

April 7, 1969

Dear Drs: Walden, Spellman, Berry, & Whittico:

From the enclosed file it is possible to perceive that the AMA will and is moving to help Howard get its new Freedmen's Hospital. AMA could and would move to help the two schools get better funding, if the schools would request the help.

AMA would help if the schools would officially ask the help. From the file, (Dr. Nicholson's letter to me, dated February 28, 1969) it is clear that AMA has asked that the two schools ask it for its help.

Leo Brown's letter to me of April 2, 1969, indicates that as of now, neither school has officially requested AMA help. AMA won't "force" the issue.

Leo's letter suggests that the NMA could probably force the schools to seek help from it. If it does the help would probably be considerable. Therefore, I recommend that we send a delegation to each dean or President and state that in our view, they need help, that AMA will offer help, but that they must request the help, and that it would be in the interest of each to seek help.

With respect to Howard, Mrs. Green's House Government Committee on Education will hold hearings on Howard. We need an NMA witness. During the course of the hearings, Meharry's story could be told.

Howard needs most of all, in addition to a new hospital, a better formula for Federal support. As it now stands, the Government will pay it for only part of its operating cost. It has too do too much community service work, i.e. chronic cases, with a small staff, so that interesting and good teaching cases cannot be assured. (See letter of Dr. Williams to Dr. Kenney)

We need to have a witness. I would be pleased to assist in the preparation of a witness statement.

To summarize, we need a medical man or two, skilled in medical education, and respected in the field should take a good aim at Howard, and make it clear just the many areas in which it is deficient and suggest the many ways in which it could be improved upon. *This would be in testimony to Congress*

We need a decision by the NMA Trustees to demand of the two schools that they seek AMA help in getting what is needed, i.e. more Federal money, special project grants under Health Manpower, etc.

This is a matter of considerable ~~urgency~~, urgency. No date has been set for the Howard hearings, but it can be assumed to be soon. *Jack has requested that NMA be heard*

copy to Dr. Kenney

With best wishes,

*Loy*  
Loy Kirkpatrick

*Dear Dr. B*

*I would hope you could be a witness*

*I have a good draft of witness statement - which could be a base*

*With best wishes  
Loy*

HOWARD UNIVERSITY  
WASHINGTON, D.C. 20001

COLLEGE OF MEDICINE  
DEPARTMENT OF MEDICINE

March 12, 1969

Dr. Jack Kenney, M.D.  
Chairman, Ad Hoc Committee  
Medical-Dental Staff  
Freedmen's Hospital

Dear Doctor Kenney:

With reference to our recent conversation, the following thoughts and observations are submitted.

Being genuinely concerned in the welfare of the Howard University Medical Center and of Freedmen's Hospital in particular, I wholeheartedly agree that one of our greatest burdens here at Howard is a lack of sufficient funds. However, I am just as sure that not all of Howard's problems will be solved by money alone, and equal attention should be directed at several areas so as to make maximum usage of any funds channeled into our Medical Center. Two such areas I will mention in brief. The first is a sensitive area that has to do with the University in general; the second concerns the objectives of the Medical Center. I am convinced that the latter cannot be separated from the former one.

Howard appears to be learning too slowly the lesson of efficiency which is absolutely necessary if any organization is to move with deliberate speed in a coordinated fashion toward any given objective. Without it, any organization will flounder. An efficient organization implies a system with one and only one leader who must accept fully the complete responsibility for what his organization does or does not do. At the same time, he must also be the prime mover of the organization setting the course, tempo, inspiration and example for the entire organization. He should nonetheless be responsible to a much larger body capable also of exerting its will. This setup we have in the President of the University who is responsible to the Alumni through its elected Board of Trustees, but the dynamic influence which should be existent between these various offices is somehow lacking.

Further, the leader is expected to designate his officers to carry out his program and these officers in turn select their subordinates. All too often at Howard, officers all the way down the line are selected not primarily for their qualities of leadership and administrative ability which they may or may not possess, but foremost because of their length of service to the school and their academic credentials. Ideally, each officer down the line is given an objective or a series of objectives and the necessary support to accomplish those objectives. After a reasonable period of time, it is expected that the progress of each will be reviewed. I get the definite impression that subordinates are not often enough made to show cause why their objectives were not accomplished nor are appropriate penalties imposed upon those that do not. This cir-

cumstance is most unfortunate and leads to permissiveness and to much frustration, bitterness, and inefficiency. This in large measure accounts for the estrangement of too many alumni and for the present student unrest.

Since the late 1950's Freedmen's Hospital has experienced progressive difficulty in obtaining desirable house staff applicants. A similar problem has befallen the Medical School applications. The forces bringing about these changes are numerous and complex, but I think its safe to say that the institution that offers a reasonably adequate training program does not suffer a lack of reasonable applicants seeking that training. This is irrespective of whether the applicant or training institution is black or white. Why then, in the face of competitive stipends is there a shortage of desirable house staff applicants? I think the only reasonable conclusion that one can draw is that the training program is not adequate.

*So how every other teaching Hosp*

*but surely not the only. maybe the most important*  
It seems that the reputation of any medical school as a training institution resides in the character of its clinical staff and hospital and not so much in pre-clinical areas of medical training. If this be true, let us look at the hospital.

*still white will not accept Black, Period*

It seems to me that there is no clear policy as to what the objectives of the hospital shall be. On the one hand, we consider ourselves a teaching institution, but ideally under this circumstance, the students (graduate and undergraduate; medical as well as paramedical) and the faculty should be the prime objectives and every priority connected with the hospital should be considered in the light of its effect on these objectives. In the second instance, we consider ourselves a community hospital, under ideal circumstances the patient and patient services should be the prime objectives and all endeavors should have this as their primary consideration. I submit that we are giving lip service to both, but showing no planned and coordinated effort toward the fruition of either objective. This administrative schizophrenia is a burden of equal or even greater import.

The lack of a clearly defined objective has resulted in an excessive load of service cases in the clinics and in the hospital. It does not appear to be so much the number of new cases which is at fault, but the disposition of old cases and the limitation upon common chronic disorders which have little if any teaching value or challenge to postgraduate students of medicine. As a result, our active clinic census continually mounts making it necessary for teaching to give way to service. To have a qualified and experienced teacher rendering service in an area where any licensed practitioner could substitute is a gross misuse of talent.

With increasing service obligations and decreasing calibre of students (especially graduate students) it is no small wonder that our teaching staff is dwindling. The discrepancy becomes even greater when one considers the ever broadening area of teaching responsibility which now includes D. C. General, Veterans', and Childrens Hospitals in addition to Freedmen's Hospital and all four classes (recently enlarged 30%) in the Medical School. So one needs to consider not only the number of

March 12, 1969

qualified clinical faculty but their ready availability as well. Another force which tends to lessen availability is the multitude of reasons tending toward the admission of private patients to other hospitals. Just having students exposed to a teacher as he treats his private patients is a sore loss indeed.

For those of the teaching staff who remain "true full-time" falls the ever increasing burden not only of teaching but the responsibility of participation in the many committees necessary to the efficient operation of a University and a hospital. One very excellent teacher, for example, is on twelve different committees.

With the decrease in teaching it is understandable to expect a progressive decline in the number of applicants seeking the material to be taught. This includes not only medical students but interns, residents and fellows in the training as well. So far as the interns are concerned it is a problem not only of desirable applicants but of any applicants.

To pursue a policy of service toward the under privileged is a noble undertaking but I question the profit to be gained by diluting the teaching of 100 students who each year will go out to treat and to teach countless thousands of others for the sake of rendering service to a few thousand local community residents. This is not to say this University should go on record as denying medical care where it is so sorely needed, but to make certain, through its influence that the city fulfills its proper responsibility in this regard while the University should properly concern itself with the medical education and training of the local community.

*Good  
Statement*

And what of that service presently being offered by the hospital? One need only be in the halls and wards of the hospital during visiting hours or talk with patients to quickly learn that the very people this institution seeks to serve do not want the brand of service offered.

What then, are we accomplishing in this hospital by our present policy or lack of one when the physicians and nurses are driven away by frustration, the students and house staff are disillusioned by the brand of medicine practiced and the patients who lack the luxury of choice are angry with their lot. These problems money alone will not solve.

The solution to our dilemma would seem to be innovations directed toward superior medicine and teaching while at the same time broadening our community health services in an educational and training sense and as a referral center for other local clinics and practicing physicians. Attempting the former to the exclusion of the latter would not be in the best tradition of this institution's heritage. To continue to be heavily burdened by service obligations will inevitably result in our destruction as a teaching institution.

Dr. Jack Kenney

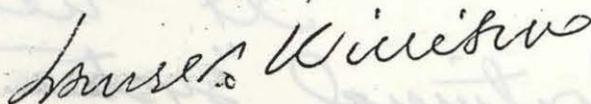
-4-

March 12, 1969

The restoration of Howard University to a superior position in terms of training members of the health team should be of vital concern not only to the faculty and alumni of the school, but to anyone of any endeavor who is concerned with the delivery of medical care to black people. Despite recent favorable trends in admission to other training programs Howard and Meharry still train the bulk of personnel ministering to black people. I, for one, worry about the quality of that training.

These, sir, are my observations concerning the problems of the Howard University Medical Center. I could write just as extensively on what I consider to be some of the solutions. But, this I believe will come from the collective thinking of better men than I. I would be satisfied for now to arouse the interest, organization and action of any person or group of persons interested in Howard University and the delivery of medical care to black people.

Sincerely,



James T. Williams, M.D.  
Assistant Professor of Medicine

JTW:va

Howard's Problems

May, 1969

Howard needs a Continuing  
flow of new blood to fight  
isolationism, Isolationism as a  
Positive <sup>force</sup>, coming from the White  
Council, Prof. Political, & general ~~sources~~,  
and recessive <sup>force</sup>, from within

It needs a sort of  
Continual "system of Sabbaticals"

<sup>Minor</sup> in the Administrative Staff. but also  
technical exp prof. - that order of importance.

When the Sabbatical returns there must  
be mutual responsibility for interchange  
of technics, and an evaluating mechanism  
to see that it is done. Short of Adm. type  
regulatory ~~process~~ rigidity.