



Washington University in St. Louis

SCHOOL OF MEDICINE

Oral History Series

Washington University Medical Center Desegregation  
History Project

**Howard Phillip Venable, M.D.**

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**Biography**

Dr. Howard Phillip Venable has been practicing medicine in St. Louis since 1939 and has led the desegregation of the medical societies and universities. He attended medical school at Wayne State University and paid for his education by playing trumpet in the summer with Duke Ellington's band. Dr. Venable came to St. Louis in 1939 to finish his internship at Homer G. Phillips Hospital. An ophthalmologist, he was one of the first to recognize the medical differences between Black and white patients. He was affiliated with Homer G. Phillips Hospital for 40 years and was the director of the ophthalmology department when the hospital closed in the late 1970s. He joined the faculty at St. Louis University Medical School in the mid-1950s and was chosen Teacher of the Year by its all-white student body. At the same time, he could not practice at Washington University because of his skin color. In the late 1950s, he was coaxed from St. Louis University to Washington University by Dr. Bernard Becker, the chairman of ophthalmology. Venable remains today an active emeritus faculty member at Washington University. Dr. Venable has led the fight against racism, prejudice, segregation and injustice in both his professional and personal lives. In 1960, he took the city of Creve Coeur to court in a pivotal case that publicized and helped eliminate formal housing discrimination in St. Louis County.

*Could we ask you first Dr. Venable about St. Louis segregation in the 1940's in general and in particular segregation in medicine?*

Well, back in 1939 I came to St. Louis. At that time I came to Homer [G.] Phillips Hospital because it had a national reputation as being one of the "Black Hospitals" in the country. I say Black because at that time very few white hospitals were taking Negro interns, foreigners included. They just weren't taking them. Therefore Homer Phillips Hospital had a very good reputation and it was nationally known by whites and Blacks. I took my training at Wayne State University in Detroit and I had heard about Homer Phillips. Knowingly I put in an application to a receiving hospital which was affiliated with Wayne State University, just for a matter of record, and they told me that they couldn't take me. The reason was that I was Black. They didn't make any bones about that. They said I was Black and they only took one Black man every 10 years and I was the seventh year so I had to wait three years. I couldn't wait three, so then I came down to Homer Phillips and that is how I came to Homer Phillips.

Now when I hit Homer Phillips, I found out that Homer Phillips had started already in 1937. Homer Phillips was opened in 1937. I wrote the history of the hospital. It was interesting to find that before Homer Phillips came aboard, there was a tremendous amount of segregation medically in the city and that the whites and Blacks didn't merge very often. They didn't come together on medical things very often. The patients were separated in Barnes Hospital when it started out. The patients were put in dark places, dingy places way in the sub-basement, sometimes on the second floor. The lighting was very bad and I wrote about this in my history. The Black doctors at that time were put down as being inferior. That is interesting that they didn't even think you could treat your own people, because they would not give you a chance in

any way medically. The St. Louis Medical Society at that time, and I first came here in '39, was not taking any Blacks. None of the hospitals were taking any Blacks. So it was a very difficult situation but I saw promise with Homer Phillips. The reason we saw promise with Homer Phillips was because we had a chance to improve. We had a chance to learn and we did have a chance to see these patients and we were in control.

Homer Phillips even in the beginning was not run by all Black doctors. We couldn't have run it if we had wanted to. We didn't have the training and I was one of the first ones that spoke out on that thing because we knew that. Therefore we had to get training and go away to various places. But we did have the opportunity. We had a chance to learn, we had a chance to discuss patients, we had a chance to make ward rounds, which were so important. Therefore our residents and interns had a chance to stand up on their two feet and learn how to talk extemporaneously, how to organize a patient, how to organize a history. They hadn't done that and therefore it was a learning and proving ground. A lot of them later went to Washington U among other places across the country. But they got their basic training at Homer Phillips Hospital. Homer Phillips at that time when I came was approved in every single area.

When we first started out, Homer Phillips was primarily a hospital that was backed by the university, it had to be in order to be certified. In the beginning it was St. Louis University. St. Louis University and Washington University by amicable agreement agreed to rotate every four years. Every four years they would change their sponsorship. What changed that was during the war years—the war started around 1940-41. St. Louis University's staff was not as large as Washington University's, therefore a lot of their men went into the Army and they told us in writing that "We do not have enough doctors to come here and supervise you at Homer Phillips." So we said okay. We came over to Washington University. Washington University said that

“Our time isn’t up for us to come back Dr. Venable or anybody else, but if we take it there will be no more rotation.” Once Washington University stepped in, St. Louis University was out of the picture, because they said that is the only way we will take it. I can understand that they didn’t want to start certain things, certain programs, and then have them abruptly overturned or changed.

At that particular time the people who came over from Washington University were the attending men from Washington University. We did not have any permission to attend any of the grand rounds here at Washington University health center. The professors, most of them I would say were quite—I use the term and it has been used in a lot of ways, but I would say that a lot of them were racists, outright racists. One of them was a man in internal medicine who was Carl Moore [Moyer?]. He was a distinguished professor and they have a room for him over there. He was one of the most racist men there was. I still say that that was kind of a pattern in those days. It was a little different at St. Louis University because St. Louis University I must say was more bound and more affected by its religious affiliation to the Catholic Church, and most of the priests and the hierarchy and the sisters, the benevolent sisters, just didn’t feel that that was right. That all of you were, and I am saying this now and they told us this over and over, are men and women of God and we just can’t condone segregation. But in some areas they did, they didn’t condone it but they had some Catholics who were just as segregated as they were at Barnes. Now Barnes was a Methodist hospital. St. Louis University was primarily Catholic. So in the early phase we were all affiliated with St. Louis University until Washington University came on. When they did send, they sent some of their people over to Homer Phillips Hospital as attending physicians. Now they only sent them if they wanted to come and a lot of them didn’t want to come. A lot of the good ones did come.

When they did come to Homer Phillips, an astonishing thing took place, they learned a hell of a lot because they found out that “Black medicine” was a little different. For instance in obstetrics, they saw fibroids this damn big, they had never seen them that big. One of the men was Dr. [Seymour] Monat who became associate professor here. He had never seen a fibroid like that. It so happens that Dr. [William] Smiley, who is on our staff now in the department of obstetrics and gynecology and was head of the department, was doing most of the surgery and taught some of the people. It had an ironic twist. Like an OB/GYN attending man that came over to Homer Phillips was getting taught in many areas because, I will be honest, a lot of them had never treated a Black patient and it was a little different.

If you go into ophthalmology it is a little different. The things that you see in white patient you don't see in Black and vice versa. I was one of the first to bring that out because I have written on glaucoma in the Negro, it was published in '44. For the first time they knew that glaucoma was different in the Negro. It was so interesting the sidelights. One of the white doctors said, “Dr. Venable you are not racist but you are racist in the opposite way, that is reverse racism. There is no difference in glaucoma in the Negro than it is in the white.” I wrote that article because of racism. Because in 1941 one of the white doctors from Mississippi wrote to the academy and said that “When I see glaucoma in a Black patient it is far advanced because they are too damn ignorant to know what the hell is going on.” He didn't tell them he had them coming there on Thursday and they couldn't get back in his office for two weeks, when they didn't have any white patients or at the time that his practice was low, he didn't tell them that. So I wrote this article, and I didn't write it on the spur of the moment, I wrote it after 10 years of hard work and interviewed white and Black patients from 1941 to 1951. In 1952 I published this work and I delivered this paper at the Pan-American Congress of Ophthalmology in Mexico and

we had 5000 ophthalmologists there from all over the world, so it hit everywhere. It astonished them.

The main thing I said is that the Negro doesn't know he's got glaucoma because it reacts differently, he doesn't have the pain. That makes a lot of difference. The white patient tends to have more pain and he does even today because he has something to tell him something is wrong. The Black patient doesn't feel anything, he loses his sight—well, he thought that might be hypertension, he is used to his sight coming and going. Therefore the patient doesn't realize what is happening. Therefore when he comes to you with glaucoma, it is far advanced. He can have acute glaucoma which is measured with a tonometer and be as hard as that table and he is sitting there comfortable. To keep things in perspective, I will say that in 1953 when the Ophthalmic Society finally decided to take me in, they suggested is there any particular subject, I decided to talk on glaucoma in the Negro, so I did. This doctor one week after I delivered my paper he called me and said, "Dr. Venable I want to apologize to you. I have a Black patient sitting in my office that has got a tension of 100 and the normal is 20 and he is so damn comfortable that I can't get him to go to the hospital." I said, "That is what I have been trying to tell you." One week after that he died of a heart attack. Everybody says I killed him.

I will say that when we came to St. Louis in 1939, Homer Phillips had been in operation for two years, which was an outgrowth, if you read from my history, of really segregated times at Washington University. The patient was treated almost like animals. They were put in the basement, they were put up on the second floor. Homer Phillips was one of the main persons, along with other aldermen, who fought this thing, and he fought it. Finally he went to Mayor [Henry] Kiel in 1931 and he went to them. They went from this makeshift deal on Garrison and Locke. Now that was the old Barnes Hospital. Therefore the Negroes moved into that and we

called it City Hospital No. 2. Now that was there in 1918. So it was at that particular time that things were quite segregated.

In 1939 when I came here there was still marked racism, so much so that the city of St. Louis had ordered the ambulance chasers to go in certain directions. If a man was Black he had to come to Homer Phillips no matter how badly he was hurt. If a man was white he had to come to Barnes or he had to go to St. Louis City Hospital [No. 1], which was the white counterpart, named Max [C.] Starkloff [Memorial Hospital]. What broke that up—you will never know, it is just so stupid. They had a white man who looked like he was Black and they had a Black man who looked like he was white, and they didn't know where to send the guys and they made a mistake. The guys sued the hell out of them. One fellow was white, but he was Black and they sent him to Barnes and they bypassed Homer Phillips, and he was injured one block from Homer Phillips. Similarly, they had a white fellow who was injured one block from Homer Phillips and they sent him all the way down to Max Starkloff. What happened is that both of these patients died en route and that broke up the whole damn thing. Most of them died on the way down to the hospital. Then people realized how damn ridiculous this thing was.

*So was this in the late 50s or 60s or was it way before that?*

I would say this was about right in the 50s. I would say about the late 50s. This whole thing was broken up. Then no matter what you were, you went to that hospital. Then they made a dividing line that was Grand Avenue. Even then after they decided, if you were injured east of Grand Avenue you went to Max Starkloff. If you were injured west of Grand Avenue you go to Barnes. Well that was okay. That was not a racial division, that was a geographical division. So

that was broken up and so they stopped that because they realized they were going to get themselves in trouble.

Now when I came here in 1939 I could not come to any meetings over here at Barnes. Attending men came here and like I said, a lot of them learned. They learned because a lot of them had never had much experience on Black patients and the diseases are a little different in some areas, I know it is different in glaucoma. Now this Dr. Tosser, this doctor who made the mistake all these years, told me, "I am waiting on this patient to complain and he is not going to." So your approach has to be different. He said, "Well, what do you mean?" I said, "My approach with any Black patient is I examine them for glaucoma every time they come they come in that door and when that tension is up I treat them. I don't wait for them to complain because they are not." Now later on Bernie Becker realizes that every time he had one, he called it the Dr. Venable syndrome. He said, "Dr. Venable wrote a book about this." Digressing for just a moment, I came to the clinic just a month ago and I happened to be absent and he said, "Where is Dr. Venable he is going to straighten this out, he has written about it and here is an ideal case to discuss it." So these things did come in Barnes Hospital. So it was difficult in the early days and mostly Homer Phillips was helped by St. Louis University in the early days, because Washington University did not get into the picture until later. And they didn't get into it officially because they only asked the men to come down who wanted to come down. Therefore most of the doctors at Barnes had nothing to do with Homer Phillips in the early days.

*So we heard that the interaction of the Barnes surgery department with Homer Phillips was very strong and heard suggestions that other departments like medicine interacted in a weaker way. Is the case roughly?*

I wouldn't say surgery. But surgery was very strong here, again because of the individual. It goes back to what I was saying. I have learned through my lifetime that it doesn't matter if you are white or Black, it is what the person feels inwardly. If you feel inward you can be Black, and like I said some of my color I have more trouble with them than I do with any white man alive, because they don't understand. Now the man who was in charge of medicine was Carl Moore [Moyer?]. Carl Moore [Moyer?] was an outright racist. The man who had charge of surgery was Everts Graham. He was somewhat prejudiced. But the man under him who came to Homer Phillips was Bob [Robert] Elman. Elman was a wonderful man. He came over and gave his time. Another fellow who was there in surgery, did so much for us. He helped us. Most of the men in medicine sort of stayed off. I think they got their cue from the head of the department, because the head of the department is the one that makes the cue. So there was Bob Elman and this other guy, I can't think of his name, who did so much to help us. Bob Elman was Jewish. Bob Elman again was the type of person who didn't give a damn what anybody thought, he was going to do whatever he thought was right. He said, "It is time to go over there and help." Bob Elman learned a lot. He was head of surgery and therefore the people who were under him came over for the first time because that was what he wanted, he set the tone. So I think as you go through these things I think you will find that the person at the top sets the tone. In my case, I was set back in ophthalmology because the person at the top almost hated me, I don't know why, but I was Black.

So I would say as far as Washington University, nothing really happened to me until Bernie Becker came in 1953. Up until that time I was on the wrong side. The man at that time, I can't think of his name. Dr. Becker came and Dr. Becker was Jewish and there was a lot of opposition to his coming. Now here again at that particular time WashU was almost non-Jewish. It is almost all Jewish now. So it has made a complete turnaround. But a Jew couldn't get very far here, no farther than I could. They hated the Jews, they hated them. I will say that honestly, they hated Jews. Very few Jews could work in the eye department until Becker came. Washington University as such was anti-Jewish and it was anti-Black. But the Jews had a rough time, they really did. At St. Louis University they had a rough time because of Catholicism. So they had a tough time here too.

*This is the second time that we have had the suggestion that most of the doctors at WashU who went to Homer Phillips were Jewish. Is that a generalization that you agree with?*

I think that is partially true. But see I was medical director over there too, so I was right in the middle of everything. I would say that that is not true. Not during my stay. I would say that most of the doctors who came to Homer Phillips, like I said, came voluntarily. It was at the point that the university wasn't going to put the stamp on you going over there—you can go if you want to. If you don't think you can get anything out of it, don't go. So that made it difficult. There was never a mandate. See a mandate is a little different, you were going over there to represent the university. There was never that as such. When these fellows came, they had the option of not coming. But I must say that when these fellow did come were sincere, they were dedicated and they tried to help us. I would say that most of them who came over were not

Jewish. A lot of them, Lionel Meinberg [William H. Meinberg, Jr.?] was in ophthalmology, some of the other people that are not Jewish came over. Some of them were Jewish, that is true. But here again you must realize that they had the same problem we had about the higher ups. See if the higher up is not in favor of what you are doing, you are going to catch hell, just like Becker. Becker came, he was the head. When they asked me to come over in the department, that is the head. It is interesting to me because some of these guys who had treated me coldly before Becker came, they were all around me like buzz saws, because he put the stamp on me. If they hadn't wanted to be friendly to Howard Venable, then the head of the department and I would stay away. That is one thing I think you must realize as you go through all of this. It is what I say, it isn't the man, it isn't what you feel, it is what your higher up is feeling. It is just like if you fellows were skimpy or wishy-washy like something, you wouldn't be doing this, you would be saying, "Oh man that is going to kill my chances in the faculty." But you say the hell with that. You better are, or else you wouldn't be doing this. That is the way I felt, because the truth has got to come out.

*On the medical societies, you certainly paved the way for desegregation for some of the medical societies. Could you tell us something about that?*

Dr. Post, he was an outright racist and everybody knew it—Dr. Lawrence Post he was an outright racist and so was his brother. There was Lawrence Post and I think his brother's name was William Post [Martin Hayward Post, Jr.]. They ran the clinical ophthalmology and they ran ophthalmology in St. Louis. You will laugh at this, but people came from out of town to be operated on, if the Post brothers didn't do it then you didn't have an operation, they were that

famous. They were internationally famous. Lawrence Post and his brother, they ran it. About being nice to Blacks, no they weren't. We changed that. So Lawrence Post was head of the department. He would not permit me to come to an eye conference.

Now here is what happened. A fellow under him, he was a resident and he went out into practice, and he became head of the clinics. He said, "Dr. Venable I want you to come to that conference." I said, "Well, I can't go because of Dr. Post." He said, "Well, I want you to come." So I said alright. He asked me to come to the conference and I came there. Lo and behold, the first patient was a Black. He said, "Dr. Venable I want you to come forward and say something about glaucoma and glaucoma patients, because you have more experience on this than anyone." Lawrence Post steps up and he says, "Dr. Venable, we have been wanting you to say a word about this because you know more about it, you have written so much about it." Here is a man who wouldn't permit me to come to the clinic. I admire this fellow because he brought me to the place and he was in the dark realizing what could happen to him, he could have been fired. But it so happened that the head of the department jumped on the bandwagon too and made everybody feel that he was such an integrationist, which he wasn't. But he asked, "Dr. Venable come forward now. As head of the department I am inviting you because you know more about Blacks than anybody else." I guess because I am Black, maybe that is why. "You come forward and tell us." Now this other guy jumps on me and he says, "Dr. Venable you shouldn't say a damn thing because that is the man who wouldn't permit you to come to the clinic." And so I got up and discussed it and from then on I came to the conference.

Now that was about 1948. Dr. Becker came in 1953 and there is a whole story about that. Dr. Post gets at an official eye conference and said, "I just learned that Washington University now wants a person full time." He was part time, all the men were part time in those days. He

had an office at which they estimate he was making like \$250,000 to \$300,000 a year. Well that was common. So they put in about two or three hours. Now this was before they wanted all these full timers. He said, "I understand that my successor is going to be a God damned Jew." Now those are his exact words at the conference. He said "That hurts me, that hurts me. And furthermore he hasn't passed his board of ophthalmology." Which was true, Dr. Becker had not passed his boards when they hired him and it would have been awfully embarrassing if he had flunked them. That did happen in obstetrics and gynecology, because Dr. Willard [Allen] was hired as head of the department of obstetrics and gynecology and he flunked the board and their eyes were as red as apples, I mean tomatoes. Dr. Becker passed the boards because he was one of the smartest guys in the country at that time. He was very smart but he was really young.

Therefore, I couldn't come to the conference; then I was told by Dr. Post—and they were both very, very racist and I think racism was the way to go in those days. "You are not supposed to be here, you are not supposed to enjoy these things," because the common pattern was for you to be segregated. This was what the pattern was, you see. So I think you are quite right when you say that in medicine, because all the people in medicine in the early days following Carl Moore [Moyer?] around like racists. Graham was somewhat of a racist too. But the men under him like Elman, and there is another fellow whose name will come to me very soon. Elman was associate head of the department of surgery. Elman was Jewish, but Elman did come and help us. He had more fellows under him, Blacks who went on to become certified by the American Board of Surgeons, which was unheard of at that time. He would come over there and give his time and he would help us. He would give lectures. He spent more time at Homer Phillips than he did at Barnes, to show the type of person he was.

Elman will go down as one of the greats. Here again Elman was a man who knew where he was, he wasn't afraid of nobody. Here again that was motivated by his opinion and I would say honestly, by his opinion of himself. Financially he was somewhat pretty well-off. Not by his own work alone, by the woman he married. The woman he married owned this damn Chase Hotel that you see sitting down there. That helps, because no matter what they did they couldn't put poor Ethel out, and that helped. Even me, as Howard Venable, I would say in the time that I was making all this noise I was fairly well-off. I wasn't rich but I was going to eat the next day. I had a very good practice, but I would have said it anyway. But that does help. If a person is willing to help you and has the finances and wherewithal to withstand criticism—a lot of times a fellow may have it, but he is thinking about his family and his finances. His finances are so bad that he doesn't want to take the chance because he could lose everything, so he says, "Well, let's wait until things kind of warm up a little."

*How about your role in desegregating other things besides medicine. I am thinking about housing. You played a major role.*

Let's go into housing, because we did set the pattern for housing in the county. In 1953 my wife and I along with 22 other Blacks bought some property out in Creve Coeur. Creve Coeur at that time was here again almost entirely Anglo Saxon, no Jews were living in Creve Coeur in those days and no Blacks either. It so happened that when we bought this piece of property it was part of a subdivision out on Spoede Road. In this same block was Temple Israel. Temple Israel had previously been at Kingshighway and Washington. They had purchased this property and they had wanted to build a temple, which is there now and is very beautiful. It so

happened that they were in the same block that we were. They didn't want me to build because I was Black. They didn't want Temple Israel to build because they were Jewish. Now they were going to eliminate them on the basis of the fact that they wanted that whole area reserved for a park and for a public purpose. They were going to eliminate me on the fact that I was Black. If they decided to eliminate one of us because of a park then that would let Temple Israel come in because park, religion, church, it all goes together. On the other hand, if they were going to eliminate me on the basis that I was Black, then Temple Israel joined with me, which they did. Their lawyers and my lawyers came together and we fought them because we realized, like a boxer, that when they went to one corner they would hit them a blow, and when they come to the other corner I would hit them a blow. We were working from different points, but we were both trying to get shots. They won their battle on the basis of freedom of religion and the judge ruled, Judge [Lawrence Hyde] ruled that nobody can keep any church from moving in because freedom of religion takes precedence.

So to make a long story short, therefore they got to me. They could not get me out even legally even if I was Black. So what they did, they got me out on eminent domain, which is legal. And it went to the Supreme Court and the Supreme Court said, "Yes, eminent domain is legal but you obtained it in an illegal manner. There is evidence that you discriminated against Dr. Venable. Therefore, you have got to pay Dr. Venable every cent he paid for that property. You must pay him the interest that he would have accrued had he put that in the bank. And therefore you have to show that Dr. Venable's property is part of a park. If it is part of a park then eminent domain will hold." Those suckers went out overnight and bought two acres behind mine and declared it a park, which is sitting out there today, Beirne Park and that was the name of the mayor.

*It is just a two acre park?*

It is a six acre park. Two of mine and they added four. Here again they were going to make it a park. Mrs. [Marian] Weir, and life is funny, she was such a beautiful person, we talked with her and Archbishop [Joseph] Ritter, they both came out opposing it. Archbishop Ritter, he lived in Creve Coeur, and he said, "Anybody in Creve Coeur who opposes Dr. Venable I will excommunicate them." Mrs. Weir came out on television and radio and said, "This is stupid—I can't find my children in my backyard. Now what the hell do we need with a park?" Because everybody realized that it was an illegal park.

Anyway, they got me out of that place, so they condemned the house. First they condemned me for plumbing, and that guy must be catching a whale because he has been out for three weeks fishing. So then they said that I had to cut my grass and they sent me a tax. I said, "How can I, I don't own the house. You condemned it, I can't even go out there and live there." Well, that is a long story. So that did help housing. That did help housing tremendously. So right after that thing was tried, it went on from 1956 to 1960 and the Supreme Court finally ruled that alright, you want to declare eminent domain, but that park as long as Dr. Venable is alive can never be sold for private purposes. You will have to make a park out of it. The house that I was in is the clubhouse with curtains and showers and rooms for players. It must always remain so, he said, because if for one minute you open that up to try to sell it for property, Dr. Venable can sue you and I know he can win.

*So you had a partially built house that is now the clubhouse of this six acre park?*

Yeah.

*So the plumbing is okay now.*

So Creve Coeur finished the house. Creve Coeur was put out of office, the mayor and the four aldermen. There is one other thing that should be said. The developer was in on this too, and his name was O'Donnell. I saw through that right away. He was getting to build. He had no intention of us living there. One he saw my house going up and he was frightened, because that was never supposed to happen you see. And sure enough, he went to the others, all 22, "You will lose this property."

*What happened to the other 22, because that is more than six acres?*

That is 22 acres. It was a 22 acre plot. I had bought two acres. I was the only one who bought two acres, the rest of them bought one. They had to make a down payment on that one. But we paid cash for our two. So we owned it. But the others, so that was what I was saying, the 22 acre park was called Spoede Meadows, it is on Spoede Road right now. They were frightened and that was part of the game plan. We were never supposed to build. We were supposed to pay this money and get the people aroused and they would be so anxious to get us out that they would pay three times what the property was worth to this developer to get us out. That was his game plan and that was how he made money. He made an estimated \$200,000 to \$300,000 all of it without spending one nickel. But here again, I tried to tell my friends this but I couldn't do it. They said, "Oh, you own your plot." I said no that is not it. I said that if you make a down payment on a house or a car, nobody can take it away from you as long as you make your payments. You own it. You signed the contract, you have paid a payment on this, it is your

property. This man can't come to tell you that you have got to get out, you have got to stand your ground. You own it. Now the only time that you can do that is if you default, but as long as you are making those payments. They couldn't see that. They said, "Oh Dr. Venable, you are only saying that because you got your two acres." I said okay. Every one of them sold out. So when it came out everybody thought I was the only one there, but that wasn't true because these other 22 people had left.

So then after that the whole thing changed. Jews moved into the neighborhood. You will be surprised what people called me, you won't believe what I am telling you. About five or 10 people called me every day—and this is the Gods truth, I wouldn't lie to you—[said,] "Dr. Venable if you would come on out here we would like it because we would rather have you out here than these God damned Jews." And that is the Gods truth, that is what they told me. I said, "No, I am going to let you live with them, I am going back into Ballwin." Now that opened up housing in all of Creve Coeur, because the church was built and therefore they brought all of their parishioners. And that opened up everything in the county because everywhere people went, Black or white, they used my case as a precedent. And nobody wanted to gamble because that was set. Therefore it helped, it really opened up housing in the entire county. Now that was 1960 when that case was settled.

*On the desegregation of the hospitals—*

The desegregation of the hospitals goes back to what I was telling you. 1962 I became president of the Metropolitan Church Federation. It had very little authority but the people thought it had. I became vice president and the members of that federation were all these

directors of the hospitals in this area, Barnes included. But in those days, even in the beginning, I must say, the teaching hospitals were a little better toward us than the non-teaching hospitals, like Missouri Baptist [Hospital], St. Joseph [Hospital] and St. John's [Hospital]. Those hospitals were lily white and everybody knew it. Now Barnes was a teaching hospital. But as I said, Barnes did not open up until 1953. What were the figures you have been able to get?"

*Well the final elimination of the Black wards, 0400 as it was called at Barnes was in 1962, but there must have been changes along the way.*

I am talking about faculty, I am talking about doctors. I am talking doctors, you are talking about patients. Because the doctors were what I was concerned with. Doctors were taken at St. Louis University in 1943. I was one of the first. It was about 10 years later that anybody was considered for faculty appointment here at Barnes Hospital.

*I think the very earliest, there were four people who came in among the different hospitals, you know, Jewish [Hospital], [St. Louis] Children's [Hospital] and Barnes in the late 40s. That was when Helen Nash was taken at Children's.*

See that was the late 40s. That was about ten years after we had started and Helen Nash was one of the first. That is right. But as far as patients, you are probably right. What did you find about patients? Now they were accepting Black patients way back at Barnes, but they were segregated in the basement with no lights and all of that.

*We heard that back in the real old days there was a separate building that the Black community called "The Barn," and then they got moved.*

Well, we called it that when there were patients on Garrison and Locke. That was "The Barn." That was the old Barnes Hospital and the Blacks would go in there you see. They didn't have all this like they have got now. Here again, that was kind of acceptable in those days because Blacks were treated inferiorly. They couldn't have a Black doctor no matter how much they liked him when they went into the Barnes, you lost him, he was gone. So we would try to send our patients to People's Hospital, which was on Locust. People's Hospital, along with St. Mary's, was private. But People's Hospital was non-denominational and it was good. Most of the faculty came from St. Louis University because Barnes didn't go over to People's. They kind of looked down on People's as a waste of their time. But St. Louis University did come over. Now St. Mary's again was run by the Sisters of St. Mary, which was associated with St. Louis University.

*This is St. Mary's Black Hospital?*

Yeah. So in the beginning all of the influence was coming not by Washington but from St. Louis U. That should be told and everybody should understand that. WashU had very little to do with the early stages of Black integration, of Black implementation, helping Blacks to learn any way at all. They just weren't interested. It was a lily white institution. As I would say facetiously, the only way I could get into Barnes was under a tray or having a musical instrument under my arm, and that was true. A Black patient, they got in, but that was one of the things you

will find in this segregation that the Black patient preceded the doctor by some ten or fifteen years and nobody gave a damn when they should have. How can the doctor survive if he is losing all his patients to the hospital that won't take him? That was the thing I think you can stress because that was economics. It is not only wrong from a moral standpoint but it is wrong from an economic standpoint. A white doctor couldn't survive if he lost his patients every time they went to the hospital. If these things were happening to them they would understand. How can I survive if every patient in my office for a cataract I couldn't operate on them, I couldn't follow my patient in.

*So you would just lose your patients.*

Now there was only one or two places a patient could go, St. Mary's or People's Hospital and they were organized as you will see in the history in 1920. Now here again among us there was a certain amount of inferiority, and I must say that honestly. That is just human nature. Later on the white doctors were able to bring their patients into Barnes and it is just like looking at the grass from the other side of the fence and it looks green. When the Black guy, they would bring him to Barnes, then they would drop the Black doctor, because the Black doctor couldn't follow them in. Then the other thing that is important, that the very fact that I could not follow my patient into Barnes made me inferior. That is what they said. "Why can't Dr. Venable bring me?" "Well, he is inferior, he doesn't have the training." Well, that was baloney because a lot of the doctors in Barnes I had taught. That is what I am saying. You could lose your practice and that is what was sad. A patient with a cataract that I had been treating for years. They wanted to come to Barnes, then "Why can't Dr. Venable come to Barnes?" "Well, he is not on our staff." "Why

isn't he on your staff?" "Well, he doesn't meet our credentials." And therefore, the Black population wisely got the impression that the Black guys were inferior. Well that wasn't the case at all. They were the wrong color. But a lot of them you know, just like the white doctors, we are not saying that all of them are brilliant, nobody is all brilliant. But those who were even qualified couldn't get in.

*How about your treatment of white patients. When was it possible for you to start treating white patients?*

I had five different offices. I started out on Market in 1944, that is where I opened up my first office. At that time I was on the staff of St. Louis University. I was treating white patients down on Market. I would say that 10% to 15% of my patients were white in an all-Black community. Now 15 years later I moved into Forest Park. I was the first Black doctor to move into Forest Park. People thought I was crazy, you must be nuts. Well I moved there and a lot of white patients came there because here again, they just wanted the best treatment. I had another office, I bought an office building over on Union and white patients came there.

I would say that I had my first white patient about the first week that I opened up, which was in October 1944. I had white patients right from the beginning. And I will say this honestly, people came because thought you knew what you were doing. Now here again, I met a lot of white people through the university because I went on in '43. I was teaching at the school. Students would send their family to me right on Market Street, and it kind of helped. So I always had a biracial practice.

Now to bring you up to date, so therefore about in 1947 I moved into Clayton. Most people don't give a damn what color you are if you know what you are doing and that is so true. So give a person a break, don't return the segregation that is heaped upon you, don't return the racism that is heaped upon you. I said we are guilty of that too. We are guilty of judging a person because he is white, that he is against you. I said that some of the people who have helped me the most are white. I cannot have done what I have done in Creve Coeur if a lot of people, namely this Mrs. Weir. And it just so happened that about seven years ago now, this woman had a very tragic thing happen to her. Her husband was the county water commissioner and one of his employees had his pay reduced and he blamed Mr. Weir. He got angry at Mr. Weir, went home got his gun come back and killed him. So here again my wife said, "Well Howard, you have got to do something, Howard, you have got to go out and talk to her. This is one of the few women who stood up there in Creve Coeur amongst all those racists and stood for you." I went out to her house and I was friendly with her. I said, "Mrs. Weir I just feel so bad about what happened, because you were so kind to me." And she said, "Well Dr. Venable, I certainly appreciate that." She is still living in Creve Coeur. I say this that the housing and the doctors I have had a part in, the implementation.

As far as the white patients, I found the white patients like any other patient, that white people come if you know what you are doing. And if you don't know what you are doing then you shouldn't be treating Black patients. That is what I say and that is true. Because I am a Black doctor and I want to give the Black patient the best and I want to give the white patient the best. Therefore, later on then I moved out into Clayton. When I moved out into Clayton to begin with, I had, oh, I guess about 80% white patients who came to me. I had my other office on Forest Park so I was treating Black patients there, too.

Then finally 26 years ago I moved out to Manchester. And my wife was my secretary, and she just couldn't believe it, that the white young girls and white young people come to me. I found that I was wanted. Most of them checked me out before they came and they knew that I was assistant professor at Barnes, they knew I had done a lot of surgery, they knew I was known nationally, and it turns out internationally. I was taken into the Oxford Ophthalmological Society, one of the first at Barnes or anywhere else. I was taken in as a full-fledged member of Oxford in 1984. I gave a lecture there on AIDS and I gave a lecture there on glaucoma. Why was I taken in? They were so impressed with my lectures that they immediately—something they very rarely do, because that is usually reserved for their native people. Full-fledged, I had all the rights and honors, and if the Queen had been there when I was taken in I would have been knighted. I had every right to be. But she was out of the country. I started to go get her. But the Duke and Duchess were there, but had all those rights because those are the rights they give you. What I am trying to say is that that was quite an honor.

What I found is that it helped me to be open and I must say this, and I pride myself on this, that with all the discrimination heaped upon me I still get along very well with white people. It is like with you fellows, I try to open minded. I say meet a person halfway, give a person the benefit of the doubt whether they are white, green, yellow or foreign. Because I think that is the only way that you can live with yourself. Don't judge a person one way or another, give them a chance, give them an opportunity. Don't say, "Oh, that is the white trash that was trying to kick me out of Creve Coeur." No he is not, that is not the same man. And everybody was saying when that whole thing was over, and I can say this honestly to you gentlemen now, they said, "Dr. Venable, you handled this whole thing like a man. You are not bitter." I said, "No, I am not bitter. When the court made its decision, I abided by it." And that is the way to be. More and

more white patients came to me and then more Blacks started moving in. When I first moved out into Manchester, I was like the only ophthalmologist in the area. Now there is about 30. I retired three years ago. So in my later years I have treated more Black patients and fewer white patients because more white doctors moved into the community.

Now let's go back to St. Louis University. I left there in '58. The record will show that in '55, '56, and '57 I was voted—and there were no Black students there—the most outstanding teacher at the university for three successive years. That was no accident, so I must have been doing something right because there were no Black students, it was all white. So you asked me my relation with whites. So I think I had a pretty good relation.

Now here I was taken into Barnes. I was one of the first Black doctors, I think Dr. Smiley was first and I was second to get into this, what they call their anniversary class, at which you show distinguished service to Barnes Hospital for 25 successive years. I was second. That is important to me because I got the same honor really at St. Louis University where I spent 15 years before I came here. I tell you why I had to come here. Some of these things almost blow your brains, because it happens and it is so funny. At that particular time St. Louis University was in charge of the eye department. But when Dr. Becker came, Barnes took over. I told you that they wanted to take over during the war years, '41. Dr. Becker came to me and said, "Howard it is difficult to work with you now that we are taking over the hospital and you are on St. Louis University's faculty. I want you over here with me." I said okay. He said, "Because it is difficult and I would say that if you don't, because this is under the aegis of WashU, if you don't come with us then we would like to put someone else in charge." I had been working on that since '43 and I said, "Well Bernie, let me go home and talk it over with my wife." So I made the decision and I came over to WashU in '58. Now there is another thing that happened. As I said

they voted that for me and the students did that. So I must have had a pretty good rapport with them.

So I was just a doctor, and I think sometimes I am being very honest sometimes, we get too old and we get too overconfident. We don't just take things as they are. As I tell my residents, and my residents, most of them are Black, but out of 278 I think we had about 30 or 35 Jews and we had about I would say 25 whites and we had I guess about 50 foreigners and the rest were Black. And I tell people and I have told you gentlemen, I think segregation can only be whipped by understanding. We have got to understand. When you come to me I treat you like a student. Dr. Becker tells me here that I have a good record teaching students, which I have taught ever since I have been here in '58. The students have told me how much they appreciate me, and I know that, because they save cases for me in the clinic. Some of the other doctors wouldn't come because they are too busy. So they would save the cases for me. This nurse down there told me, "Dr. Venable they just love you. You have time to sit down and you have time for them, you have time to explain things to them." I start out with elementary stuff. She said, "They just appreciate you and love you to death. You take the time to explain a patient to them." As I still say I have tried through my life not to turn around and heap this discrimination on other people that was heaped on me. I try to be broad about it and I think that has helped me.

*Could you tell us any thoughts on the closure of Homer Phillips? In particular, it is clear that Homer Phillips has played an important role in Black medical care, have we lost that?*

We have lost that and it was really political. Let me give you that, because in 1965 I was on the board of Homer Phillips. Homer Phillips was closed for two reasons basically. The main

reason is that it was such a damn good hospital and it was in competition with the other hospital, Max Starkloff. It wasn't closed because it was so bad, but because it was so good. Max Starkloff was an old hospital. It was built in 1894. There was this glue on the ceiling and you go through the basement, and I said at the board of aldermen that it looked like you were going through Dracula's den, and it is true. Homer Phillips had everything, but the only thing against Homer Phillips was that it was Black. That only the main reason. When they decided they were going to merge the two for economic purposes, some of the guys who were thinking said, "Why aren't they merging at Homer Phillips?" Here is why. Here is a place that was built in 1894, it was obsolete. If they did decide to make a first rate hospital they would have to spend millions and millions of dollars because if you wanted to build a new hospital. Homer Phillips was much more recent. Homer Phillips was in good shape. They had just spent two million dollars renovating our emergency room. That was in about 1975. The year that Homer Phillips closed was 1979. So in '75 they had just got through paying for renovation of the emergency room. Max Starkloff's emergency room was not much bigger than this room. It was too small. But the main thing was, and they were told, they send out some architect, they brought in a room of architects to come into town. When they found out what those guys were going to say, they paid them and quietly got them out of town. They had it all written down. The only one place, let's leave race out of it, the only place from an architectural point of view, from a structural point of view, from teaching point of view, is Homer Phillips. That is where you should merge. And that is not what they wanted to hear. They paid them some \$20 or \$30,000 and shipped them out of town.

So therefore, Homer Phillips was too powerful. They didn't want it to look like the Black doctors were running health care in St. Louis and that was what it was. Therefore, they had to go

to Max Starkloff, which they knew was a mistake. So that was why they went to Max Starkloff. Right away they had to start renovating it, they had to start altering it. They had to get the emergency room enlarged because it just wasn't right. Now we stayed down there you see until 1985. So I stayed down there as head of the department for six years after they merged. Now this is interesting. I was the only department that went there out of all of our some 14 departments. Here again, I must be somewhat personal about this, to be honest. I came over here in 1958 the records show. I worked with Bernie Becker. Bernie Becker held our department together because he had a lot of chances to say no and he didn't. He stuck with us. Because of him we were able to treat 278 people. But that is not the crux. The city was trying to undermine us. They didn't like the fact that we were so much stronger than their hospital. They didn't like the fact that our eye department was stronger than their eye department. Because I had my facts, I had my brochures to show the number of people from my department to pass the American Board of Ophthalmology. They couldn't do that. Dr. Becker said, "As long as you are approved, I will be behind you" and he was.

So that was the reason that they didn't want Homer Phillips, because it was too powerful. It was certified in every department. Max Starkloff was not. But the basic thing was we were Black and they were white. You want the facts, that's the facts. If we had been a white institution we wouldn't have had any problems. When they knocked out Homer Phillips, they knocked out the source of training, not only for the Blacks in this city but around the country. Now with the quota system, I am finding out that the Blacks are having trouble getting training after they leave medical school. It is not so much racism as it is the fact that most of the hospitals are cutting down on the number of residents, and a good example is Washington University right here. Washington University used to have some 18 to 20 residents, now they take in each year only

about six to eight. Well if they are only taking in six to eight you can see what is happening. I don't know if they are knocking out Blacks, they are knocking out a lot of whites and Jews, even though Jews have control in the eye department.

*This is the eye department we are talking about, 18 to six?*

Yeah. They are down to six now. They had 18 when I first started coming here. So you see, that means that fewer whites period are going to be taken in. Now I will tell you one other thing which is personal but here again will help you understand the problem. So what did Howard Venable do? I went home and talked it over with my wife. I said, "Katie, we have got to do something to help Blacks to get into ophthalmology." All over the country they couldn't get in. It was crazy. They would finish medical school, even the white medical school, but there was no place for them at the white medical school in ophthalmology. I went to Dr. Becker, and Dr. Becker was getting ready to step down. I said, "Bernie, I am willing to put some money to organize a research program for minorities in ophthalmology. Will you help me?" He said, "Sure, that is the best thing I have heard. I will be very frank with you. You are one of the first Blacks that I have seen that is willing to do something of value." Well he was right. I am being frank with you.

Now this program has been in existence for almost six years. During this time, we put up this money and we got this program going under Bernie Becker. Now Bernie Becker, here again we show you, he was a fine person, a beautiful person. I helped Bernie when he was trying to get a chair for the department. Bernie was getting ready to step down. Now these are things that I think you should know as far as segregation, it wasn't only with Blacks, it was with Jewish

people, it was with everybody. I know because I was put on the committee to work for this chair by his wife. She calls me and says, "Howard, we would like to have you on this committee. Do you think you can help us to raise money? We realize that you are on the periphery, you weren't a resident, you didn't come up through our residency program. Would you help?" I said, "I certainly will." How much money do you think I got just from my residents who had come through our department? \$25,000. The irony of this whole thing and I am saying this also, recorded or not because it has been said and I was there to see it. Many of the residents who came through Bernie Becker's program didn't give one damn dime to this program. That is why today he has been helping me, because he said, "You did something you didn't have to do. That is \$25,000 that you helped us to build this chair that you didn't have to do. Also due to the fact that some of the people that I trained didn't give anything." It is all voluntary. So he stuck with us, and I will always admire him for that.

These candidates who come through my research program right today, he is helping to train them on this research program. It is a three month program, but what it does is it gives them a chance to get some research. This is hard for Blacks to get into research. It is a closed deal. And I don't know if you fellows know this, but it is closed. Out there I am putting up the money, so when these applicants come into my program, the whole thing is paid, the money is there all they have to do is come. Their board is paid, their room and board is paid, their tuition is paid by our program. Now I got money from Bernie Becker, from the whole department. All over the country we are soliciting money. This summer I am going to make tours all over the country to bring them some more candidates into the program. So you asked me what we are doing. Well, this is what we are doing because it has to be done because there is just no place that they won't take Blacks period, I don't care how smart they are. If they are Jesus Christ and they come down

and tell them, the Black guy ain't going to get in, because it isn't so much racism, I must be honest, it is the fact of qualifications. The first girl they took was very qualified. She said "I went to (somewhere I forget) and applied to ophthalmology, and I must be honest, I had two research papers." Well hell, the guy that they took had 16. That is the difference. So I realized it and said to my wife, "We have got to get started to get Negroes in research, because this is where you go from there." Research determines whether or not you have the potential to be a good resident. So this is what we have done. And now this has gone all over the country.

I think this should be said, that the entire country says we have the National Medical Association and we also have a group that I have organized, the Roman Barnes Society of Ophthalmology, which was organized in 1968, for the simple reason we have the Academy. Have you ever heard of the Academy of Ophthalmology? Well that is the Academy of Ophthalmology, which is again more or less a lily white group. But they would have these social functions and we weren't allowed, so we were sitting out there like sore thumbs. So I organized this group. The nice thing about this you see, these fellows I told about what Bernie Becker had done. Go back to your universities and see if you can't get a professor to help you. Not a one, and this was eight years ago. You see it is a tremendous strain. Bernie Becker is willing to do this and I will always love him and admire him, I don't care that's on the record, it is so true, because he was getting ready to step down, you see Bernie Becker was getting ready to retire. He had put in his 25 years and the only reason he stayed longer was they were trying to find his replacement, who was [Henry] Kaplan. Kaplan is head now. So he could have said very easily, "Howard, I love you but I would rather not do this because I am getting ready to step down." He didn't do that. He said, "Come on, let's get going." When the new man came in, Bernie talked to the new man, Kaplan. It is us too. Integration is a two way street. Not every Black is going to get

in and not every white is going to get in because they are not qualified, and I think we have to be big enough to call a spade a spade.

I think that is what we must do if integration is going to work, I have got to be strong enough, and my history on the admissions board, and I was there seven years, earlier than our chairman. When a person is not qualified, I don't care if they are Black, green, or yellow, we don't want them to come because it is going to be heart break, because they don't have the record, because they are not going to succeed. Now we don't presume to be always right, but most of the time by their credits, by their grades, by their MCATs, we don't want to take an inferior person Black or white. Washington University wants the best and that is what I tell our people. I must say that we have used that as a scapegoat. We have used the fact that we were Black as a reason we didn't get in. Well that wasn't the reason.

See I sat on that American Board [of Ophthalmology] for 22 consecutive years and I saw what came through there. This Black was saying, oh he wasn't taken in because he was Black. The other guy can say, "I wasn't taken in because I was white." Neither one of them are right. They were not taken in because they did not meet the qualifications and I was one of the examiners. The papers are written all under code and nobody knows who you are. On the written part, you have to pass that first, it is all by code. They don't know who you are, they go strictly by code. Examiners are very fair. If I feel that a guy doesn't have it, they give him a check and they rule that you go to the next one on that. And that is exactly right, Black or white. So that is what I am saying, it has taught us to be honest with ourselves. And I said there was a time when perhaps you got the quart of milk worked in your favor because we only had two Black. No, it's not going to do that now. If you don't have it, you are not going to get in. The day has long since passed when Howard Venable is going to get into a faculty because there is no other Black that

they want to put in there. No, they don't do that anymore. Howard Venable is not going to get in if he is not qualified, which is the way it should be. This is the way we have to be, because if I am treating a Black patient or a white patient, it doesn't make any difference, that is a patient's eye and this eye is just as important to me as Roosevelt or Miss Hollingsworth or any rich person. They are entitled to the best. Now it is up to us to do the best or be as good as the best. That is why I say it is up to us to give these people the research. It is up to us to claim them, to make them the best that they can be, Black or white. And through my program, like I said, I had a chance to train all of them, 278. So this is my philosophy, that this is the only way that we can live with ourselves, because I have seen the tragedy of that once at Homer Phillips. One of the guys that we tried to flunk went down to our aldermen, the alderman let him in and he put pressure on us. But the irony of it was that he came down to the emergency room one night and the guy on call was the guy that didn't know a Goddamn thing. And he cried "Oh God, Dr. Venable, can you get another man?" I said, "No, that is the guy that you let back in." He said, "No Dr. Venable, I realize that I was wrong. Please get somebody else." Well that cured him.

*Do you have any suggestions for the future? Where do we need to go from here? You talked about the program in ophthalmology and the research. How can we improve it for Blacks trying to get into medical school in the first place and going on from there?*

Clearly we have to have some way to get the Blacks in the undergraduate more training, more research training. You have got to get them, otherwise you have got to help them to meet the qualifications of getting into residency, just like Washington University. To get into the residency program at Washington University is more than just your medical school, it is your

exposure to ophthalmology. Get with some ophthalmologist, get into a research program, write some papers, work hard at it because that is going to determine it, because the competition is so keen. Now that is another thing you have to realize. For ophthalmology they have about, I think 650 applications for about eight slots. Now listen to this, on the board of admissions we take 120 students every year. How many applications do you think we have? 7700. Seven thousand seven hundred, gentlemen. Most people don't realize that. So that is where it is. The competition is keen. It is keen in ophthalmology, because so many people want to go into ophthalmology, which is alright. But the competition is keen, so you have got to really be on the ball if you are going to get in. So even Blacks can't say, "I am turned down because I am Black." No, you were turned down because you didn't meet the qualifications, or two other people were better.

So some means must be made, and this is what my program is doing, our program, my wife and I, is to help them to get this undergraduate training. See we take even freshmen, freshmen, sophomores, and juniors. We don't particularly take seniors because by the time they get in our program they are ready to graduate and the matching program is already beyond them. So even the freshmen, if a freshman shows potential, you can kind of see it there. We bring him there and I let Bernie Becker and Kaplan interview him. I go over their credentials first. If the credentials don't look good, I don't even bother with Bernie Becker, I don't worry about them. But if they look good to me, and I have been looking at them long enough to know. If they look good on paper then we bring them in for an interview, Bernie Becker, Kaplan, they interview. This is the hard part, and I am saying it to you know and I must be honest, that it isn't all the professionals. I have talked to some of these professionals. You know what the crux is, they don't have a Black who is willing to put up his own money to start the damn thing off. If I am so eager to go to Bernie Becker and say, "Bernie Becker, help me." His answer is, "Howard, what

are you willing to do?” “I am willing to put up some of my own money, Bernie, to start this program, to pay for this material, to pay for these people. I am also interested in putting my own money in to underwrite this program.” It is like the old saying, put your money where your mouth is, then you know if the guy is really talking or just talking bunko.

I found these other people in this program, we have now about 80 people in this Roman Barnes Society, not one of them is willing to put up several thousand dollars to get it going. It starts long before you reach medical school. It starts long before you reach your residency. This exposure, this grooming which has to take place. Being a doctor, you don't get that overnight, you don't get that in the residency program, you get it maybe at home, you get it if somebody guides you so that you get into a doctor's office, see what a doctor is doing, get that doctor to guide you, get him to help you, go with him on house visits. It is amazing when some of those kids come to us on the board of admissions and we interviewed everybody we took, they had a tremendous amount of experience. This guy has been geared up for years and years, so that he automatically steps into this system. Take another kid who all of a sudden wants to be a doctor, with no experience he is not going anywhere, because he is not going to be accepted. You have to arrange for them to get their feet wet early. Take this girl that wants to go into medicine. Now this is going to sound ridiculous to you. This is a girl that I was interviewing on the panel, on the admissions board, almost straight A's. But I asked her one question, “Do you like to work in the hospital?” She says “Dr. Venable, every time I go over into the hospital I get sick.” That is the God's truth.