

Interviewee: Banfield, Edison

Interview: July 12, 2007

UNIVERSITY OF HOUSTON ORAL HISTORY OF HOUSTON PROJECT
AND
THE AFRICAN AMERICAN PHYSICIANS OF THE 20TH CENTURY HOUSTON
PROJECT

Interview with: Dr. Edison Banfield

Interviewed by: Ramona Hopkins

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Transcribed by: Suzanne Mascola

RH: The date is July 12, 2007. I am Ramona Hopkins. I am interviewing Dr. Edison Banfield today for the Houston Medical Forum, African Americans Physicians Project. Thank you for coming in today and talking with me. I appreciate it.

EB: I do not mind at all.

RH: All right. Well, I want to kind of start off with your background. What year were you born? When were you born?

EB: June 25, 1924, in Baltimore, Maryland.

RH: My niece's birthday is June 25.

EB: Is that right?

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RH: Same day exactly. All right. Well, a little bit about your family. What did your parents do?

EB: My daddy was a preacher, a minister. He came from Barbados in the British West Indies, way back when, and came to this country around 1920.

RH: So, right before you were born.

EB: Yes. At the time, he came to Baltimore, Maryland. That is where I was born in 1924. June 25, 1924, which means I am about 83 years old, a few days ago.

RH: Yes, you did just have a birthday. What about your mother? What did she do?

EB: My mother, she was a housewife. She attended school for some type of sewing and so forth in New York City and dressmaking but she got busy, tied up with all these kids - my brothers and sisters so she stopped that and just became a housewife.

RH: You have how many brothers and sisters?

EB: I have two brothers, one sister. That made 4 of us.

RH: And your siblings, what kind of professions do they have?

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EB: One is a physician. He came down to Houston to practice 3 or 4 years before I did. And the other brother was a minister also. And my sister was a school teacher out in Los Angeles, California.

RH: All right. So, would you say that your parents were supportive and encouraging for you for education?

EB: Yes, very much so. They always desired that we completed a college education. They were very supportive of it.

RH: O.K. Well, the next question is do you remember how old you were when you decided you wanted to be a doctor?

EB: Well, I had entered the Army about the age of 18, 19, stayed in it 2 or 3 years, about 3 years, and when I was discharged, I knew I wanted to go to college but I had not decided on what I wanted to be until . . . my brother had decided before I did that he wanted to be a physician and after watching him and his studies and what he did, I decided I wanted to be one, too, so I followed him.

RH: So, you were probably about 20 years old when you decided then?

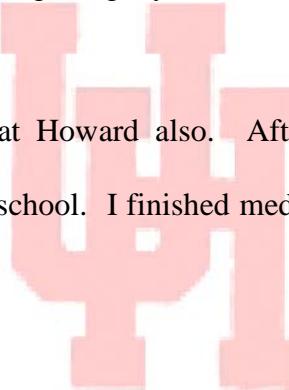
EB: I was about 24. I spent 3 years in the service. After I finished high school, I spent about 3 years in the service, in the U.S. Army. I went overseas to the Philippine Islands.

RH: So, it was your brother that kind of encouraged you, seeing him?

EB: Yes, my brother, Michael Banfield, he had interned at Los Angeles County Hospital and came to Houston. We both had finished Howard University. He was one year ahead of me. We finished Howard University Medical School in D.C.

RH: That was my next part, was to kind of go into where did you go to school? Before you went to Howard, where did you go to get your undergrad degree?

EB: I did my undergraduate at Howard also. After I finished my undergraduate school, I went right into medical school. I finished medical school in 1954. My brother finished in 1953.



RH: What did you major in, in the undergrad at Howard?

EB: I majored in chemistry and science.

RH: Did you apply to other medical schools or was it just Howard that you applied to?

EB: That was the only medical school I applied to.

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RH: Well, you were already there so it was probably the easiest. Well, where was your residency? Where did you do your residency?

EB: I did my residency at Freedman's Hospital which is the hospital run by Howard University. It is in Washington, D.C. I spent 4 years in a surgical training there but one year, they sent me to D.C. General Hospital at the time which was the surgical service run by Georgetown University. So, I spent one year there.

RH: So, you stayed in Washington, D.C. for your residency?

EB: Yes, for all my training except for my internship, I interned at Kings County Hospital in Brooklyn, New York.

RH: That must have been quite exciting.

EB: Oh yes, it was quite a big hospital.

RH: Well, you went into general practice and general surgery. What made you decide on the specialty?

EB: Well, I had decided on that when I was in med school. I became acquainted with surgeons and with the procedures done in surgery, and it just appealed to me and I decided that I would like to be a general surgeon.

RH: Well, since this is going to be for classes, for school kids, could you explain a little bit what you mean when you say a general surgeon? What sort of things would you be doing as a general surgeon?

EB: General surgery includes most types of abdominal surgery, surgery of the limbs, and what we call surgery that is not specialized in one field such as orthopedics would be bone; ear, nose and throat would be the ear, nose and throat. So, the general surgeon writes new procedures that includes the bones, that includes the legs, the extremities, and also includes the head, neck and throat with their procedures along the general surgery lines.

RH: Well, the next question is about when you started practicing. Where did you practice?

EB: I opened up the office on Blodgett Street which is not to far from here. Blodgett Street in Houston, Third Ward at that time. I was about 7 or 8 blocks from my brother's office. And after 2 or 3 years in practice there, I had a partner, Dr. Joseph Gathe who finished Washington University in St. Louis, Missouri. He was the first black to attend that university. He finished their, medical school, and he did his surgery also in St. Louis. He came down here to Houston, he was a Houston boy, and he joined me in my practice. And we became partners.

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RH: O.K. We have researched a little bit on him and we would like to talk to his son, Dr. Gathe, Jr., because he is practicing here in Houston as well. I have heard of Dr. Gathe. So, your brother was already down here in Houston. Was that what brought you down?

EB: Yes, I said, well, I am going to where I can get referrals right away. I knew I would get referrals from my brother and I liked the weather down here. Except for the heat, I liked being out of the cold weather up north. I said to myself, I had enough of that snow and cold climate and I am going down south where I can play golf year round.

RH: How long did you stay on Blodgett Street?

EB: I stayed over there until I retired. Well, I practiced solo towards the end of my practice because I had to give up surgery. I had to give up surgery because in 1975, I developed a neurological disease. They were not quite sure what it was but my fingers became very weak and I got muscle atrophy in my hands and my fingers and some other muscles. I went to several doctors and I think the impression was that I had ALS, or Lou Gehrig disease. So, for a few years, I had to give up my surgical practice because Dr. Gathe used to tie knots for me because my fingers were so weak. So, I said, well, I have to retire from surgery. And I retired from surgery in about 1980. I just did a general practice after that in the office, hospital practice.

RH: O.K., not to be nosy but did it end up being Lou Gehrig's or was it something else?

EB: No, apparently after a few years, whatever neurological problem it was, it stopped progressing. And it lasted so long that obviously, it wasn't Lou Gehrig's disease because the usual limits of Lou Gehrig's disease is much shorter than what I had, this neurological problem. It was one of those neurological diseases that they had a hard time pinning down what it was. But I thank the Lord that it stopped.

RH: Well, the next thing I wanted to ask you about was kind of segregation, discrimination, Jim Crow laws, things like that. When you went to school, like public school up in Baltimore, did you go to a segregated school?

EB: I left Baltimore when I was 7 years old and went to Ohio. I was in grade school, elementary school, outside of Cincinnati, Ohio, which was integrated. I went to high school and my dad moved to Camden, New Jersey. I went to high school in Camden, New Jersey, which was integrated. So, I went to integrated schools until I went to college, really. I graduated from Camden High School which was an integrated school.

RH: So, what year was it that you came down to Houston, do you remember then?

EB: I came down to Houston in 1959. I finished my residency in June of 1959 and some time in July, I was in Houston.

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RH: I come from Iowa and when I came to Houston, I came in August. Nothing like coming down in the middle of the summer!

EB: That's right.

RH: It is a rude awakening. Well, when you came down, you had been spending time in a fairly . . . well, maybe I should not say a fairly integrated city but you came up from the north coming down south. What were some of the culture changes you were noticing?

EB: Being a physician and coming to Houston, I knew things were different than they were up north. So, I wanted to always be associated with training in surgery so I went out to Ben Taub Hospital, I went out to Dr. DeBakey's office and I asked to get on the voluntary clinical teaching staff at Ben Taub so I could continue with my education and help the surgeons in training. Dr. DeBakey told me, he said, "Well, our surgeons have to complete their boards in surgery, be a member of the American Board of Surgery, complete their exams, and then they can apply for training of residents and teaching positions over there. So, I went right out, I passed the first part of my surgical boards, and then I passed the oral part. And in the mid 1960s, I had completed my boards in surgery. At that time, I went on out to Ben Taub Hospital. I was on the voluntary teaching staff in surgery for the residents at Ben Taub Hospital. And who followed me out there but my partner, Dr. Joseph Gathe did. Dr. Cecil Harold also came out there, so they were opening up gradually. We could train along with the other doctors who were in training and we could help out the residents in the training programs.

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As far as getting in to work at some hospitals, I said the first hospital that opened to us that was an integrated hospital was St. Joseph's Hospital. I went out to Hermann Hospital, I remember, and asked to get on the staff out there. I had my boards and had completed my exams. I remember the doctor said, "Well, doc, I don't think our board is going to accept this yet, so I would say at this time, you won't be able to get on staff here." But within a few months or years, all the staffs opened up. I got on the staff at Methodist Hospital. Dr. Gathe and I, we did the first operation by a black doctor at Methodist Hospital. So, things moved right along very rapidly. The 1960s were those years that they had these sit-ins at lunch counters and things like that, and I participated in them. So, things opened up for us.

RH: Well, we found an article, I believe it was in The Informer about the Houston Medical Forum, that they were making sure that they had people with bail money in order to like if any of the members had gotten arrested for the sit-ins, that they could come out.

But you did participate in the sit-ins?

EB: Oh, yes, I did. I will never forget it. Those were the days.

RH: How many did you participate in?

EB: I don't recall but I would say maybe 5 or 6. I tried to . . . as much time as I could get, I would participate in them. It didn't bother me. But eventually we could sit

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anywhere we wanted to and have lunch anywhere we wanted to. So, I was glad I participated in the opening up of things like that.

RH: So, you say that you and Dr. Gathe performed the first surgery at Methodist by a black doctor?

EB: That is right.

RH: What other hospitals did you actually work at?

EB: Actually, we were on the staff of St. Joseph's Hospital, Riverside General Hospital, St. Elizabeth's Hospital. In fact, at St. Elizabeth's Hospital, Dr. Gathe and I performed an operation for an aortic aneurysm.

RH: Well, why don't you tell the kids what an aortic aneurysm means?

EB: That is where you get a ballooning out of the aorta which is the largest blood vessel in the body in the abdomen and that can easily rupture, and the consequences would be death. So, we did that operation at St. Elizabeth's Hospital. I went out to Methodist Hospital a couple of days before the surgery and got me a couple of, back what you used at that time, dacron grafts to graft into the part of the aorta that we took out with the aneurysm. The doctor who was operating on the patient had thought he was going to be operating on an ovarian cyst but he told us to stand by just in case because he thought

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that this mass he was feeling was pulsating. Well, it really was pulsating. When he got inside, he found out that it was an aortic aneurysm.

RH: So, you were kind of like on the sidelines waiting to come in if it was?

EB: Right. And as soon as he found out that it was an aneurysm, we took over and we resected it and put in a graft and the patient did very well, and was discharged from the hospital within a week or two.

RH: O.K. Were there other hospitals that you . . . St. Joseph's, Methodist, Riverside and St. Elizabeth's. Were there any others that you practiced at?

EB: That other new hospital that was built out in an outlying section of Houston called Lockwood Hospital. We operated there. There was another one called Citizens General Hospital which was one of these outlying hospitals. They were building quite a few hospitals at that time because of increasing populations in this area.

RH: All right. The next question. This is kind of going back a little bit but when you did go to public school, high school and even when you were in college, what kind of classes did you take?

EB: Well, I took the routine classes in high school for college preparation, but then once I got to college, I took mostly science courses and courses that were preparing me

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for medical school. I majored in chemistry, and I got a bachelor of science degree from college when I completed college.

RH: Well, part of the goal of the website is to inspire students, especially students of minority, to pursue classes in sciences and to pursue careers in science. What kind of suggestions would you have for a young person, a minority, who wanted to go into medicine?

EB: Oh, I would advise them to kind of stick with courses that are going to help them in their future, wherever they decided to be. You could start early, in high school even, and pick up courses that are going to help you in your field that you plan to go into. Knowing that I planned to go into a scientific field, I liked science courses, so I took . . . the majority of my courses probably were related to the science field and the medical field courses that I know would help me in the future.

RH: O.K., so kind of keep your eye on your long-term goal and try and stick to it . . .?

EB: Yes, keep your eye on your long-germ goal because some people decide very early what they want to be. I did not decide very early. I went in the Army at age 18, got out probably at the age of 21 and I did not know what I wanted to be at that time. But once I got into college, I took science courses because I knew I wanted to be related to the scientific field. And like I said, when my brother went to med school, I decided I would follow him because I liked medicine, I liked the medical courses that I took.

RH: All right. Well, the next thing that I wanted to talk about was the Houston Medical Forum. You were a member of the Houston . . .

EB: Yes. We were members of the Houston Medical Forum which was the only society probably open to us when I first came to Houston. But within a few years, the Harris County Medical Society opened up to black doctors and most of us joined the Harris County Medical Society because we needed to be a member of the Medical Society to get privileges at the various hospitals that we applied for.

RH: Well, what do you think is the significance, especially at the time of the Houston Medical Forum? What was it that they did?

EB: Well, in the Medical Forum, we all gathered together and talked about things that were of common interest to the black doctors because we knew we had obstacles to overcome, so we trained and talked and studied about things that we could accomplish that would help us to get into the various fields that we were trying to get into, and to get privileges at various hospitals that we wanted to get privileges at. Things that we had to fight to overcome, we always worked on it.

RH: You were talking about the Houston Medical Forum, that it was kind of a support system in order to discuss and problem solve about some of the . . .

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EB: Yes, and to keep the doctors together and to work on problems that confronted us being a black physicians group. And, like I said, initially, we had to practice at only black hospitals but being a black physicians group, we got together and we determined that we would open up things in Houston along with the medical field. And that is what we did. We discussed how we would do it and we did it eventually. Things moved right along during those days, during the 1960s.

RH: Well, today, why is it important today to be a member of the Houston Medical Forum, do you think?

EB: Because today, we still have youngsters that we have to keep in mind to follow us. So, we have to keep this Forum together so that our relationship with each other will help to bring the whole families into this practice of medicine -- to bring our children and those who want to be doctors, we could also inspire them. And then, there are other things we can do as members of the Houston Medical Forum. We can do things that will always help our race and help the others to understand us and to do the things that would be right for us. It is a sad thing that everybody can't get along but we are always going to work at it. As long as we live, we are going to work on getting along.

RH: Were you ever an officer or president of anything like that of the Houston Medical Forum?

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EB: No, I was not president of the Houston Medical Forum. I had positions in the Medical Forum. I was head of central staff at Riverside General Hospital for years. We did quite a few things at that time. In fact, when I was doing surgery at Riverside General Hospital, Dr. Gathe and I operated on a newborn infant that had colonic atresia.

RH: Can you tell us what colonic atresia is?

EB: That means the colon was completely closed off. The infant could pass nothing by rectum. The intestines were completely blocked. Dr. Gathe and I operated on this baby that was referred to us by Dr. Catherine Roett and we did a successful operation on this newborn child. We both had had some training in pediatric surgery but a case like that occurred . . . nowadays at Riverside General Hospital, obviously they would send that patient to a more specialized hospital to have the surgery but at that time, this was a very early period - we did that surgery at Riverside General Hospital. In fact, I wrote it up in one of the medical journals published by Lippincott. The American Surgeon. It is in there about Riverside General Hospital, that infant baby that was operated on. We did a procedure that was fairly new. I went out to the Medical Center and got somebody to do drawings for me and got x-rays and we published that article in the American Surgeon published by Lippincott back in 1964.

RH: O.K., and it is like The Journal of American Surgeon.

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EB: The American Surgeon. That was the name of the journal. That is it right there.

I have the article right here.

RH: That would be . . . you don't want to open up a newborn unless it was something really significant, so that was . . . Well, a lot of the doctors have kind of talked about the importance of bettering the health of the African American community and the importance of that. What do you feel about your role in that?

EB: Obviously, that is one of our prime objects because the health of the African American community has always lagged behind that of other communities. So, one of our objectives is to improve that position, and that we always did try to have meetings and go out and give talks related to health and the importance of health in the African American community. Those were our prime objectives - to try to spread the word about healthful living.

RH: What are some of the health concerns for the African American community? What are some of the things that you will see?

EB: Well, many things in the African American community lag behind some other communities. Of course, back in my early practice, we never heard of AIDS. But one of the common occurrences now in the African American community is HIV or AIDS, and we always try to impress upon people things that would limit the spread of these conditions in our community. There are ways that we can always help in relieving the

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situation as it occurs, and it is up to us to go out, give talks and lectures to try to spread healthful living and how to keep from having these diseases that spread among our communities.

RH: Like AIDS and syphilis, things like that?

EB: Like AIDS. Various venereal diseases. Diseases that are easy to overcome with healthful living. Smoking, tobacco. We always try to get people to understand the health habits that they keep will keep them from several diseases. For instance, we know that smoking can cause several diseases, among them being emphysema and cancer. It could almost be eliminated in a lot of people if they never smoked.

RH: All right. Well, we are actually including lesson plans for our web site and we have some science lesson plans. One of the lesson plans that is included is about genetics and their using sickle cell anemia as kind of the basis, given the fact that it is a condition that does predominantly affect African Americans. What is your experience with sickle cell anemia?

EB: Well, being a surgeon, my experience with sickle cell anemia was not that involved. Occasionally, we saw ulcerated areas on the legs that were caused by sickle cell anemia, so we tried to join with others in referring patients to the sickle cell care that they needed. Sickle cell disease is a disease that affects, like you said, predominantly

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African Americans but the treatment for it nowadays is much improved over what it was back in the days when I first started practice.

RH: Just a few more questions. What do you think has been one of the more significant changes in medicine since you started practicing? What are some of the significant changes?

EB: Significant changes in medicine? I think really due to the increase in the knowledge and technology. Technology has overcome so many things with new devices like x-ray machines, MRI machines, all types of diagnostic machines and diagnostic tests that the practice of medicine nowadays is not like it was back in - I say back in the old days - but like back when I started. It is improving all the time with new technology, new procedures, new tests - all of these things are improving the quality of medicine.

RH: What are your thoughts on managed care? Like the HMOs and the PPOs and things like that?

EB: Yes, I know exactly what you are talking about. Managed care is a problem, really. In this country especially. And with African Americans. With a lot of people in this country. Managed care is not an ideal situation. It is going to change eventually. I do not think the way it is practiced nowadays is going to be the way it is going to be 20 years from today. I think that things will improve, especially the care of people who cannot afford treatment and patients who do not have hospital care provided them by

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some type of insurance, those people are the ones who really suffer. When you do not have the money, you do not get the care that you really deserve.

RH: O.K., well, do you have anything that you wanted to add, anything that you wanted to talk about?

EB: Well, I think we have covered quite a bit.

RH: Yes, we have.

EB: I really cannot think of anything more that I would add to this. I think we have covered this project quite well. I hope that in the future, that we continue impressing upon students, our children, and other students, high school students, the importance of a good education because without a good education, a lot of these things will not be available to us. And so, we have to start when we are young, impressing upon our community how important it is to get a good education.

RH: All right. Well, thank you so much for talking with me today. I appreciate it.