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

Interview with: Dr. John B. Clemmons
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KB: Dr. Clemmons, thank you for meeting with us today. We appreciate it. Could you tell us where you were born and raised? What part of the country?

JBC: I was born and raised in Savannah, Georgia.

KB: And if you don't mind me asking, what year were you born?

JBC: 1949.

KB: And you mentioned earlier that you had attended parochial schools in Savannah, Georgia?

JBC: Right.

KB: Were the parochial schools that you attended also segregated like the public schools would have been?

JBC: Yes.

KB: O.K., so you were in an all black classroom?

JBC: Yes. As a matter of fact, we had a parochial all girls school which was all white and we had a parochial all boys school which was all white, and we had a parochial Catholic school, high school that was black girls and boys. So, the black school had girls and boys and the others were separate.

KB: The Catholic schools had separate schools for the boys and girls?

JBC: Right.

KB: O.K. Tell us a little bit about growing up in Savannah, Georgia. What do you remember most as a kid living in the city?

JBC: What do I remember most? It was fun. Good times. And the issues of segregation were there but they did not predominate the overall aspects of it.

KB: Why is that?

JBC: Probably because of my family and just the environment there. Both of my parents are teachers. My father is a college professor and so there is college there, Savannah State College, and most of the activities that I engaged in were related to school, or to church or to family.

KB: Does that mean that on the whole, you didn't have as much interaction with the white parts of the Savannah community?

JBC: That is correct. I did not.

KB: Are there any things that stand out as being difficult when you were growing up in Savannah?

JBC: Not really. When you say "difficult," in terms of?

KB: Interaction with the white community and facing issues of segregation.

JBC: I wouldn't say it was difficult. I mean, the time that I was coming through was a transition point. In the latter phases of my high school education, there was integration coming about. A year ahead of me was Clarence Thomas. He went to one of the missionary . . . there was a missionary school there that he went to. He left . . . he was one year ahead of me at the high school I attended and then he finished the missionary

school there. In terms of issues that are related to blacks and whites, that was a period of transition. I was a part of that to some extent. I was very active in Boy Scouts and I integrated the predominantly white camp there when I was there. I was an instructor in water sports. And so, that was a transition. It didn't stand out as something that was traumatic. It was part of the process that was going on in the late 1960s at that time. And so, that was . . . you know, you say a "problem." It was not my problem. I think for most African Americans, we feel that segregation was more of a white problem than a black problem, though we had to deal with the brunt of the aspects of racism.

KB: And when you say you thought of it more as a white problem, you mean that it was the fact that certain white members of the community had prejudices or fears that you were expressed on a Jim Crow system?

JBC: That is correct. Both of my parents are very militant, I think. Growing up as a child, traveling to different parts of Georgia, if we went to a gas station that had bathrooms labeled men, women, colored, we would not buy gas there. We would not buy things from stores that overtly were segregated whenever possible. So, I mean, it was an awareness. Was there hatred, hostility - I don't think so. I think the environment that I grew up in and I feel that probably the same with most of the friends I grew up with, we were very focused on other things and that was it was an issue but it did not dominate as an issue at that time.

KB: What type of a professor was your father?

JBC: Mathematics and physics.

KB: And what did your mom teach?

JBC: She was an English teacher in high school.

KB: So, both of them were obviously college graduates. Did your dad also have a Ph.D.?

JBC: No, he did not have a Ph.D. My father is fairly unique. He is still living. He is 94 years old and very active. He should have a Ph.D. He went to USC and UCLA on a fellowship after he was a professor at Savannah State College and he spent 2, 3 years there working on his Ph.D. He would have been the first black to get a Ph.D. in mathematics at UCLA. This was back in the 1950s. And because of a change in a faculty member who he was under who left, nobody else wanted to take his particular thesis. And so, he was given a lot of run around, so to speak, in terms of him being able to get his Ph.D. So, he has a masters in mathematics. He was chairman of the math and physics department the whole time he was at Savannah State, and he had a number of Ph.Ds under him, but he never got a Ph.D.

KB: Obviously though, you came from a well-educated family.

JBC: Right. As a matter of fact, my father wanted to be a physician.

KB: Oh, he did? O.K. Boy, 94! Was there a strong emphasis on education when you were growing up?

JBC: Yes.

KB: And why did your parents choose the parochial schools?

JBC: Those were considered to be the best schools in Savannah.

KB: And do you have any brothers or sisters?

JBC: I have a sister.

KB: And did she go on to college as well?

JBC: Yes, she went to college for one year.

KB: At some point, did you decide you wanted to go into medicine?

JBC: As I said, my father wanted to be a physician and, for various reasons, he had been accepted to medical school but because of financial issues and other issues that

came into play, he was not able to pursue that. So, growing up, that is what I heard, that going into medicine was a profession to go into, so that was a direction I was going in from elementary school to high school, college and then when I was accepted to medical school.

KB: And where was your father accepted to medical school?

JBC: He was accepted at Meharry Medical School. He was accepted actually as a junior, when he was a junior in college. And because of financial issues -- death in his family -- he decided not to go. As a matter of fact, when we moved to Savannah, he was still thinking about going into the healthcare field. He actually applied to the University of Pittsburgh when he was applying, and he has a letter now . . . he got a rejection letter from there saying that "we have our quota of blacks and Jews for", I think they said for the next 10 years. So, that was an interesting . . . he worked up and around the Pittsburg area for a while so . . .

KB: You said your dad still has that letter?

JBC: He says he has it. I have never personally seen it but he frequently quotes that letter.

KB: Did they mention in the letter what the quota was?

JBC: No.

KB: I am curious. When you were in high school, thinking about a career in healthcare, what types of classes did you take to prepare for that?

JBC: Well, the school I went to was a parochial school. It was a class of 30, the entire class. And so, it was just basic courses that we all took. There was no track that you were in at that time. So, it was just some basic courses that no matter what you were going to go into, that was what you did.

KB: And where did you go to college?

JBC: Williams College.

KB: Oh, up in Massachusetts?

JBC: That is correct.

KB: Why did you select Williams?

JBC: My mother was an educator and she did a lot of research on colleges. My sister initially went to Mount Holyoke and actually while we were there taking her there, one of the parents of the students . . . I wanted to go to Amherst initially . . . and she said, "You

ought to look at Williams. I think that would be a very good school." So, that is the first time I heard of it and in my application process, that is one of the schools I applied to.

KB: Did you enjoy going to the small liberal arts college?

JBC: Williams was very different. It was culture shock. It was a period of transition. 1967 to 1971. The wave of blacks going into those types of schools, that was the year, and the year before that is when it started. It was part of the "college revolution." We took over the administration building when I was there. I was very active there. I got a lot of things from the academic experience. It was a great institution. It was just difficult culturally.

KB: Sure. Let me touch on a couple of things that you just brought up. First of all, the difficult transition. Part of that, I am assuming, is just moving from the south to the northeast. What struck you about the difference in the way, if anything, just the way the social structure worked and the economic structure worked comparing Savannah? What city is Williams in?

JBC: It is in Williamstown, Massachusetts, so the school is the town. So, it is in a very small, rural if you would, area. So, it is an academic community. And so, in that regard, integrating students from all over the United States. So, it is pretty much a national school. And you probably know it has been ranked number one in graduate schools for quite a few years. So, it is a very strong academic institution. And the differences were,

really for the first time, I had interactions with white students on an academic level, somewhat on a social level but once again, that was a transition period, so social interactions were really not that strong at that time. So, blacks tended to be together basically because of just support.

KB: Were most of the black students you palled around in college, were they from the south, too, or from all across the United States?

JBC: All across the United States.

KB: And did you feel the parochial schools in Savannah had prepared you adequately for your college experience?

JBC: Yes, and here, again, as a high school student, because my father was a professor at Savannah State, I did attend classes on a college level just to sit in to learn but here, again, high school in Savannah, going to an institution like Williams College where you have over 50% of the class is valedictorians present a very strong academic institution, individuals who . . . I was a chemistry major so 10 or 12 people in my class, one of the student's father had written the textbook that we used and there was another student who actually, his father was the chairman of the chemistry department at the University of Chicago. So, there were people who had very, very strong academic backgrounds, many people going to prep schools. So, this was a change. And so, it was academically very

challenging. Did it prepare me? Yes and no. My work ethic was good. My study habits were good. And I was pretty much determined to make it there and I did.

KB: I actually received my Ph.D. at the University of Chicago. Good affection for that as well. You mentioned you mostly palled around with the other black students. Did you have much chance for interacting with the white kids in class? Any discussions about those . . . as you were saying, this was a dramatic time in America with the Civil Rights Movement changes and the makeup of college classrooms. What was revealed to you about the white students through those interactions?

JBC: I think the majority of them, the ones that I interacted with, were very friendly. They were growing, too. Most of them had not really had any contact with African Americans on any level other than . . . not on a school level, not on an equal level, so to speak. So, it was a learning experience for them. So, I think it was kind of both ways. And the majority of students were very open and "liberal."

KB: I think there is a certain student attracted to a liberal arts college like Williams. You mentioned that you took over the administration building at one point, so obviously there was some type of student protest going on. What was that student protest about?

JBC: It was a time of trying to change the academic focus of institutions, increase sensitivity regarding African Americans, trying to get African American study programs developed which were nonexistent at that time, increasing the level of awareness and

sensitivity among faculty as well as students. There was kind of all that wrapped in one package, kind of culminated in kind of a statement of defiance.

KB: And when you took over the administration building, what was involved in that? Was it a sit in?

JBC: It was a sit in. It was a locked down, nobody could come in . . .

KB: And how long did it last for?

JBC: I think it lasted for about 2 days.

KB: What was the result? Did you have any success getting programs changed?

JBC: Absolutely. And here, again, I think the institution was ready for change but the institution had not established a clear direction in terms of what the emphasis would be. And in terms of trying to increase the numbers of African Americans in the institution, in terms of academic programs that were focusing on them. So, those were some of the things that came out of it. While I was there, I was actively participating in the missions of black students. So, I actually put together a book for African American students and was somewhat active in terms of writing articles and so forth.

KB: Do you remember what year the protest was?

JBC: I think it was 1968.

TO: The first black studies program was 1969 in San Francisco State was established so that is why we question the year because . . . were you aware of the protests there?

JBC: Oh, yes. Protests were universal at that time. They were going on in all schools similar to Williams College. Students, like I said, it was the aftermath of Affirmative Action really coming into play, people taking it seriously, and so you had an influx, the initial influx of African American students in institutions that were not prepared to address the needs of African American students. And so, the protests occurred at Harvard, Yale, Williams, Amherst - all schools of that caliber. It was somewhat of a culmination of . . . and then, about the same time at that same era, Martin Luther King was killed and so, that added more emphasis to the issue.

KB: You would have been in your first year of college when he was killed in April of 1968. What was the response among the students, black and white at Williams College to Dr. King's assassination?

JBC: It happened actually during spring break, so I can remember that school was not in. And then, when we returned to school, it was kind of an affirmation of a need for change. And probably that was a point where administration's faculty were more

receptive to it, to change. Affirmative Action was not a negative word at that time and so, change occurred.

KB: What was the reaction of Savannah to King's death?

JBC: You know, just hurt. Frustration. It wasn't a matter of being shot, you know. . . most of us in my age group grew up with parents who would tell stories about people who were hung or killed because they did something insignificant. I know my father's brother worked at a factory . . . he is in Rome, Georgia, and where he worked, someone molested him, or accosted him. He was a pretty big, scrappy guy so he basically beat the person. And as a result of that, when he went home, he told his mother that, my grandmother. She called her brother in California and told him that he needed to . . . had to go. So, she was fearful of his life because of what he did and so she sent him to California.

KB: Do you remember any other stories your dad or your grandmother told you about lynchings in the area? Obviously, this maybe predated your youth.

JBC: Lynchings? No, other than the fact that it happened. No details.

KB: Were there any types of lynchings or incidents like that when you were growing up in Savannah?

JBC: No, I can't remember anything like that. There were a lot of stories like being stopped by police, asking you how much money you have; whatever you have, you give it to them, and dealing with a lot of insults.

KB: The shakedown?

JBC: Yes.

KB: At Williams College, were there any African American professors on faculty when you started there?

JBC: No.

KB: Were there by the time you left?

JBC: Yes.

KB: And actually, just to touch on something else, was that part of what you were demanding as well?

JBC: Right. That is correct.

KB: And actually, just to touch on something else - was Martin Luther King a hero of yours or did you have other people in the Civil Rights Movement you admired?

JBC: That is interesting. My biggest heroes have been my parents and I think in terms of, like I mentioned to you, they were very "militant" people and I say that in quotations because they were in the very forefront of civil rights activity in Savannah, and recently received a number of awards for their community . . .

KB: Is your mom still alive, too?

JBC: Yes . . . participation. And so, they were very much in the forefront of that, and they have actually been in the forefront of starting a museum in Savannah in which they have actually contributed to a major portion of it. They have a gallery named after them. So, they have been very active in terms of Civil Rights Movement in a very positive way, a very positive way. And so, when I say that they have integrated the issues of integration into the reality of what is and not something that has demeaned them, but is something they have been able to grow and been strong about.

KB: What were some of the activities they would have been involved with in Savannah, say, in the 1950s and early 1960s when you were growing up? Would it have been things like economic boycotts, voter drives?

JBC: Yes. They were involved not so much actively with it but my mother was vice-president of the NAACP which was really in the forefront of activity in Savannah. Different organizations in different cities, I am sure, had different emphasis but NAACP, she was very active with that. Very often, people would be put in jail and my parents would be called to offer bail or bond to get them out. So, they were kind of, I would say, more of the backbone. They were not out in the forefront. They were not sitting in. They were not the people who went to jail. But they were kind of the individuals who kind of directed, part of the direction of the Civil Rights activity.

KB: What I have read about the Montgomery bus boycott, for example, King had even set up a committee of business men and other community leaders to have that backup in place in anticipation of the . . . activity.

JBC: That is basically what they did.

KB: When you were at Williams, was there a black student organization you participated in? Did you all form a group?

JBC: Yes.

KB: And about how many black students were there there?

JBC: When I arrived?

KB: When you arrived, yes, sure . . .

JBC: When I arrived, there were maybe about 12 to 15.

KB: And how big is Williams generally? Is it about 2,000? 1,000?

JBC: Yes. About 300 in my class. And each year . . . the year ahead of me, the senior year, I think there was 1. In junior year, there were 2 or 3. And then, the sophomore year when I was a freshman, there about 6. In my class, I think, there were about 8 or 10.

KB: So, Williams was gradually the classes of African American . . .

JBC: Right, and by the time I graduated, it was upwards of about 60.

KB: You mentioned before you were a chemistry major. Why did you choose chemistry?

JBC: Seeking a medical career

KB: When you are, obviously in your senior year . . . my nephew is doing this right now so I know about all this . . . you are filling out all your forms for medical school. Where did you apply to medical school?

JBC: I applied to University of Georgia, I applied to Howard University.

KB: And where did you wind up going?

JBC: Howard University.

KB: Why did you choose Howard?

JBC: I was ready for that type of change, and they were very receptive to the students who were in those types of institutions. They were in a building stage at that point. The dean was very interested in getting academically strong students to improve national boards, to improve . . . so it was a very active recruiting process that the dean at that time had. So, there were a number of students who were in my class who came from similar types of institutions.

KB: Tell the students what is unique about Howard University, its history and what community it served in the long run?

JBC: The greatest thing about Howard University, to me, was that I had total academic freedom and joy. There were no pressures of who I was, the color of my skin. It was just academic freedom. And I felt no issues from the faculty or teachers that, you know, are

you saying this because I am black, are you not saying this because I am black? So, it was a pure academic experience and it was my greatest academic experience, actually.

KB: Medical school is 4 years long?

JBC: That is correct.

KB: And I think it is around your third year, you begin to do intern rotations, is that what they call it - when you go to the different hospitals, you learn the different specialties?

JBC: Yes.

KB: Were you primarily doing these rotations in the Washington, D.C. area?

JBC: Yes.

KB: And eventually, you chose gastroenterology. Well, let me back up and ask other questions about medical school. You graduated from Howard in what year?

JBC: Howard, in 1975. One of the things I enjoyed that I did at Howard . . . there were a couple of things: 1) I was the editor of the national student journal. That took me to other parts of the United States and interacted with all the medical students who were dealing with a lot of the issues that I dealt with more in college in the predominantly

white institutions. And then, when I was at Howard, I got stimulated by a faculty member who everybody should know and I mentioned to one of my . . . when I was a freshman, one of the faculty members named Johnson, John B. Johnson died and I did not know who he was. And Sheila became upset because he had contributed so much to the institution and he was kind of the foundations of the institution. And because of that, her sense of anger and my sense of, I guess, history, appreciation of history, I put together a book on the faculty at Howard in which we interviewed faculty members and asked them to submit bibliographies. And we were able to get it published. We interviewed over . . . when I say "we," – a number of students had pulled together . . . we interviewed about 25 key faculty members that people . . . we polled the students and asked them who they wanted to hear about. And it pretty much kind of represented a segment in time in the medical school where you had an analysis of the faculty members by students which was pretty unique and also provided information about each faculty member that students could use as a reference. Now, that only happened once. It wasn't something that anybody picked up and carried from year to year but it did take a lot of our time, a lot of effort to do that, but it was something that you kind of felt needed to be done.

KB: How big was your class at Howard?

JBC: Howard Medical School class was about 110, I think.

KB: And what were the most challenging courses you encountered in medical school?

JBC: Probably pharmacology, microbiology.

KB: See, I would think the dead bodies but that is just me.

JBC: The anatomy?

KB: Well, let me ask you about your rotations and doing your rotations in the Washington, D.C. area. The hospitals you were assigned to - you went to different hospitals, I am assuming?

JBC: Yes.

KB: And the hospitals you worked at, did they service all the constituents in Washington, D.C.? Did they serve . . . were some predominantly taking care of African American patients, were some more likely to be taking care of white patients?

JBC: Yes. We rotated through, it was Freemans Hospital then. Now it is called Howard University Hospital. They have a new facility. And that was predominantly, if not all black, as well as the house staff and faculty. And then, we rotated through George Washington which was interesting because George Washington University . . . it wasn't George Washington, it was D.C. General where we rotated through. So you had separate services. So, you had the faculty from Howard and you had faculty from Georgetown. And they both worked out of the same institution but different faculties and you never

really interacted with the students or with the faculty from the other institution. And then, at the VA Hospital, it was pretty much everything.

KB: At the VA Hospital, were you seeing a lot of patients who were there as a consequence of Vietnam or did they tend to be older veterans?

JBC: These were older veterans.

KB: When you were doing your training, doing these rotations, what was the attitude of the white patients towards having black doctors? Were they accepting of it, resistant to it?

JBC: They were accepting of it. Now here, again, D.C. General is like Ben Taub. So, people come in, they are sick, they are usually of lower economic status. Howard, predominantly black. The VA Hospital. I had very minimal interaction with . . . the rotation I did at the VA Hospital was a psychiatric rotation so it was a little different. So I didn't really have that type of issue. I have had more issues with that being in practice than I did in training.

KB: What type of issues have you encountered in practice?

JBC: Well, I have had patients referred to me by white physicians and the patient realized I am black and they leave.

KB: Did they openly express their reasons for leaving or did they just . . . ?

JBC: A few times.

KB: Was that recently or did that happen more often early in your career?

JBC: More often early. It is interesting because the physicians who referred them are not even thinking that way. You know, they are thinking about sending someone to a physician who they feel will provide good, quality health care. And so, they did not expect their patients to have that mindset. In fact, one of the physicians who referred me patients actually was a Williams graduate ahead of me, years ahead of me. I didn't know him at Williams. And he called and apologized when he realized that the patient had done that.

KB: After finishing medical school and graduating in 1975, you obviously picked a specialty. Before you specialize in gastroenterology, do you first do internal medicine?

JBC: Yes.

KB: And where did you do your residency at?

JBC: I did my internship, residency and gastroenterology training at Emory University.

KB: And how long does that period last?

JBC: Five years.

KB: Is it the gastroenterology that stretches it out an extra two years?

JBC: At that time, it was one year of internship, two years of residency, and then two years fellowship in gastroenterology. And so, that was five years. Now it is three years for gastroenterology. But I had a one-year hiatus between medical school and going on to my internship. I received a Watson fellowship when I was at Williams. I don't know if you are familiar with that.

KB: What is that?

JBC: It is a fellowship that is given by The Thomas Watson Foundation and basically . . .

KB: The geneticist? Thomas Watson, DNA. No, that is John Watson. Tom Watson, IBM?

JBC: IBM, right, out of Rhode Island. So, the only stipulation is you have to be out of the country for one year. And so, I was fortunate to delay that from college to after medical school. So, I took it after medical school. So, between medical school and

internship, I did a fellowship which was a great experience. I was able to design it so I could interact with health care facilities in Jamaica, Nigeria and Tanzania, and so, I got a different look at health care in other parts of the world as well as cultures in other parts of the world. So, that was a great experience.

KB: And what made you select those particular countries as places to go?

JBC: Contacts. I had contacts in Jamaica. In Jamaica at that time, they had areas where there were no physicians and they already had setups where University of Pennsylvania medical students would go down there for a few months and they would see patients. And then they would leave. So, it was the . . . companies in Jamaica that had clinics and they would provide you with a house, a car. And so, that was a contact that I had made when I was in medical school. And then, a physician when I was at Howard was on sabbatical from an institution in Nigeria and so I was able to make that contact. And Tanzania, I decided to go there and then I was supposed to be at the institution in Darcelon, and it didn't work out. When I got there, they weren't prepared so they sent me to a place called Moshi in Kilimanjaro Hospital. So, I spent time there.

KB: I maybe said this earlier – I apologize if I did. Were you mostly observing or were you actually interacting with the patient?

JBC: Actually, interacting with patients. In Jamaica, I was a physician then so that was pretty intimidating. I was fresh out of medical school and I was the one. I had no

internship. And then, when I was in Nigeria, I was on the GI ward. And so, that was a very unique experience in terms of health care. Diseases you never see here are rampant there. Tetanus. They had a whole tetanus ward. Very few people walked out of that ward. It was always full. It was right next to the GI ward. It was just a very different health care system. And it was interesting to look at the different health care systems comparing Jamaica, Nigeria, Tanzania because of the influences of different parts of the world. In Tanzania, the hospital I worked at, there was actually a physician there from Switzerland . . . two from Switzerland, one from the United States. And so, they were European trained or American trained. And so, they were there doing kind of missionary work at the hospital. And so, it was a very different academic experience.

KB: I'll bet. It must have been fantastic. Why did you choose gastroenterology?

JBC: I fell in love with it when I was in medical school. Physiology. And it was just an area that appealed to me and then just nothing else attracted me when I went through my internship and internal medicine training.

KB: So, you were at Emory in Atlanta, Georgia?

JBC: I am the first black who trained in gastroenterology at Emory.

KB: Wow! Had there been other black physicians trained who had gone through residency at Emory?

JBC: Right, but there had never been anyone who was black who was accepted to the gastroenterology training program.

KB: Do you know when Emory first accepted black physicians as part of its residency program?

JBC: No.

KB: Were there many black physicians in the Emory residency program, whether it be other . . . gastroenterology, surgery, pediatrics, etc.?

JBC: There were a fair number. And here, again, when I was at Emory, there were not a lot of residents or interns. Another fellow resident and I decided to go to the internal medicine department and tell them that we felt we could get more . . . the thing was that we can't get black students to come to Emory for their training and we didn't agree with that and so we set out on a very aggressive campaign. The residents were usually anywhere between 6 and 7 a year and the year we were over-recruitment, it was 30. And out of that 30 who came, we recruited, one of them became chief resident at Emory. Another one is considered now the godfather of nuclear medicine. So, a pretty stubborn group. But it goes to show you if you put the effort forth, if there is truly a commitment to it, you can make change.

KB: And it sounds like the administration, although they didn't thinking it could happen, at least they supported your efforts and they made . . .

JBC: They supported our efforts, right. They supported our efforts. And here, again, this is still part of that wave of the late 1960s, you know . . . it began in the late 1960s with African Americans being accepted to undergraduate schools, the schools that they could not. So, therefore, the graduate schools, the medical schools, and the undergraduate schools, more presented. And then, training programs such as in medicine, that was . . . we were still part of that first wave.

KB: Most of the other African Americans who you would have been in medical school with at Howard or encountered in your residency at Emory, did they tend to come from families like yours, from the more middle-class part of the African American society or were they coming from a wider spectrum?

JBC: At Emory?

KB: At Emory or at Howard, either.

JBC: Howard was a mixture. Quite a mixture. And a mixture of age groups. When I went to Howard in medical school, I was considered to be the little puppy. The average age in my class was like 27. So many people had worked, had other careers and would come back to medicine as a career. I think the age has decreased now but it tended to be

an older group of people who went to Howard. And there was a big mixture in terms of their economic backgrounds. But I would say, by and large, the majority were from the upper middle class. And here again, you have the Affirmative Action that brought in many students in the college years who would not have had access to academic performance – go to college or even get scholarships to go to better schools. So you are still seeing that wave of students who are academically achievers but may not have had the same level of financial support from their family but did have the emotional support from their family that made them strive to be achievers. So, that was still part of the folks who we saw when I got to Emory.

KB: Do you remember the Bakke case, the Supreme Court case from the 1970s in which the Supreme Court upheld Affirmative Action but overturned any type of quotas for admittance to medical school? What was your reaction to the Bakke case? Did people talk about it? Do you remember discussing it with friends?

JBC: Yes. The feeling was it wasn't right, that Affirmative Action still needed to be present.

KB: We were talking about the Bakke case and you started to tell us about what you all discussed about it, what you thought about it and certainly there was a feeling that there was still a need for Affirmative Action.

JBC: That's correct. For many people, it is still felt there was the need for Affirmative Action.

KB: Did you ever feel or did you ever get the impression that any of the white physicians or patients thought you were there only because of Affirmative Action?

JBC: In my training?

KB: Let's say, at Emory. Did you ever have that sense?

JBC: Yes.

KB: Is that something that was expressed openly or just a sense you got from people?

JBC: Just a sense you got because for the vast majority, the numbers that were being seen had not been present before, and there was clearly an effort to try to get more blacks to go to these institutions. And here again, when we set out to say we could get more to come to Emory, it was more of a statement – we've tried, we haven't been able to do it. And through our efforts and interviewing and sitting down and talking to students when they would come, to give them a very positive view of the institution and what it could be, resulted in more people coming.

KB: And your thought and the thought of your colleagues was that if more African American physicians are visible, they will grade us on our qualifications? Was that the assumption?

JBC: What was that?

KB: That if you bring more African American physicians in, they will simply be evaluated based on their skills, their qualifications, and not on these other issues.

JBC: That is correct. There were a lot of qualified ones out there. Just like institutions here in the Houston area. The African Americans are aware that if you go to one institution, your chances of matriculating and getting positive feedback from the faculty is not going to be there as opposed to going to other institutions. So, I mean, it is the institution . . . it starts somewhere at the top in terms of institutions making a statement and making an effort to make a change.

KB: Certain attitudes can literally become institutionalized.

JBC: That is correct.

KB: When you finished your training at Emory, where did you decide to practice medicine?

JBC: Here in Houston.

KB: And why did you pick Houston?

JBC: My wife is from Houston. Most physicians set up shop wherever there wives are going to be happy.

KB: O.K. What is your wife's name?

JBC: Laura.

KB: And how long have you been married?

JBC: We have been married 26 years.

KB: And so, you moved back to Houston or you moved to Houston for the first time, she moved back home. What part of Houston did your wife grow up in?

JBC: Third ward.

KB: O.K., was she going to school in Atlanta? How did you meet in Atlanta? I mean, I don't want to get real personal.

JBC: We met through a friend. We met on a Friday and we were engaged that Sunday.

KB: Wow!

JBC: That was quick.

KB: It must have been right.

JBC: Yes.

KB: Do you know what high school she went to here in Houston?

JBC: Jack Yates.

KB: And did she go on to college as well?

JBC: Yes, she went to Fisk University and she went to law school at Thurgood Marshall.

KB: Fisk University in Memphis?

JBC: Yes.

KB: And then, Thurgood Marshall Law School at Texas Southern University?

JBC: Right.

KB: And is she still practicing law?

JBC: No.

KB: And where did you work in Houston when you lived here? What hospitals did you work at?

JBC: I pretty much started here at Park Plaza and at St. Joseph's. I am also on the staff of Methodist and St. Luke's and Hermann but the level of activity there is not very good.

KB: And obviously, you are specializing in gastroenterology.

JBC: Right.

KB: See, I know all about surgeons but I don't know much about gastroenterology. How do you go about setting up a practice? Did you go into partnership with other established physicians when you moved to town?

JBC: No, it is very different. It was very different 25 years ago than it is today. When you started a practice 25 years ago, you would open up your office, you would go around and visit physicians and let them know that you were here and that you were starting your practice. And, by and large, physicians would try to, whenever possible, particularly if you were a consulting physician, refer patients.

KB: For the most part, the gastroenterologist would not be a primary care physician, is that right?

JBC: That is right.

KB: O.K., usually that is an internist or a GP?

JBC: That is correct. Now here, again, when I started practice, many specialists or subspecialists, particularly in internal medicine, did do primary care. Many surgeons did do primary care. So, primary care in terms of being relegated to family practitioners and internists really only came into play with the advent of managed care.

KB: So, were you doing primary care as well as consulting in gastroenterology?

JBC: Yes.

KB: Where was your . . .

JBC: And I would cover a lot of . . . coverage in terms of, you know, covering other physicians would frequently be an internal medicine physician.

KB: Were most of the physicians you met with and consulted with, were they primarily African American physicians or were you reaching out to all members of the medical community?

JBC: All members of the medical community.

KB: And by the 1980s, was there a greater acceptance of African American physicians by white physicians?

JBC: Yes.

KB: Did you ever encounter any resistance from some of the white members of the community?

JBC: Resistance? No, I wouldn't use the word resistance.

KB: Would there be another word you would use, something less than acceptance?

JBC: Well, you know, as a specialist, you look for referrals and resistance means if somebody . . . you can't say if somebody doesn't send you a patient, that it is resistance. I think the Houston medical community when I started, is very unique and it was a very open community, very receptive to individuals based on their performance and based on their training. And in gastroenterology there were some new techniques that were fairly just coming to the forefront that I was trained to do. And so that opened up some avenues for me. So, I think clearly when I started out, my referrals were from African American physicians. And then, over time, there has been a fairly broad-based referral.

KB: You mentioned there were some new techniques. Like what? Endoscopy?

JBC: Endoscopic techniques, particularly that work on the biliary tree – some procedures in that area, some procedures in terms of managing patients who had liver disease with intestinal bleeding. So, there were certain techniques that had just started being utilized.

KB: For the students, what is an endoscope?

JBC: An endoscope is a piece of equipment that you can use to inspect usually the upper and lower intestinal tract. It is fiberoptic and it permits us to inspect thoroughly the esophagus, stomach, small intestines and the large intestines primarily.

KB: When we were preparing, one of the problems you mentioned that you see quite a bit of, I guess, is colorectal cancer?

JBC: That is correct.

KB: Colorectal cancer, is that a serious form of cancer?

JBC: Yes.

KB: In terms of its mortality rate, how does it match other cancers?

JBC: Well, colon cancer ranks number two in terms of causes of cancer death in the United States. In terms of overall cancer incidence, it is about number four. It is a preventable cancer. And so, when you have a preventable cancer that is the number two cause of cancer death, there should be a greater awareness among members of the medical community as well as the lay community that it is a cancer you don't have to get or die from. People who we grew up with that died from colon cancer didn't have to. People in the public eye who had colon cancer – Ron Reagan, John Wayne died from it . . . Audrey Hepburn. Most recently, Farrah Fawcett was diagnosed with colon cancer. So, these are individuals who simply probably were not tested at a time period when the cancer could have been detected, particularly if they are over the age of 50 and they were diagnosed because we generally recommend cancer screening with colonoscopy starting at age 50 in an average risk person.

KB: And are there particular segments of the population more at risk for colorectal cancer?

JBC: Yes, recent studies have indicated that the African American male is at highest risk for colorectal cancer.

KB: Are there any studies that suggest why the African American male is more at risk?

JBC: No, it is not clear exactly. We feel that colorectal cancer is probably in some way related to factors in our environment. Genetics plays a role. Probably a combination of the two. Areas of the world where colorectal cancer is most common which is the western hemisphere of the United States, Europe. People who come from areas where it is not as common and move to those areas after a generation or less, the incidence id equal to that of the population.

KB: Which would suggest some type of environmental factor.

JBC: Right.

KB: Besides colorectal cancer, what are some of the other major diseases or disease processes you deal with as a gastroenterologist?

JBC: Various diseases of the colon. Diverticular disease. Upper intestinal diseases including malignancies as well as ulcer disease. Liver disease. A very growing problem related to their disease in terms of chronic viruses, hepatitis B, hepatitis C. And probably the epidemic that we are going to be following over the next few years is going to be a disease called non-alcoholic fatty liver disease or NAFL which is related to obesity. So, there are quite a few liver diseases that are there as well.

KB: I meant to ask you about this earlier. You mentioned that Clarence Thomas had attended the same high school as you did?

JBC: Yes. He was one year ahead of me.

KB: And this should be known by our students but who is Clarence Thomas?

JBC: Clarence Thomas is a member of the Supreme Court.

KB: Associate Justice, I want to say, since 1991. I will have to check my dates. Did you know him as a kid growing up?

JBC: Yes.

KB: You went to the same high school for a small amount of time, you said?

JBC: Yes. He went to . . . here, again, when we were growing up, there were three black parochial schools and he went to one. I was at another one. And then, we went to the same high school. He was one year ahead of me. He was in my sister's class. And then, he left after his sophomore year, I think.

KB: Have you been in touch with him or seen him since he left high school?

JBC: No, but my parents have. He has been back to Savannah and they have talked with him.

KB: What was your reaction when he was nominated for Supreme Court?

JBC: Well, I was very positive that, you know, someone you know who has reached that stature. Clarence was always . . . he pursued being a priest so that is my remembrance of him in high school. And then, he went to Holy Cross. And we had some interactions when I was at Williams. I think we either rode home or . . . we interacted once or twice when he was at Holy Cross and I was at Williams. So, I only have positive things to say about him in terms of what I know of him personally. I wouldn't say we were . . . we were not great friends. He was not somebody who I would pick up the phone and talk to but in terms of our interactions in high school, a small high school.

KB: Now, I am forgetting - he went on to Yale Law School or Harvard?

JBC: I think he went to Yale.

KB: I think he went to Yale, too. Obviously you have been a leading member of the African American community and really, the Houston medical community – we should even make that distinction. What are some of the more significant events you remember once you got to Houston in terms of African American advancements in Houston or changes in the economic status of the African American community in general?

JBC: Changes that occurred? Well, I think since the time that I came to Houston, I think the biggest has been really the opening up of doors in terms of different institutions and qualified African American physicians being able to go into different areas and perform, and basically demonstrate that they are top notch in what they do. We have had African American physicians who have been chiefs of staff at some of our major hospitals and are chiefs of services of different hospitals. And have done extremely well, have contributed a great deal to the community.

KB: Do you perceive of any doors still being closed to African Americans within the medical community in Houston as 2006?

JBC: I think the doors that have closed are the doors that permit entry into the world of medicine, and I don't think that those doors have really been opened as they should. And some of it is because students who were coming through college have a lot of other areas

that they can pursue. Some of it is because medicine has not maintained the same level of appeal that it had 20, 30 years ago. It is a lot of factors coming into play. I don't think there has been enough emphasis among the African American students to pursue healthcare and hopefully, this type of exchange will improve that. But I don't think the institutions have been as vigorous in their pursuit to try to not only bring in African American students but to cultivate a relationship and an atmosphere to make it positive. And it starts from the top. It starts from the top. So if you have institutions where the faculty do not express a very positive attitude towards African American students and that is because the people above them have not expressed that.

KB: Are these problematic attitudes things that only African Americans encounter or do other minorities or do female students encounter them as well at times, do you think?

JBC: I think probably to different degrees, there are prejudices that come with different cultures, different sexes. Yes, I think that that comes with it. It is not so much ingrained though as it is for the African Americans, I don't think. I mean, I think it starts at very formative years where students don't even think about pursuing healthcare. Perhaps they don't have the images there. Some students may not even realize that there are African American physicians in Houston or if the do, they haven't had much contact with them. And some of it is probably our fault. But at the same time, many African American physicians do not have the luxury of being able to going out and reaching out as much as we would like.

KB: If you were to talk to middle school kids or high school kids today, assuming they are interested in a career in healthcare, what advice would you give them? What are the three foremost important things they can do if they want to be a doctor?

JBC: Well, I think they have to maintain an academically strong record. I think that has not changed. And I think if they have a passion for it, if they can get any type of exposure to it, to some extent as they go along, whether it is working in a hospital or doing things that give them some exposure to the healthcare area, that would be good. But I think if they go in it with a passion in terms of this is what they are going to pursue, this is really what they want and pursue it, I think that is really the most important thing. And hopefully not get dissuaded by external factors . . . it takes a long time to be a "doctor." Well, it takes a long time to really make it in any career. You know, if you are going to try to reach a pinnacle in any kind of profession, it doesn't happen overnight. So the training it requires in the pursuit of healthcare and medicine, it takes a while.

KB: You mentioned in the 26 years you have been in Houston, you have seen some doors within the medical community open up to African Americans. Not all doors but some doors. What about in the Houston community in general, in politics, in the business world? Have you seen doors opening there for African Americans, too, or do you still perceive that some of those doors are closed?

JBC: Well, I think there are a lot of doors that are open. One could argue that not as many that should be opened or could be opened, have been opened. But I think clearly

that in terms of a lot of different arenas, that African Americans have been able to move into certain positions. It is based on qualifications. I think that it is kind of a level playing field in a lot of arenas now. So, for us to have an African American mayor, he had to prove his worth. Had to do his due diligence, so to speak, in terms of reaching that point. And I think in all arenas, most people who have achieved, generally, they have done more to reach that point. I think in all professions, if you have . . . we have quite a few, I think, African American physicians in Houston who are specialists, subspecialists, who have reached levels of fair prominence in terms of recognition and they have had to do a lot more. It doesn't come as easy as it would for others.

KB: Let me just end with one last question. You have been involved with the Houston Medical Forum?

JBC: Yes, I have been involved with Houston Medical Forum but not as active in terms of participation as I have had in years past.

KB: What is the Houston Medical Forum?

JBC: What is it? It is a collection of African American physicians who practice here in Houston and whose primary focus is for the betterment of the African American community, whether that is defined as those who are in healthcare, who are on the periphery of healthcare. But that has been the primary focus of it and it has certainly evolved over the years. Not too long before I came to Houston, African American

physicians had limited staff privileges. There were no staff . . . they weren't permitted to be on staff at a number of our major institutions. And so, the emphasis then was just to be recognized to be on the same playing field. And, to some extent, those rules had changed a little bit. But managed care - it is hard for a physician to get into managed care programs. You have to bring to it certain things to the table. And if you have certain credentials – you know, board certifications and so forth, then it is still not necessarily that easy. So, here again, its focus has changed and I think to a large extent, a major source of the focus has been the support, the emotional support of African American physicians for what you are doing, just kind of to have that exchange.

KB: I am going to back up and ask another question related to the 1990s which is about a significant change in medicine and it actually doesn't speak to any technique or medical breakthrough but it is the advent of managed care. Can you tell the students what managed care is?

JBC: Well, managed care is . . . I think the key thing about managed care as it relates to physicians is that it creates a selective physician pool that can participate in any one insurance plan and therefore, in doing so, it excludes other physicians. No matter who they are, they are excluded. So, managed care is getting more control over how a person receives their health care and who provides that health care to them.

And who is getting control.

JBC: And who has control of it. And the control falls back largely not so much with physicians and . . . is changing a little bit but it is really based on cost and therefore, to control cost is managing the health care dollars. And so, it is not so much managing patients as it is managing the health care dollars. If you are a physician who costs the insurance companies a lot of money, then frequently that may mean that you won't be a part of that particular plan or accepted to that plan.

KB: So, it has changed the way you practice medicine?

JBC: It has changed the way we practice medicine and, to some of it, I am not going to say it is totally negative because there was a lot of waste in health care and there probably still is a lot of waste in health care but, to some extent, it has brought with it a change in focus in terms of the people who are doing most of the work in healthcare are not the ones who are getting the level of reimbursement that they deserve. And here, again, that is, I think, the physicians. I think the physician's fee scales have been cut back and there is more money going into administration. So, the monies have been siphoned away from those individuals who are really responsible for managing an individual's health.

KB: And on the patient's side, it somewhat limits their choices.

JBC: It limits their choices. Right. That is the tradeoff.

KB: Does the dominance of managed care complicate things more for the patient who doesn't have insurance? Does it make it that much harder for that patient to get medical treatment?

JBC: Who doesn't have insurance?

KB: Who doesn't have insurance.

JBC: I think it is the same. I mean, if an individual doesn't have insurance, then it is an out-of-pocket cost. In Houston, you have, at least a hospital that accommodates those patients.

KB: And that is?

JBC: At Ben Taub. But you have a number of patients who come to fee-for-service hospitals who don't have insurance and because of the level of their illness, cannot be discharged so they are admitted to institutions. I am seeing two people right now who have no insurance.

KB: Well, on a happy note, we are going to end it before we run out of tape. Thank you very much, Doctor.

JBC: O.K. All right.