actually break up the rigid segregation in the district. Plus the fact that we felt that once we got a good balance throughout the system -- [01:17:00] racial balance -- that quality education could be (inaudible).

BAYOR: But the (inaudible).

YANCEY: Oh, yes, (inaudible). And in the teachers
(inaudible).

BAYOR: And one other thing I've heard is that --

YANCEY: But not with the students, because the others left,
and they left in droves. And I don't think -- now, I'm not
saying at all -- and I don't want you to get the wrong
impression -- that Letson was an energetic integrationist.

BAYOR: (inaudible)?

YANCEY: No, but he could not have prevented white flight. I
don't care what he did.

BAYOR: I'm not saying he could have prevented it.

YANCEY: Now, he could have -- if -- let's just say he had the
ability, which he didn't. Now, the board that controlled
Letson had to (inaudible), then he had a predominately
black or a white board. Now, what Letson would have done
if he had been (inaudible) Letson, I don't [01:18:00] know.
I suspect it probably wouldn't have been too different.
But -- and that's pure speculation. I don't have any proof
of that. But it must be said that the board was the one
who should be faulted, not Letson.

BAYOR: To a certain extent, yes.

YANCEY: Yeah. And I -- now, there were those who felt like
Letson was brought there to maintain and keep segregation.

There were those that accused him of that. I never heard him say that.

BAYOR: But then, he wouldn't have said it.

YANCEY: No, no, I never heard him say it. But there were segregationists who did -- Herman Talmadge, Eugene Talmadge, Russell down here for whom the federal building was named -- and that's a mistake. (laughs) He -- that building should not be named after Russell.

BAYOR: The same mistake as having Tom Watson's statue out there.

YANCEY: That's right -- Tom Watson's statue ought to go. Excepting one thing -- [01:19:00] it's history. It's history.

BAYOR: Yeah, but, that's not the history that should be (inaudible).

YANCEY: I would put Martin Luther King's statue there a hundred times as big, and maybe let his stay there.

BAYOR: (inaudible).

YANCEY: Tom Watson didn't contribute anything that's worthy of his having a statue (inaudible).

BAYOR: I agree. (inaudible).

YANCEY: That's -- he was a hatemonger, and everything (inaudible).

BAYOR: One more thing I wanted to point out is there was a school that was --

YANCEY: I'm trying to develop some words to give (inaudible) Letson. He preached to us that he was trying to desegregate the schools -- when I say "us," I mean the board -- in a way as not to run the whites [01:20:00] out of the system, and yet comply with the law. That's the -- that's the preaching he did to us. Now, what he felt in his heart and mind, I don't have any way of knowing. And he, of course, attempted to maintain the status quo to a great extent, and comply with the law. And I guess he was trying to do both.

BAYOR: Well, he says -- I've spoken to him, too, and he said that he was -- he felt he was being pushed into it too fast. If he had gone slowly, he may have been able to get (inaudible).

YANCEY: Well, many Southerners felt going slow would help. I don't think that is true. I think that what you have to have is a law to make people move, and the people to make people move to comply with the law. [01:21:00] Letson believed that (inaudible).

BAYOR: There was also a lawyer on the board, that he worked with --

YANCEY: Letson never refused -- he never stood in the door like (inaudible). No, he never did that. He would move when the law said you had to do this. And when the board attorney, [Louden?], said that that's what the law said -- he would be interpreting the law. I'm trying to recall if Letson ever took a step for integration that he didn't have to take.

BAYOR: (inaudible).

YANCEY: And I'm not sure that he did. I remember when I made the motion to put the big general fund in a black bank -- [01:22:00] Citizen's Trust Bank. He tried to deter me from doing that by saying, "You need this other (inaudible)," which is a smaller thing that you were then willing to compromise (inaudible). "No, I'm talking about the general fund." And we got that through on a vote -- the board voted it through.

BAYOR: The whites on the board supported that?

YANCEY: Yes, on rotations. And Citizen's Trust was brought into, you know, handling the fund for a period of time. And there was another thing -- the holidays. And they had been [marching?] to bring in Memorial Day as a (inaudible). We were not able to get that through [01:23:00] at that time, on the first try. This was before (inaudible).

BAYOR: (inaudible)?

YANCEY: And he was able to sway the board to bring it in as a day on which we would teach the purpose of Memorial Day, but not have it as a holiday. It was similar to a day for Robert E. Lee or individuals at that level, wherein the students would, on that day, say Lee was born at this time. Memorial Day is today, and it's purpose is just to think (inaudible).

BAYOR: (inaudible) was resistant based on (inaudible)?

YANCEY: [01:24:00] Well, you know, it was (inaudible). You know, there were two Memorial Days.

BAYOR: Well, I know (inaudible).

YANCEY: The Southern and the, so-called, National or Northern. And it was Northern, according to Southerners, but it was the national Memorial Day. Of course it was racist. There was no question about it.

BAYOR: So, in other words --

YANCEY: Then we finally got that broken, and got it through as a holiday itself.

BAYOR: He didn't -- you know, my impression of all of that -- he did what the courts would [force?] him to, as you said -

-

YANCEY: Made him do.

BAYOR: But he was resistant.

BAYOR: And he didn't stand in the door, but he didn't make voluntary extra efforts to go beyond what the court required, to desegregate, integrate the school system. I think that's, perhaps, accurate for a short statement. If I were to sit down and do 19 drafts or something, I could do better.

BAYOR: Well, of course, sure.

YANCEY: But for a short, [01:25:00] off-the-cuff, off-the-top-of-my-head statement, that probably portrays what the man was like.

BAYOR: Well, I think, when (inaudible), for example. Efforts to create the (inaudible). All these things could have, I think, (inaudible).

YANCEY: Well, these were all discussed. And, mind you, it takes a certain amount of time to (inaudible). These were all discussed as we were developing the so-called [Atlanta Plan?].

BAYOR: The other thing (inaudible) teaching staffs were integrated, that the style was to send the best black teachers into the white schools.

YANCEY: [01:26:00] Yes, I do recall that. And I suspect there was merit to that.

BAYOR: Really?

YANCEY: I suspect there was merit to that. Well, I do remember now -- (laughs) it's coming back to me -- that was done on the basis of a lottery.

BAYOR: So it wasn't chasing the best --

YANCEY: There may have been some of this, so. But there was a huge amount of that done on the basis of a lottery. Now, maybe a few might have been placed other than lottery. But that was done on the basis of a lottery.

BAYOR: I'm just curious --

YANCEY: [01:27:00] And now, I'm trying to think, now, how that lottery was (laughs) carried out.

BAYOR: I think -- I think I do remember reading about a lottery.

YANCEY: Yes, there was a lottery.

BAYOR: I guess I was trying to think how many of the best white teachers were put in majority-black schools. And I doubt that that happened.

YANCEY: Well, that had to be a part of the lottery as well. I'm trying to think whether we called for volunteers at the outset.

BAYOR: You might have.

YANCEY: And we may have.

BAYOR: I think if anybody was really interested, they were allowed to step out of the lottery and volunteer.

YANCEY: I suspect some of that did occur. But the greater part of it was done by lottery. You know, there's always somebody (inaudible). I can't (inaudible). [01:28:00] I suspects some of that would occur, but it was (inaudible).

BAYOR: Well, that's the end of it, I guess. (laughs)

YANCEY: Well, let's see if there's anything you want to know that we didn't touch on. We certainly haven't told it all. (Laughs) There's no way to do it one session, because I don't think (inaudible).

BAYOR: If you think of something, I'd be -- I'd be glad to come back and talk to you again. Or put it into a letter, and I -- that certainly would be helpful too.

YANCEY: I can remember the Fulton County Medical Association - - [01:29:00] they were forced to accept people. Another thing I remember is (inaudible), is when Martin Luther King himself called and asked if I would examine him.

BAYOR: When was this?

YANCEY: Nineteen sixty-- (inaudible). And there was one other black full-time person at Spalding in addition to (inaudible). And, of course, I mentioned to him that Martin Luther King wanted to come over and (inaudible). And I had this (inaudible). [01:30:00] And I said, "Well, you're working in a segregated institution, so I guess he's going to march all over us." (laughs) So, he came. He was

the most (inaudible), the easiest person (inaudible). And he didn't mention one time whether we worked in a segregated institution or not. And I examined him maybe (inaudible). And St. Joseph's was opening up, too, and at [01:31:00] Spalding, for an outpatient (inaudible). Then he was very (inaudible) after some of the big pushes. And I hospitalized him in St. Joseph's Hospital when then was up on [Market?] Street. (inaudible) At that time, St. Joseph's was the only white (inaudible) hospital who accepted black persons. And (inaudible). And he stayed a few days, and [01:32:00] then we let him go home. In a book by (inaudible) --

BAYOR: (inaudible).

YANCEY: Yes, yes, yes. He talked about that.

BAYOR: Did he speak to you at all?

YANCEY: Did what?

BAYOR: Did he speak to you?

YANCEY: No, no. I didn't know anything about it. A friend of mine told me that he was in. And he examined (inaudible). Along that line, I recall W. Montague Cobb, who was a professor at (inaudible). And he was president of the National Medical Association, which is a national organization for (inaudible). He took of us to the

(inaudible). [01:33:00] We explained to him that we
(inaudible) integrate in this school --

BAYOR: (inaudible).

YANCEY: -- (inaudible) hospitals throughout the nation. And
I'll never forget (inaudible). If a Catholic hospital
refused to take black people (inaudible). Sometimes, they
(inaudible). And that he was just not aware of that.

BAYOR: That's interesting.

YANCEY: And he, of course, was a great foe of the [01:34:00]
(inaudible). In the South, and Southeast, even the
religious hospitals -- all of them -- Catholic, Baptist,
Methodist, what have you -- were refusing black patients or
segregating them out (inaudible). And that's the thing
that causes the myth about Charles Drew to persist.
Charlie Drew was admitted to (inaudible). During that
short period, his (inaudible) could not return (inaudible).
[01:35:00] Most of it was sheared off (inaudible). But
anyway, Charlie Drew was (inaudible) black doctors in the
area went there immediately, and every one of them
(inaudible). As a matter of fact, there were four doctors
in the car -- all of them.

BAYOR: Oh, were there?

YANCEY: Yes, and only Charlie Drew was (inaudible). The other
-- two of them were (inaudible). But anyways, they helped

resuscitate Charlie Drew before even an ambulance, because they knew right there that he was bleeding. And they said that people [01:36:00] there were just [distracted?].

BAYOR: Were they aware -- were they aware of how important a person he was? (inaudible)?

YANCEY: They (inaudible). And Sam Bullock, who owned the car that Charlie Drew was driving, heard that they did everything they could. And, you know, Sam Bullock (inaudible). Plus the fact that black people were (inaudible). Because now that I think about it, the (inaudible).

BAYOR: See, I didn't --

A: They rolled an ambulance out there. He was in the (inaudible). Remember, 35 years ago, what happened (inaudible). But now that you mention it, it comes back to me -- they worried -- and I can remember it better now (inaudible), they were refused. But those refusals support them there, because [01:37:00] those things did occur to (inaudible). So, anything that is as truthful as that, any one myth is going to persist. I mean, you just can't get rid of these -- the *Time* magazine published it. They didn't give him (inaudible) blood. They refused to give him blood. That's (inaudible).

BAYOR: Yeah, (inaudible).

YANCEY: Anyway -- and I wrote them, telling them that this is not true. Many people have written articles in (inaudible) -- Johnson, who was in the car. The physician whose name I don't recall, but (inaudible). And I wrote *Time* magazine hoping that that could (inaudible). They never issued a correction.

BAYOR: Yeah, well, I guess --

YANCEY: They didn't want to admit that *Time* magazine could write something that wasn't true. (laughs) And since they knew I was not a Ralph Nader that could make them do it, why, they didn't do it.

BAYOR: [01:38:00] Well, I guess Dr. Drew was a symbol of ambulance service for blacks. I guess, in that sense, it was true.

YANCEY: So, I did get a chance to put it in that chapter in the book, so (inaudible).

BAYOR: Well, if you think of anything, you know, give me a --

(break in audio)

YANCEY: Things that I did, you know, I remember (inaudible).

OK. When I was chief of surgery, (inaudible). There was a black patient shot in the head just a few miles north of Atlanta -- just a little bit. And he was (inaudible) the

Tuskegee VA Hospital, which was [01:39:00] white
(inaudible). He was transported past the Veterans Hospital
in Atlanta, (inaudible).

BAYOR: But that was white?

YANCEY: What?

BAYOR: That was a white hospital?

YANCEY: Yes. But do you remember the name of that hospital?

I know it was (inaudible) -- to us in Tuskegee. And
somebody had shot him dead center, and that bullet was
against (inaudible) the back of his head. (inaudible) and
I went to (inaudible) it's a darn shame to send this man
down here with -- Lawson. Lawson General Hospital. That's
the name. The Lawson General Hospital, just a few miles
away, to us, (inaudible). [01:40:00] And so, I said he's -
- he (inaudible). He didn't survive.

BAYOR: Would he have survived, had he gotten faster
treatment, do you think?

YANCEY: Most gunshot wounds are (inaudible). But I can't say
he would have. But they (inaudible).

BAYOR: It certainly didn't help him.

YANCEY: But it sure, most certainly, did not help him, with
all that delay. And at that time, it was probably about a
three-and-a-half hour trip with those highways. But,

really, to me, that was the most blatant incident of
refusing to care for a black patient in a white hospital.

BAYOR: That's pretty blatant, I would say. You can't get a
worse wound than that, I suppose. (laughs)

YANCEY: No, whether they had a segregated black [01:41:00] at
Lawson General, I (inaudible). But I do know that
(inaudible). Also, if that man was white, appearing like
in Atlanta, he would (inaudible) to white hospitals by
ambulance, (inaudible) and treated. (laughs) And, of
course, some objected (inaudible).

BAYOR: Really, it's comical if it wasn't so tragic.

YANCEY: [01:42:00] Oh, yeah.

BAYOR: Well, that's very interesting. Well, thanks for your
time.

YANCEY: Well, thank you.

END OF AUDIO FILE