

Interview of Dr. Aaron Shirley by Kate Medley, camera by April Grayson
March 23, 2006 Jackson, Mississippi

Kate Medley: (00:30) It's March 23rd, and it's Kate Medley interviewing Dr. Aaron Shirley in his office at the Jackson Medical Mall. First if you could just tell me a little bit about when you were born and where you were raised.

Dr. Aaron Shirley: I was born, in of all places, Gluckstadt, Mississippi, in Madison County, in 1933. And my mother moved to Jackson—my father died while we were living in Gluckstadt. I was, uh—I don't remember him. I was about 18 months old. I don't recall, but she moved, moved the family to Jackson not longer after that, so I was really raised in Jackson. But I was born in Gluckstadt. I spent most of the summers in the, uh—my first, oh, six or seven years in Gluckstadt, where my grandparents still were. So I was raised in Jackson but summers primarily were in Gluckstadt, during that time. (01:41)

KM: What part of Jackson were you living?

AS: In West Jackson, out in the Jackson State neigh—area. Round on the corner of Deer Park and Dalton—I don't know if you're familiar with that area. It's—I was out there the other day, and I [get] real depressed every time I go through there now because of the way it's changed.

KM: What was it like then, when you were growing up?

AS: Uh, it was a—it was all black, of course, during those days—and it was a mixed neighborhood in terms of economics. Because my father was a carpenter and brick layer, and he made bricks and all, we owned our home. He left my mother several houses, one of which was the big house where we grew up. But there were rental houses, there were homeowners, and there were—the complete spectrum of the black economic in those days. There were professors, there were schoolteachers, there were, uh, plumber, that I recall. There were mail carriers, so it was a—a registered nurse. As a matter of fact, I just recalled this the other day—the first and only black public health nurse during those days lived right across the street from me. But it was, unlike today, the economic or class didn't matter. Everybody played together, went to school together, church together, so it was not, even though there was a different economic strata, within the neighborhood everybody was just the same. (03:40)

AG (on camera): Can I—

(camera paused)

KM: Your life since then has taken kind of a medical focus. Do you recall what kind of medical services were available to your family and other families in your neighborhood at the time?

(phone rings)

AS: Shew. Can I get that? [on phone] Yes? (camera paused) Ok, alright. (To interviewer) That shouldn't have happened. (unintelligible remark as he forwards his phone.)

KM: Ok. (everyone laughs) It's no problem. Do you remember the question I was asking you about?

AS: (dealing with phone again) Just going to do that. Hopefully some—that shouldn't have happened. I don't know why that happened because it usually doesn't ring back here unless somebody—

KM: Right, sends it. Ok.

AS: Um, medicine.

KM: Yeah, and just what medical facilities or services were available to your family and other people in your neighborhood.

AS: My mother was a nurse's aide. And she worked for what was named then the Sally Harris Clinic that was located on Farish Street. And the owners of the clinic were at least three black physicians: Dr. Christian—(phone rings again). (To interviewer) Let me do something. (05:30)

(camera paused)

(unintelligible conversation between interviewer and camera person as camera is moved)

KM: I might just get you to start over telling us about—

AS: Ok.

KM: —the clinic where your mother worked.

AS: Ok. As I was saying, my mother was a nurse's aide, and she worked for a group of doctors who had a clinic on Farish Street.

(interruption to put microphone back on Dr. Shirley)

AS: One day. Ok. (laughter) As I was saying, my mother was a nurse's aide, and she worked for a group of doctors that had, owned a clinic on Farish Street called Sally Harris Clinic. And there were at least three doctors that I recall: Dr. Christian—who by the way delivered me—Dr. Hall, and a Dr. Pinson. And it was a very, very—as Farish Street was in those days—it was a flourishing black health facility. Now, in those days the black physicians didn't have access to hospitals, so when they had cases that needed

hospitalization or services beyond their abilities, they had to refer them to white physicians, in order for them to be hospitalized and get treatment that they weren't able to provide. (07:15)

KM: Was this kind of healthcare available to just about anyone in your neighborhood—

AS: It was available. I don't recall my mother ever being turned away if she couldn't pay. I don't recall anybody in the neighborhood that were denied services at these clinics because they couldn't pay. Um, and that was typical across the state. Those three black physicians probably represented a fourth of the [black] physicians in the entire state because there weren't many black physicians at the time. (07:59)

KM: And for instance, where might those black physicians have gotten their, their medical training?

AS: Either Meharry Medical College in Nashville or Howard University at Washington, DC. Those were the only schools available to blacks for medical training in those days.

KM: Regarding race relations when you were growing up in Jackson, what—are there specific moments that you recall realizing that there were racial divisions and inequalities when you were—

AS: Oh yeah, it's constantly on my mind. And sometimes when I reflect on those days, in a way, a lot has changed, but in a way, so much hasn't. (09:00) Everything in those days was, was in terms of black and white, as far as race was concerned, everything was black and white. I have a sign somewhere in here that I use to remind me of when I used to ride the bus. The buses were segregated. And in my neighborhood, the—it was #6 bus—the bus turned around at the corner of Lynch and Dalton. That was turnaround spot. And it would go to the corner of Capitol and, uh, and Amite. And that was a transfer point where the buses in outlying areas would transfer, and then if you were going to another area, it was kind of like a spoke. Because the bus that I rode originated in a black neighborhood, all of the buses had a, a sliding sign in the middle, in the center, and on the front side it said "White," on the back side it said "Colored." So at the origin in West Jackson, the sign was always towards the front, so blacks could sit any place behind that said "Colored." As the bus traveled towards town, and if the, say, the, the, all the seats were filled, during the first two stops, so—including the very front seat—if they were all filled with blacks, as we entered into areas where whites lived or caught the bus, as whites got on, the driver would stop, then move the sign back, and so all the blacks who were already sitting would have to get up and go towards the back. Now keep in mind all the seats were filled, so they would stand. And that was traditional, as the buses filled more and more with whites, blacks would have to stand. That was just—that's one, because I rode the bus when I was in school, so I rode the bus at least five days a week during the school session, so that was always the case. Um, and we did have—later on there were some incidents related to that similar to what happened in Montgomery during those days. But that one, that one stands out. (11:55)

Um, another racial incidents—if you call it incident—but the climate, all of the, the stores, the department stores, or wherever you went, had a water fountain. They all had a “White” water fountain and a “Colored” water fountain. Didn’t have restrooms for blacks. But they did have water fountains. Always a “White” one. Sometimes they’d be this close [stretches out his arms], but I couldn’t dare drink “white water.” (laughs) Whites could drink “black water,” but I couldn’t drink “white water.”

Um, my sisters, at the time if they shopped in those, in those stores—Kennington’s, McRae’s, some of the other stores—they couldn’t try on clothes, not even a hat. They had to guess if it, if the clothes they had would fit. That was just typical—that was life in Mississippi, and I guess all over, all across the South in those days. (13:12)

KM: What do you recall about your mother’s feelings? Do you recall her influencing your ideas about racial equality or what she was teaching you at the time about it?

AS: She was a very, very unusual and strong lady. See my father—when my father died, there were eight children, so she was left with eight children. And she had, probably, sixth, seventh-grade education. But she insisted that all of her children would go to college. I mean, one of my sisters, my oldest sister, was a nurse, a registered nurse, that, and that did influence my going in to be a physician. But I never heard her express any bitter feelings, but she would consistently insist that we were going to learn as much as we could and that we were going to go to college. I think that was her, her way of saying, uh, I might not be able to change this but, but my kids will have a better life. She worked at the Sally Harris Clinic for a number of years, and that clinic eventually closed. The other job—and this is what I recall so vivid—her other job was a, she worked at the Century Theater. It was on Capitol Street, in the last block on Capitol Street. The building is gone now, but it was across from where BanCorp South—it was in that block on the north side. And the Century Theatre was *the* white theater that had a balcony for blacks. (15:10) And she worked as a ticket taker, in the balcony. And the way blacks got to that theater and the way she got to her place of work—every day, rain, sleet, or snow—was through a fire escape, outside. And that, and she did that, she did that, she did that, and she never, never complained, never, never had any bitter, obvious thoughts, but I’m sure it took its toll, but she lived to be 90-something years old. She’s extremely strong lady. I—the sign moving and her having to climb those steps—those, those stand out. During my child—during my childhood. (16:02)

KM: Where during that time, what influenced your decision to pursue a medical degree and medicine as a—

AS: Actually it wasn’t my decision, it was my sister. My mother kept saying when I was little—as long as I can remember when people asked what are you going to be when you grow up? You’re going to be a physician, you’re going to be a doctor. That’s what they said, you’re going to be a doctor. And, it was just, uh, it was just planted. When I got to high school—you know how you transition, you’re going to be your own person and

all—I started having those normal, independent adolescent, post-adolescent thoughts, and when I was a senior in high school, it was during the Korean War, and several of my friends—my real buddies—we’d hang out together—decided they wanted to volunteer and go to the military. (17:06) And, the paratroopers that was, we’d see in the movies, the old time black and white movies, the guys jumping out of the airplane, pulling their thing, you know, I wanted to be one of those. What I didn’t mention was I had a brother—my older brother had been in the, in the second, World War II, and he was killed on D-Day at Normandy. And that, that pricked my mother quite a bit. So when I went home one day from, from the house, from school, I told my mother that I think I’m going to join the Air Force so I can be a paratrooper, and in her quiet way—she never raised her voice—she said, “Aaron, I tell you what, you go right ahead. And if you get over there and those Koreans don’t kill you, when you get home, I will.” That, that was it. (laughs) So I changed my mind, and I decided I’d go on to Tougaloo, get in the pre-med curriculum and go to medical school.

KM: So you were at Tougaloo during, in what years?

AS: I entered Tougaloo in 1951.

KM: And you went straight from Tougaloo—

AS: Went straight from Tougaloo to Meharry.

KM: And you were there for how many years?

AS: Five years, that was four years as a student and one year as an intern. So, I graduated and went to Meharry in 1955. Graduated ’59, completed a year’s internship and came back to Mississippi in 1960. (18:51)

KM: When you came back to Mississippi, you came to Vicksburg?

AS: Yep, let me tell you about that. In those days, the state of Mississippi, Louisiana, Florida, Georgia, Alabama, South Carolina participated in something called the Southern Regional Education Plan. Those states, in their efforts to preserve all-white institutions, especially the medical training, agreed to contribute annually—the Legislature appropriated money annually—for scholarships for blacks to go to medical school *outside* of those states. So that’s how I had the opportunity to go to medical school, the state of Mississippi paid my tuition and—I remember—\$75 a month and change, for spending. They paid for tuition, all my fees, paid for my books, everything. In return, I had to agree, after the internship, to do five years of practice in a area, underserved area that the state would have to approve. So Vicksburg was one of the areas that the state had designated as a place to, to fulfill my obligation, so I went to Vicksburg. (20:30)

KM: Did you want to come back to Mississippi, or, you know, was it even a thought (unintelligible) —

AS: It was no thought. I came back and I paid the state the money that they had invested in me. But I always wanted to be a pediatrician, but—and I wanted to go straight from my internship to a pediatric residency—but the scholarship requirement prohibited that. I would have to do the five years as a general practice doc before I could go and go into the residency.

KM: Now when you were in Vicksburg, you weren't only a pediatrician, you were active (unintelligible)—

AS: I was a *real* doctor. (Laughs)

KM: (unintelligible)

AS: I was a real doctor, I did everything. I delivered babies, I took care of old people, I treated strokes, heart failure, the whole works. *But*, here again, the old race thing. There were two hospitals—well, actually there were three hospitals in Vicksburg. And, things hadn't changed—this was 1960 now. Neither of the hospitals would allow me to practice on their staff. So, as I encountered cases that were beyond my training, I would have to refer them to a white physician.

KM: And—

AS: Let me, let me—

KM: Oh, sorry.

AS: 1962, I believe, or maybe '63, when Castro took over in Cuba, there was an influx of Cuban physicians fleeing Castro, fleeing Communism, coming to America, some of whom were just as black and nappy-headed as I was. Ok? Had no more training than I had. But because they were fleeing Communism, they were welcomed with open arms in the hospitals that denied me. Spoke very little English, if any, but the mere fact that they were fleeing Communism made them welcome. And it was during the '60's when I came back—I think it was a transition for me because I had planned to do those five years and do, and apply for pediatric training outside of the state—and it was during the course of the denial of the hospital, my involvement with the Freedom Riders and some other activity in Vicksburg, I just kind of, somewhere along the way—as a matter of fact, I had been offered a job in Atlanta, and I went for an interview, they offered me a job, I signed the contract, and driving back from Atlanta to Vicksburg, somewhere between Montgomery and some place, I changed my mind and decided that I would prefer to be here to help, try to help bring about change. (23:54)

KM: That's kind of what I leading to earlier when I said you were more active than just in the medical field. I've read articles and such that you were very active in the Movement in Vicksburg and the state.

AS: But, you know, it doesn't, it wasn't a, uh, I wasn't born to do that. It grew on me. Just normal activity that any adult individual would pursue. It just drew you into it. For instance, um, there was a campaign in Vicksburg to increase the number of blacks who were registered to vote. And at the time Mississippi had this crazy law where you—it wasn't so crazy, it made a difference—where first of all you had to submit yourself to a test. Then they would publish your name in the newspaper for ten days. And if you worked for what we referred to “Mr. Charlie”—Mr. Charlie was the white establishment—they could call you in and just summarily fire you, because your name showed up in the paper as wanting to become what they called “a uppity Negro,” if you wanted to participate in the, in the election process. So my wife and I got involved in encouraging people to not be afraid to go and get your, go and get your, registered to vote. And that, then, got me labeled as a troublemaker. So as the, as the Klan and others started their violent resistance, I was on their lists, and I was also—if you could get a hold to the Sovereignty Commission files, you'll see my name in there some, in a few places, and a lot of places dotted out and all. (26:16) But I was proud to be on that list, you know, the fact that meant that I was doing something. But it was, my intent was to do those five years and go somewhere and do a residency, and my application for the residency at UMC was more out of—I don't know, it wasn't a dare, it was just almost I did for the hell of it. And Blair [Batson] called my bluff (laughs).

KM: So you didn't think you had, you didn't think you had a chance.

AS: Actually, I applied in 1965 for a spot in 1966. I applied University of Oklahoma the same time, and I don't think—I know Blair didn't know I had applied to the University of Oklahoma, but a slot opened up in November of '65, and I wasn't ready to close down my practice, so that's why I was delaying it 'til 1966 so I could have that time to close my practice down in Vicksburg. But a slot opened up in November of 1965, and Blair called me and asked if I would be willing to do another interview and consider that slot. And again, I think I was calling his bluff and I, I did and they accepted me, and I was on call the first night. I didn't know that, when I went for that second interview, Blair accepted me and I was on call that night, so I wasn't prepared, I didn't have a change of clothes—I was still living in Vicksburg, so I said, well, I guess I'll, I'll do it. And just like that (snaps) I was a resident. (28:37)

KM: Did you know Dr. Batson previously or—

AS: (shakes his head in the negative) uh-uh.

KM: On the application did, did you specify race? Or?

AS: Every application had a block for race. I was known by the Department of Pediatrics, especially Dr., uh, he was a cardiologist—I'm having a mental block—long-time head of pediatric cardiology at the time. And I had made several referrals to him from Vicksburg of kids that had heart disease. And I heard through the grapevine that they—and they knew, they knew I was black, they'd seen, you know—I heard that Dr. Watson, David Watson, was the, was the pediatric cardiologist. I heard through the

grapevine that, that I made quality referrals, meaning that I had made the proper diagnosis. Not just dumping, but I had made the proper—so Dr. Watson knew of my, the quality of the referrals that I had made, but I didn't know Dr. Batson. I'd never met Dr. Watson personally until I did the, started the residency, but correspondence-wise. I hear that he used to mention that my referrals were quality. (30:10) After I started the residency I learned what he meant because there's, in those days the resident did all of the admissions, and we'd get referrals from all over the state, and many times we'd get a very, very sick child with a scribble on a prescription pad. They'd have no real good information as to why the referral, and if the parent didn't understand why they were there, it was difficult to—you know, you had to do a whole lot of tests and all to determine what was going on. (30:51)

KM: At the time did your initial application feel like a, a step towards civil rights, action of progress? Did you even correlate the two—

AS: (shakes his head in the negative) uh-uh.

KM: —or was this more

AS: Well, not really—

KM: —I got to get my future—

AS: I wanted to be a pediatrician, and I was at the stage where I would feel, I felt I was obligated to at least try to get my training where I'd been all of my life, with the exception of the time I was in medical school. But I had applied to Oklahoma also. I don't know—I withdrew the application after, after being accepted at Ole Miss—I don't know if University of Oklahoma would've accepted me. I hadn't, I hadn't heard from them by November, so I don't know, who knows? But it wasn't, it wasn't—I don't consider it that as part of my civil rights obligation, that was part of my professional desire to be a pediatrician. (32:06)

KM: Where there other black doctors at UMC?

AS: (shakes his head in the negative) I was the first black resident physician, period, that had ever practiced there.

KM: Do you remember some of the people that, some of your initial coworkers?

AS: I remember John Bower, the current—he then was, he came there the same year I came, and he was in the department of urology, and he was doing, he eventually was, initially he did some research in kidney dialysis. You've heard of the Bower Foundation?

KM: In Jackson?

AS: (nods his head in the affirmative) Um-hmm. You familiar with the—there's about 30 or 35 school nurses, school-based nurses across the state. They're funded by the foundation that Dr. Bower started while he was head of the department of urology over there. And, when we would eat lunch in the, in the faculty cafeteria, I being the only black, Dr. Bower was one of maybe three or four other faculty people who would occasionally come and join me at lunch. So we got to be pretty good friends. (33:45)

KM: So would you describe the environment amongst the other doctors as kind of icy at first? Or not welcoming?

AS: Not, more, more, no, it was more just kind of—in some instances it was like I didn't exist. Not in the department of pediatrics, but there, in some of the—I had to interface with emergency room doctors, the obstetricians—I had to attend c-sections and, you know, deliveries and all—and in, in, in, as I can recall, one of the advantages that I had was that I had done those, I was five years post graduation—actually six counting the internship—so I was a little older and a little maturer (sic) than those who had just completed the four years of medicine, in medical school. So the resident counterpart, my resident counterparts in all, in all of disciplines, most of them had just completed the four years of medical training, the four years of schooling. I had had those five years being a real doctor. So I had developed some skills beyond theirs. And my personality was, and still is, is that I, I didn't need friendship or camaraderie. I just needed to know if I got a real, real sick child what to do, and how to do it. So that was my focus, was to, to be the best that I could be, and to ignore any, any distractions, and I—I got to be frank—I don't know what folks ever said behind my back, but I never had one overt incident during the period, the time that I was there. (36:04)

But it was obvious if I, when I'd go to the cafeteria, I usually ate alone. I had one interesting, interesting experience, and Blair and I laugh about that now. The year that I started the residency was the year that—it had to do with Medicare and its nondiscrimination provision, and the hospital required, relied greatly on federal support, and they had to agree to certain nondiscrimin—discriminatory practices. No more Colored/White water fountains, no more separate waiting rooms, no more separate cafeterias. So they had had a, a review somewhere in June or July before I got there, and one of the, the remaining vestiges of segregation was the, the cafeteria, for non-faculty, general, patients and non-faculty, cafeteria. And they historically had two, had two doors—one said Colored, and one said White—and they were separated by a wall. And when I got there they had removed the Colored/White signs, but there were still two rooms, two separate rooms. And I recall one day Blair and I were talking, and he said, “Aaron, I need some advice.” I said, “What is it?” And we were on a first-name basis. I don't know how that happened, but we were on a first-name basis. He said, “You know, we're trying to be in compliance with the HEW rules. We've been cited for segregated dining.” And he said, “We've taken the signs down, we've told everybody they can eat where they want,” and he said, “We don't know what else to do.” And I said, “Blair, it's simple.” He said, “What?” I said, “Take the damn wall down. Just bang the wall out, have one door instead of two.” And he laughed, and in about two or three weeks, there

came the wall. But, through habit, it took some time before the blacks would drift over to where, past where the wall used to be. It eventually happened though. (38:38)

KM: I want to take you back to that first day, when you found out, when he offered you the position and then wanted you to start that night. Do you remember any fears that you had or excitement or—

AS: More like anxiety. And I was on call that night. And the chief resident at that time—his name was Kimble Love, I never will forget him—and he had to quickly show me where things were, and we had to do much more than as residents than residents do today, and Blair insisted that we would do things beyond what was really required. An example was, if we had a child who we suspected had meningitis, the, the, the, the normal steps would be you would do an examination, you would, you know, get as much information as you could from the parent, whoever brought the child in, and if the signs and the history indicated you would have, you would do a spinal tap to check the spinal fluid. And tradition was—we weren't laboratory technicians—and tradition was we would do the spinal tap, and we would separate the spinal fluid in three different little tubes, and we would place them in the appropriate place and during, when morning came, or sometimes in the evening, the laboratory technicians would take the spinal fluid, and some of it they would spin it down and look at it under the microscope, and they would streak some plates to see if the spinal fluid would, would grow—three, three different kind of plates with a streak, and they would put it in the incubator and in about two days, you get a report saying spinal fluid was cloudy, it had x number of cells in the, in the, in the fluid—you normally wouldn't have any cells, or maybe one or two per, per liter or cc, and on and on and on. And that in two days, the second day, if it was a bacteria in the spinal fluid—it would start growing in the little plate that had been put in the, in the incubator—Blair required us to do all that, too. So we had to spin it down, look in the microscope, check the plates every morning, to see if everything—and he taught us that you, sometimes you have to treat on, on presumptive evidence, and if the child was sick enough, you would empirically start certain antibiotics based on the evidence that you got from listening, from looking, and that's what helped make us better physicians, the fact that—and we weren't afraid to initiate therapy without having *all* of the clear-cut evidence. So that, that, and that night I recall I think we had about three admissions, and the chief resident stayed with me that—we were on call every third night, it was just three of us. Every third night for a year we were on call, and he held my hand for about maybe four or five times that I was on, on, on call. And Blair tells me—he told me later on that Kimble went to him and said, “Blair, you don't have to worry. He's going to be alright.” So then I was on call by myself. (42:40)

KM: Do you remember if Dr. Batson gave you any words of advice going into that first day, or did he just send you out there?

AS: He just sent me out there. Told me don't, told me don't—no, two things—and this bothered me for a while. I had a moustache, and he told me I had to shave my moustache. Ok, I didn't know why, but I realized race had to do with it. But there was a, a resident from either Egypt or one of those countries—I had one of those jazzy little

moustaches—this guy had a *huge* moustache, and he didn't have to shave his. So, after that first year—it took me a year to get around to asking Blair why I had to shave my moustache and he didn't, and he said, just laughed and shook his head. (Laughs) (43:45)

KM: Was he your supervisor?

AS: (nods his head in the affirmative) Um-hmm. He was the chief, he was the, he was the department chair, but his other faculty—his biggest interest, a lot of was, a great deal of his interest was growth and development and making us whole, making us know (unintelligible), but each subspecialty, like cardiology, like hematology, like allergy, those faculty taught us those pieces, so we had whatever subspecialty that was available at the, at the university, those were the faculty that taught us those. And Blair would come periodically and, and quiz us on all of it, just to keep us sharp.

KM: Now it sounds like it was a pretty quiet transition for you into the hospital. Within the hospital was there any media attention?

AS: (shakes his head in the negative) uh-uh. There was no media attention that I, that I can recall. I don't even think there was ever anything in the newspaper. I don't recall anything ever appearing in the newspaper. Something else that surprised, I think, that I think surprised everybody—it was a pleasant surprise for me—I would say that at least, at least fifty percent of, of the pediatric admissions during those days were white. Many of them were, were very low income, and I had not one incident, not one. I don't recall any when—the normal procedure was if a child enters the emergency room, the emergency room doc does the evaluation. Sixty percent of the time, the emergency room doc could handle it, manage it, treat it, send it home. The other forty percent, he had to get some—some one of us, one, one of us, one of the residents who were on call, and invariably they would call and say, “Dr. So-and-so needs you in Room 3,” and I'd go, and I'd open the door in Room 3, and there's a real very sick child. And I had anticipated that as I encountered white parents, that invariably I'm going to get, somewhere down the line I'm going to get a blink, or somebody's going to go “no, no, no, no, no.” And never, not once, did I get a white parent to say, “Who is he?” And I realized then that parents love their children, and when a child is sick, they want help. And we had some sick, sick, sick children. (46:50)

KM: Did you feel like you were able to communicate more easily with some of the black families that came in than maybe some of your white—

AS: (nods his head in the affirmative) Oh yeah. As, as, there, as a matter of fact, some of my, my resident colleagues—for instance, in order to, if we had a real, real sick child, and if we had to do a procedure, we had to get the parents' permission, and there would be times when the parent would resist one of the other residents, and they would call me, and I would go just like, you know, a lot of blacks had had experiences where they had a relative or a loved one to go to hospital and they had a spinal tap and they eventually were paralyzed. And many of them equated that procedure to the paralysis, where the spinal tap was to determine what was causing them to be numb in the first place. And

many times the person would have had a stroke. All the spinal tap did was confirm that they'd had a stroke. But many of the relatives would equate the spinal tap with the paralysis, and they would resist someone doing a spinal tap on a child because they said, "child, you know, so and so and so went to the hospital and they ain't walked since. And they put that needle in their back." And I could go and sit down and have a calm chat and speak their language and then—there was only one incidence in which I wasn't able to convince the parent, and to this day I see that child, who has a, a problem that could've been averted if he had, if we had proceeded. I see him at least two or three—he lives in my neighborhood. But that's the only incident in which we weren't able to convince. (49:04)

There were other times that a social worker—was always a social worker on call—and there were times when, if we had a condition that was life-threatening, and we knew it was life-threatening, and the parent was resisting, we could get a court order. So there was always a, a social worker on call that we could call in the event we had a case that was, that had a condition that was life-threatening and the parent was resisting. We could get a, get a court order and do the procedure. I tell you, I thought I had seen some sick children in my practice in Vicksburg, but it wasn't until I got up, got to the university that I really, really saw, I recognized that, that that's what put me on the pathway to pursuing community health centers, was that in *so* many instances, the resources weren't in the community to head off some of those bad, bad, bad babies that we'd see. And that's when I, I was introduced to the concept, while I was still in training, and that was my life goal after that, was to develop community health centers to improve services out in the boondocks, to prevent some of those bad, bad babies from having to come, or getting to the stage where they'd have to come to the university. (50:48)

KM: And there were more resources in Vicksburg? That was your experience, or—

AS: (shakes his head in the negative) No, what I'm saying is there were—in Vicksburg, the babies that I saw were sick. Those who were sick, sick, sick, I could refer to the university. When I got to the university, *every* baby that I saw was sick, sick, sick. And it was obvious then that many of the babies who came to the university, say, with fulminating meningitis could have been managed in that, where (unintelligible)—in the community where they lived if the resources had been there to diagnose it and treat it. And that's why they had to come to the university. And when I learned about the, the community health center model, that's what I decided I was going to pursue, and I started learning as much as I could even while I was still in the, doing the residency. And that's a, that led me to another political battle with the state. (52:07)

KM: Speaking of your political battles with the state (laughs), I read somewhere about when you were in Vicksburg, you were primarily doing house calls—is that right, or doing a lot of house calls?

AS: (nods his head in the affirmative) I did a lot of house calls.

KM: And that sometimes you would encounter, like, police would follow you, or—

AS: (nods his head in the affirmative) Yeah.

KM: What were the, what were those political climates like when you came—well, first of all, in Vicksburg, but then how was that different from the environment in Jackson you encountered?

AS: Well, in Vicksburg, I was out in the community. My practice was out, and everything I did was either in my office or I'd make house calls, *or* I was attending a rally or something. When I was in Jackson, I was confined to the hospital, the most, almost everything I did. And the first year of my residency I lived in Vicksburg, and I drove over here everyday, in a twenty-year-old car. (Laughs) And that first year it was quite of a strain because I, my wife and the kids were still in Vicksburg, and this was, during those days we were, we were threatened quite a bit. So, my neighbors and friends in Vicksburg would kind of look out for my house while I'd be, when they knew I was not—I was on call every third night, so I'm sure the Klan knew that, too. (53:45) So my neighbors and all, they would always look out for when I was not at home.

KM: How were you threatened?

AS: By phone calls, upon phone calls, and strange encounters on the highway, near misses on the highway, big trucks. And I had a friend who was a white guy, who had a liquor store, and he would tip me off sometimes: "I heard some loose talk, so be careful tonight." Those kinds of things.

KM: Was your wife scared to, to be in Vicksburg when you—

AS: She wasn't scared—she's meaner than I am (laughs). No, she wasn't scared—it was the, her, her, her frustration was the reluctance of other blacks who could have done more to make a difference. And she was teaching school, and she would (laughs), she would come home and, and say, "I had an encounter with my principal today," and what was it, "well, he called me in because he heard I was at that rally last night" and that the superintendent had called him in to tell him one of his teachers was at that rally. And she said, "I told him, 'I dare you to fire me.'" (Laughs) That was, that was her position: "(unintelligible) fire me." (Laughs) Thought they never did—glad that she left, but they never did fire her. (55:34)

KM: Did some of that simmer, did some of the threats and stuff simmer down when y'all came to Jackson, or was it—

AS: It was a different climate. It was a different climate. The threats we got in Jackson were related to—some were related to incidents, one in particular was related to Jackson State shooting. I don't know if you've read about that one. The night of the shooting, I had been in Fayette, Mississippi, all day working with Charles Evers who was trying to get a clinic started down there, and I got home late, and shortly after the shooting I got a

phone call from a parent who had seen me in Fayette, and she called to tell me that she had heard about the shooting before I had, and told me about the shooting and she was all upset and said, “I have a child at Jackson State, and I don’t know what happened—you know, I want to be sure he’s ok.” So I immediately went to the campus—no, I didn’t go to the campus, I went immediate—went to the emergency room. Turned on the news—radio—and it said that the injured students had been taken to the university [medical center]. Because I was on the staff at the university, I had free access—as a matter of fact, we didn’t have to go through the regular ER, I could, we could go through the back door. And I went in, and the first time I was ever really, really, really angry, to the point of, of, I could’ve committed violence, was when I went into the emergency room, there were two kids who had been killed, and there were about six who were waiting to be treated, and the one, there were maybe one or two in the treatment room, and the others were laying around on a stretcher in the corridor, and the Highway Patrol was standing around laughing, talking, and smoking cigarettes.

Alright. So, I determined that neither of those, neither the ones who had been killed or the ones who had been injured were this lady’s son, so I got in my car, and I drove down Capitol Street, not Farish—I mean, State Street. I left the university, went down to State Street, to Capitol Street. Capitol was two-way then, and the way you’d get out in West Jackson, you’d go down, and drove down Capitol Street—it was about one o’clock in the morning, there was nobody there but me—and I’ve told more than one person this, that I can understand why and how people would burn something because if I had had some gasoline and a match, somewhere between the, on Capitol Street, between the time I got on Capitol and the time I got to the campus, I would have burned something. I was that angry. Seeing the reaction of the highway patrol. (59:10)

And during the course of the next day—I spent the night out there that night, and I spent the next night out there because—Charles came up, Charles Evers came up, and we stayed with the kids to try to keep them from getting shot up some more. And somewhere during the course of one of those nights, a reporter or somebody heard me say something to the effect that you know we got to, you know this, this, this nonviolence, turn-the-other-cheek ‘not gonna work. All these people recognize is violence, once we kill a few of them, they’ll stop shooting innocent folks—they heard me say that. Then I started getting very ugly calls in Jackson, as a result of that. So much so—I mentioned that I was in pursuit of the community health center concept—it was, prior to that shooting a group of us had put together an application for some funds to develop a health center in Jackson and rural Hinds County. And the governor then was John Bell Williams. The funding would come from the Office of Economic Opportunity. The law gave states the authority, if the Office of Economic Opportunity recommended funding for a project such as what we were pursuing. The governor had the authority to veto it, and John Bell Williams had vetoed our grant. And it was, almost coincided with that, just before, close to the time of the shooting. And we were struggling, trying to rally support to convince the Office of Economic Opportunity to override the governor’s veto, which they had the authority to do, but you had to prove that you, you know, you had to refute every allegation that the governor had made. The potential override of the veto was in the works at the time of the shooting. And that, there was a, you might have heard

about the Kent State Shooting—this occurred about a week after Kent State, so there was a lot of national publicity around the Jackson State, and there was a lot of national publicity around Jackson State around the fact that Kent State attracted *all* of this con— all of this attention, and some black kids were killed and nobody seemed to care. So, in resp—

END FIRST TAPE (1:02:37), INTERVIEW CONTINUED ON TAPE TWO.

BEGIN TAPE TWO (continuing from interruption during tape change)

AS: ...and the head of that agency was Donald Rumsfeld. And about the third night, about three, three days after the shooting, I get a call from one Donald Rumsfeld, unrelated to the veto of the application. To my knowledge, he wasn't even aware of it, but he had been told to come down and see if he could quell or dispel the notion that the administration didn't care. And someone gave him my name, and he called and asked if he could meet with me, and I asked what was the purpose—he wanted to come down and meet with some of the parents of the injured kids. So he came down and very quietly, no fanfare. We got together and I took him to the emergency room—no, the kids were in the hospital, they were no longer in the emergency room, he had a chance to talk with the parents. Took him out on the campus. He was here about two days. Let him meet some community people, and he was there to reassure them that President Nixon did care, and da-da-da-da-da. Maybe about three weeks after his visit, the governor gets a letter from Rumsfeld, overriding his veto, so that the funding for the health center could go forward. And this didn't play well with the governor and the state, so what the state did was, in order to, to prevent us from getting in operation, they took us to court to revoke our charter, the charter of the org—of the organization that had applied for the funding. They were just going to revoke the charter. And it ended up in federal court. And during the questioning of me in the federal court, there were questions related to Rumsfeld's visit: How did I know him? When did he come? What did we do? Da da da da da da. And it was a specific question, was "Didn't, did not Rumsfeld override the veto?" No, "did you not [grimaces to remember wording] threaten to create riots unless the veto was overridden?" (02:48)

Now, we had some smart lawyers that didn't quite trust the federal courts. While it was pending, we changed corporations and got another charter, and switched the grant to the other nonprofit. And in fact, the federal court threw us out of the federal court and said it belonged in state court. And we knew we couldn't win in state court, but by this time we had the different corporation. Ok. So, we were funded for a year. But each year we had to reapply, every year.

KM: And these were community health centers throughout the state?

AS: This was just the only one, the first one.

KM: In Jackson?

AS: Umm-hmmm [nods affirmatively]. That was the first one. Ok. So, John Bell had exceeded his two terms, so we get a new governor named Bill Waller. So we said, ok, Bill Waller appointed the first black to something. We felt that we could have a, a new day in Mississippi in terms of these type programs. So, when it came time for us to submit the application during his first term, guess what? He vetoed it, too. So, not only the health centers by then, the Head Start programs were also funded by the Office of Economic Opportunity. He would summarily veto them, too. And they'd use all kinds of flimsy, flimsy excuses. It reminds me—this doggone debate about the cigarette tax and tax on groceries [under the governor at the time of the interview, Haley Barbour], all of those crazy, flimsy excuses they're using—it reminds me of that. But at least then the national administration had the, had the guts to override the veto. But the vetoes would always come somewhere, about six weeks or a month before Christmas. All of the employees and all of the programs would go through the Christmas holidays with this uncertainty holding over them. And you might recall, if you, if you think about it, if you go down to the Governor's Mansion now that there's a fence, big white fence. That fence wasn't always there. It got to the point where every about middle of December, we would have to bring in hundreds and thousands of people in to picket the Governor's Mansion, protesting his vetoing this program, and that's what made the fence go up. The fence was there to protect the governor from these little kids who were out there with little picket signs—that's all they had, little picket signs. (6:12)

But that was the climate that, in which these programs were, were established. Some of the, the, the, the, the—take Medicaid, for instance. It was also during these times that the Medicaid program was being implemented across the country. Mississippi resisted the Medicaid program. They had a deadline, and it went into—oh, they had to go into special session to eventually implement the Medicaid program. And the whole notion now of—and this, this, this is the whole notion now was these programs weren't controlled by the white power structure. The nature of these programs were they were community based, they had their own boards and Mr. Charlie couldn't call and get somebody fired. (7:03) Or—AND—these programs paid decent wages. So they were competing with, back then there wasn't a minimum wage law, so they were competing against these folks who were paying folks thirty-five cents an hour. Or less sometimes. And these programs had—almost all of these programs, all, all of the programs had career development tracks, where you take some unskilled, uneducated or ill-educated person, put them on a track to improve their education and their ability to be a good citizen, so the people who and businesses that thrived on low wages opposed the program. We had a Commissioner of Welfare, that's what it was called—I never will forget his name. It was Arthur Winstead. He opposed the food stamp and food commodity program—these are food subsidy programs for low-income people—he, he opposed them. And his stated, one of his stated reasons for opposing the program was if you feed these people, they don't want to work. That was, that was the prevailing climate. And I'd feel—I wouldn't like myself if I didn't say this: All of those folks were Democrats. Now people of that mindset in Mississippi are Republicans. Bilbo would've been a Republican. John Bell Williams would've been a Republican. They'd have been—as the Democrats saw fit to open up and become a party of all the people, the ones

in the Democratic Party who just couldn't accept the fact that blacks also should participate fully in the political system, they went to become Republicans.

KM: (9:30) These community health centers that, that's kind of become your focus of, the focus of your medical career—safe to say?

AS: Umm-hmm [nods affirmatively].

KM: And did that begin while you were at UMC in your residency or [unintelligible]?

AS: I learned about them when I was a resident. They started the—I mentioned that the governor had veto authority over the program, unless the program was sponsored by an institution of higher learning. The first program in Mississippi was in Bolivar County, Mound Bayou. It was part of Tufts University, so the governor didn't have veto authority over it. I would spend time there while I was a resident and then subsequent, subsequent to becoming a resident and learning how to set them up and what they were all about. (10:30) That's where I learned—I learned from Jack Geiger, who was the head of the program at Tufts, and that's what put me on the road to say, hey, we can do that in Mississippi, we don't need Tufts, we can do it ourselves.

KM: And thus, that kind of leads into the Jackson Medical Mall, does it not, a long way down the road?

AS: That's a whole different story! [laughs] I was with the community health center for 25 years, and during the last three years of that time, we were struggling with the need for more space at the health center. Also during those years I was meeting on a regular basis with the administrator of the University Medical hospital, at that time, was Ted Woodrell. And I had struck a very, very, very good relationship with Dr. Conerly, who was then the vice-chancellor. And the medical center was struggling with space needs, too. They'd outgrown their outpatient facility on the main campus, so over that three-year period of just—Ted and I used to meet every Tuesday morning, no agenda, just meet and brainstorm. And it was during those times—I don't know exactly which year, which month at all—we started thinking about some kind of joint effort in which we could acquire this facility, which then was practically vacant, to satisfy both of our space needs, the health center and the university. When we got the nerve to go to Dr. Conerly with the idea, he encouraged us to keep talking, and so with that kind of encouragement, we went to Reuben [Anderson] because of his influence and knowledge of—he was president of, not president, but he was on the board of one of the local banks, Trustmark, I think it would've been. And we went to Reuben, asked Reuben what he thought about just the general concept of our, of us acquiring this, whether we could get a loan, where would we go to get a loan, who we'd need to talk to, and Reuben put us in touch with one of his law partners, who was Delbert Hoseman, who's an expert in tax law. And by this time we were feeling pretty good about, hey maybe we got on—we were onto something.

So over time we agreed that we would put together a structure that we would call the Jackson Medical Mall Foundation, for the purpose of pursuing the possibility of getting this facility. And at the time, I was the head of the health center. Ted was the head of the hospital. We had Dr. Conerly's blessing, so we put together this structure that represented the health center, the university, and the community at large, which was through Reuben. (14:00) And we went to—after, we didn't even know who owned the building, but we went to, to Trustmark Bank, asked them about a loan. They wanted to know what you doing, what you need with a loan, why you want to buy the medical mall—well, the Jackson Mall. Jackson Mall had been through five or six years of publicity in which a lot of different people, who knew what they were doing, had tried to acquire it, and they all failed. And Trustmark looked at us and wanted to know what makes y'all think you can do something? So, they didn't discourage us, and we pursued to find out who owned it. The tax lawyer made them an offer. It was appraised for seven million dollars. The tax lawyer was able to get them to agree to sell it for three million, and they could take a tax write-off, and we starting developing plans for renovating the space that both the hospital and the health center would need. And that was going to be about no more than a third of the building. But that would have satisfied the lenders, that if we could lease that amount of space, they would lend us the money and we could buy time, at least, in the remainder of the space.

I was neglecting my responsibilities at the health center in that I was so engrossed in trying to make this happen, I didn't cultivate—I failed to cultivate the type of support that I needed. And I didn't know behind my back some of my colleagues were fighting it, fighting it, fighting it. I convinced the board to go along with it, but after a while, as we had gotten our plans and specs drawn up, the board decided that it didn't want to be a part of this. “The university was going to take us over, that's not the type partner we need, as a state agency they've had a history of da da da da da”—all of which was true, but it really wasn't justification because we had safeguards that would have protected the medical—I mean, the, the health center. (16:30) So back, I guess around in 19 and 95, November '95, I decided that I would leave the health center and focus my time on, on making this happen. So the health center went its way, and here I am still here. Having fun.

KM: Would you say you're doing a similar kind of medical work today as you were doing in the '60's?

AS: Ahh, similar in that I'm trying to promote access to care. That's, and that was what I was doing then, trying to improve the type of care that poor people had access to. So I'm still doing that but in a different, in different venues. I'm a part of this Citizen Healthcare Working Group, you might have heard about that. I was part of the Clinton effort. I'm *sure* you heard about that. I had a meeting today with a, some people in a county who want to improve their services, so tomorrow morning I'm going to a Delta county to try to help them think through how they can do things better and improve, so that's, that's what I enjoy doing. That's what I still know how to do, and I'm, thus, I'm still having fun. (18:00)

KM: Are there any other stories or anything else that you want to add?

AS: I can show you my black/white sign, Black/Colored sign. [points to the opposite wall off-camera] You see that strip sitting right there? Um-hm.

KM: It has a few Big Birds on top of it. [laughter]

AS: That's all right. I had to illustrate that before some students. So I had a, I had an imitation bus, and these were middle school students, and we were talking about Rosa Parks and trying to get them to understand what that was all about. So I had them all—we had a makeshift—they were sitting as if they were on a bus, out there in the concourse. And they didn't know what I was doing. And I just had this, this sign on a string [sign says "WHITE"] and had a group of kids to sit up here [in front of the sign] and a group of kids to sit back there [behind the sign]. Then I had a group of kids to come as if they were getting on a bus, and as they would get on the bus, I'd move the sign back, and I'd say, "Ok, you kids go back there. You kids go back there." And after a while they were looking, and they'd look, they were looking at it, they'd look, *what* is he doing? And I'd say, you know people have been talking about Rosa Parks, I'd say, Rosa refused to get up and go back there [gestures behind him]. And this it, it clicked as to what we were, what we were trying to illustrate. But this, this, I keep this. This is a—it looks just like those signs that used to be on the bus. And the driver could get up and move the sign back, and "ok, girls, go back there. Ok, boy, get back there. You know you can't sit up here." That sticks with me.

AG: Will you show me the other side?

AS: Hmm? [Flips sign, and other side reads "COLORED."] (20:00)

Now, this is what I'd, I really would like to say, what, what makes me—people ask me "why do you dwell on those kind of things?" I say, "Well, I really don't dwell on it. If I did I would be ineffective." You know, it would take all strength, if I let myself be consumed by this. But I can't let my guard down because I am 73 years old. Fairly active. And I have felt—I haven't forgotten the impact. I believe today what I believed then, that this was wrong. Ok? There are some 73-year-old white people—ok?—still in position of power and authority that believed then that this was right. And if we took away all of the safeguards, all of the laws that protects my right to sit up here, we'd be back there, before you know it.

KM: (unintelligible) a lot.

AG (on camera): May I ask a question before we wrap up? And if you don't mind answering to Kate, but I want to go backwards to the time that you entered the residency and ask you to reflect on—I mean, this was, this was just a few years after Meredith integrated at Oxford, and that was a huge ordeal for the state. I mean, '65, '66, we were still in the midst of, of a lot of problems, and I'm wondering

**what—do you see that leadership of people like Dr. Batson made the difference?
What, what do you think made the difference?**

AS: [Nods] That leadership. Without a doubt. Without a doubt. If it had not been for Dr. Batson and, it never would've happened. It, it, his courage. I have asked him if he ever had any, any repercussions, and he said no. And he said it wouldn't have mattered, it wouldn't have made any difference, he was going to do it. The Medical Center was, during those days, was very young, and many of its, the people in, in leadership positions were not native Mississippians. And there were some decisions being made by people who didn't grow up in, on this side of the sign. I'm sure, it took a lot of courage for Dr. Batson to do that (23:03), to accept me. And I asked him, ah, what process did he go through, in accepting me? I asked him if he went before the then-dean of the-- and he said, "No." And I said, "Why?" And he said, "Because I knew what they would've said." So that took some courage.

KM (to AG): Do you have any more questions?

AG: No.

KM: Thank you very much.

AS: You're welcome. (23:54)

(Followed by 2 minutes, 41 seconds of footage of Dr. Shirley showing the letter from Donald Rumsfeld.)

END RECORDING. (26:35)