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(INTERVIEW WITH WALDO CAIN, M.D.)  
(VERSION 1.0 REVISED OCTOBER 1991)

When I came out of high school I just knew I was going to go to college because everybody went to college but I really didn't have any strong idea about what I wanted to do. I decided that maybe I'll be a teacher. I took one semester in the education program at Wayne and decided I didn't want to be a teacher. They sent me over to the Trowbridge School. My sister was the principal there. they sent me over there for what they called Volunteer leadership of young boys. Those young boys drove me crazy. I was a freshman in college and I said no, absolutely no, I can't stand these kids. I decided at the end of my freshman year to switch to pre-law. The courses that I started taking for half of a year were so dull. They used to sit us down in alphabetical order in class which meant that with my name starting with C, I was down front most of the time. I would sit there and I could not stay awake. I decided, if this is what it takes to be a lawyer, I don't want to be a lawyer.

I started taking pre-med courses and found them fascinating and I enjoyed them. I said this is really fun and I think I'll do this. That's how I got into medical school, just sort of accidentally. I never had one of these childhood desires to be a doctor.

I went to Wayne for undergraduate. Then the war started. This was WWII. AT that time, Wayne would take each year one Black and maybe two Jews into their medical school. I didn't have an outstanding grade point--it was maybe 3.0 which was

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not good enough for me to have been accepted at Wayne. I would have to have damn near 4.0 in those days to get into medical school because there was just one slot. Everybody knew that. I never even applied to Wayne. I applied to Meharry, because I had a lot of friends who went there and it was an all Black school. That's in Nashville. That's the only place I ever applied. I sent my application in the morning after Pearl Harbor. Pearl Harbor was on Sunday. I wrote for an application on Monday because I knew that they were going to start this war and if I don't get into medical school, I'm going to go to war and I'll get killed. It was just that selfish.

I went to Meharry. I stayed there in Nashville after I graduated for 6 years. We came back to Detroit because at that time Detroit had the highest per capita income for Black people of any city in the U.S. That's why we came to Detroit. One of the first things that I did when I came home was to call down to Wayne and make an appointment for an interview with the professor of Surgery. I went down and had lunch with the vice-chief of surgery, the associate professor. The professor was in Japan. The associate professor who was in charge was Nick Gimbel of the Macy's and Gimbel's department store. I had lunch with him and made rounds and I told him that I had passed my boards and would like to become affiliated with the university. I'm just beginning but I have plenty of time to do work in the clinic so he said sure. You

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will be appointed as instructor of surgery and we'll give you two mornings a week in the clinic at receiving. I'll let you know when you start. I thought that was great. About ten days later I got a phone call from him and he was very apologetic. He said the professor, Charles Johnson, was back. He was the professor of, chief of surgery at receiving. He said the professor says no. He had never met me, he had never seen me but he just knew I was Black. He had never trained a Black resident in his life. At that time they had one Black resident in surgery but we didn't count him because he wasn't American. He had never trained a Black American. All Black Americans know that foreign born Blacks are treated differently than native born Blacks in this country. They are perceived differently. So that was the end of that appointment.

I owe my appointment at Grace Hospital to a great part to Dr. D.T.Burton because he knew the doctor who was medical director at that time at Grace named Warren Babcock. He literally took me by the hand into Dr. Babcock's office. They were on a first name basis, apparently old colleagues. He said "This is my boy. I want you to make sure he gets on the staff." At that time Grace had one Black surgeon who didn't operate there very much, Remus Robinson. Remus Robinson was doing most of his surgery at Providence hospital because he had gotten disenchanted with the system at Grace. I got appointed to the staff at Grace at the bottom of the totem

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pole, what they call volunteer assistant. This is in about December or January. I never got a patient in the hospital. That's the lowest rung in terms of seniority. You're a volunteer assistant, then assistant, then associate and then you get to be senior. Volunteer assistant is the bottom of the ladder when you are board certified. You have to be a board certified surgeon in order to get a teaching appointment.

From the time I was appointed until I had to go into the Army in the Korean War, I never got a patient in the hospital. Beds were always full. I didn't have a lot of patients, just starting out I would have not even had one patient a week to be admitted to the hospital. I also had applied to Harper. They answered my application and gave me an interview with the chief of surgery at Harper. I had an interview with the chief of surgery at Grace as well which went well. I went down to the David Whitney building to interview with the chief of surgery at Harper. Apparently he hadn't looked at my application because everybody had their picture on there. He was a big ruddy complexioned guy. When his receptionist told him I was there, he, in a very pleasant voice said "Sure, take him in my office and have him sit down and give him a cup of coffee." I went in and sat down and when he finished with his patient he came in. I'll always remember that he had on a White shirt and red tie and this White lab coat. When he walked in and saw me, he turned just as red as a beet. His

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manner was very cordial, very affable; but you could see that his whole face turned the same color as his tie. He was very cordial and read my application but said "we just don't have any vacancies in the staff now. We have a long waiting list." By this time I had my orders to report for the army so I told him "Doctor, I'm going into the Army for at least two years and all I ask you is to put my name on the list now. I know that in two years somebody's going to die, somebody's going to retire or move away and by the time I get back, I ought to be at the top of the list." I never heard from Harper.

I went into the army and came back and I was on the staff at Grace. The first time I had a patient to put in the hospital at Grace when I came home from the army was a woman with cancer of the breast. By this time, the medical director had changed. I called for a bed for a patient with cancer of the breast and they told me that there were no beds. I said OK and waited a couple of days and again there were no beds. I went to the medical director and said I was on the hospital staff for about 3 months before I went into the army 2 years ago and never got a patient in the hospital. I've been in the war for 2 years, and now I've got my first patient; and they keep telling me they don't have any beds, and I can't believe it. He picked up the phone and I had a bed... just like that. He said "If you ever have any trouble getting a bed, you let me know." At that time Grace Hospital and all the hospitals in Detroit were rigidly segregated. They would just ask you

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on the phone "Is your patient colored or White?" It was insulting, but what could you do. In order to fight this whole thing, there were a total of about 15 Black physicians on the staff at Grace. I was walking around with a chip on both of my shoulders. They made me chairman of the committee to document the racism at Grace. The only Black people who worked at Grace were nurses, R.N.'s. There were no Black nursing students, no Black orderlies, no Black residents or interns. None. Nurses were in such a short supply that they had Black R.N.'s. This was in 1955 or 56. We organized this committee and I assigned everybody a geographic area in the hospital and on a daily basis they were to go and document the race of people in every bed. We did that for about 6 months. Then I asked that we have a meeting with the chairman of the board of trustees. We had a meeting with the vice-chairman, the chairman sent his vice-chair. He wouldn't come. I thought we were going to have a meeting one-on-one with one guy. When we got into that meeting room, it was the whole Executive Committee of the hospital. It was the chief of every service and the chief of staff. I was still a volunteer assistant on the surgeon service and here's my chief of surgery in there. We gave them the documentation of the segregation of patients in the hospital where we were being told that there was no similar private room available and there were White with one White person in the bed and the other bed was empty. All of our patients went to big open

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wards or they went to a room that had a Black patient in it already. If the rooms had two Black patients and there was no empty bed where one Black patient was, you didn't get a bed. There might be a totally empty room but you didn't get that bed.

We documented all this for the vice-chairman of the board. I was sitting right next to the guy who was the chief of surgery. He's the top and I'm the bottom in the surgical hierarchy. He, in the presence of the vice-chairman of the board, told me that my patient didn't belong in the room with his patients. The vice-chairman of the board sat there and said yes, and that's what its going to be like. "We're going to see to it. We're going to take care of it." They didn't take care of a damn thing. The room clerk still had the power to segregate, to assign all the patients. The only reason that we ever, the major reason that it was stopped was this medical center was a germ in somebody's brain, or maybe it was on paper. It was just beginning. We were going to have the big Detroit Medical Center and they needed to have property condemned around it to build these hospitals. In order to condemn the property, it had to be done with city council approval. That's why I'm surprised Lawrence Lackey is not here right now. He was president of the Detroit Medical Society at that time. We got to Bill Patrick. Lawrence Lackey went down before the council and the council passed a resolution to the effect that Harper and Grace would not be

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allowed to condemn property for expansion in the medical center unless they showed positive signs of integration at all levels in the hospital. That's how we broke up the segregation.

At Grace hospital, I was appointed to teaching staff which meant that I was supposed to have an intern and a resident assigned to me. The intern and the residents are supposed to do the paperwork and the history of the physical on the patients and when you operate, they come and scrub with you. I was never assigned an intern or a resident. I shouldn't say never, I wasn't assigned an intern or resident. When I operated I had to call somebody that I knew who was most often somebody in gynecology, Charlie Wright, to come and scrub with me because I didn't have anybody to help me. Here again, the whole thing revolves around money. Blue Cross, Blue Shield came out with a new kind of policy about a year later. The initial policy that they had a fee for surgeons but no fee for a surgical assistant. They came out with a new policy that paid for the surgeon and his assistant. But they would not pay a doctor a fee to assist in surgery in any hospital that had an organized training program because the residents are supposed to do the assisting. The Blue Cross pays the hospital on the basis of their cost and part of the cost of the hospital doing business was the residents salaries. They said they were not going to pay for somebody to assist when you have a resident. When this policy became



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effective, again I went down to the Directors and said, "Doctor, I can't get an assistant in the O.R. and my patients are paying the same premium as everybody else. Blue cross says that I'm entitled to have an assistant for this patient's premium. If you don't see that I get an assistant, I will have my patient sue you and I will sue myself because I have to have an assistant to do an operation. I'm not going to call my friends because they have to work for nothing." I got assistance from that day forward, just like that.

Everything in those days was done by seniority. I could never start an operation at 8 am because I was at the bottom of the totem pole. I had to wait until everybody who outranked me had boarded their cases, then I could start operating at about 2:00 in the afternoon. I became known as the troublemaker and I was. I never got promoted, never. From that time until the time that Harper and Grace merged, I was still a volunteer assistant. Guys who came along who were interns and who were residents in the Grace's surgical residency program, they finished their residency, got out into private practice, came on the staff as volunteer assistant, then they got promoted and promoted. I stayed a volunteer assistant for 15 years. It bothered me a lot but what it really bothered was I guess my ego more than anything else. I was able to do my work, but it made me angry and I stayed angry all the time. I still get angry when I think about it. My White colleagues said "Waldo you're bitter." I said

"You're damn right."

After X number of years when Alex Walt came to town, the surgical residents from the medical school were rotating through Hutzel. I taught a lot of them a lot of surgery. He heard about me from his residents. He called me and asked me to have lunch. I went down to his office, this is about 20-25 years ago. He asked me "Why aren't you on my faculty." I told him why. He asked if I would like to have an appointment now. I said sure and he said "It's done." He appointed me to the faculty of the medical school right there and then in 1968 or 1969. He had professor for 2 or 3 years before my appointment. He was a South African. It's a nice little aside that here's an American WASP, Charlie Johnson who refused to have me and Alex Walt is a South African Jew and he invited me onto his faculty. I always had bad thought about South Africans just because of the way they treat Blacks in South Africa but he for the past 20 years, has been as fair with me as I could want him to be. He has given me every opportunity that I could hope to have. I have a very warm spot in my heart of Alex Walt and for John Reid Brown.

Before Blacks were admitted to mainstream hospitals, medical care was primitive. The caliber of the physician really didn't change, but they just didn't have anything to work with. They had no place to work. We had a hospital that was right across the street from Harper called Parkside. Parkside was an old two-family flat. The operating room was

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on the first floor, and they had patients on the first and second floor. When the patient came from the second floor to the operating room, they carried them downstairs on an army-type litter.

A high percentage of patients did not have Blue Cross. You were taking care of people whose hospital bill would be paid by the county at a very meager rate or they had no insurance at all. I can recall seeing a patient with intestinal obstruction at old Kirwood hospital and we didn't have a suction machine. You put a long tube down and you want to hook them up to a suction. Even at Maharry, we could hook them up to wall suction. They had these little portable suction machines but the thing didn't work. It's 3:00 am and I have this tube down this patient and the wall suction won't work. They only had one. What I had to do was tell a nursing supervisor to give me an aide and let the aide sit there with a big syringe and just suck all night long. But it worked. It was the most primitive kinds of things but they worked. People got well. It took a lot of imagination on the part of the surgeon.

My White friends who practiced in the suburbs would never let me see their Blue Cross vouchers. Henry Cartwright is a urologist right here in town now. He had two offices: one in Troy and one in the Fisher building. He got paid more for doing the same operation if his patient came from his office in Troy than in the Fisher building. When some official at

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Blue Shield found out that this Henry Cartwright in Troy and this Henry Cartwright in the Fisher were the same, they demanded that they get the differential in money back from him because they had paid him too much out in Troy.

One of the ways that they put them out of business was, in the first place, these were proprietary hospitals. These were not public non-profit hospitals, there were for profit. The doctor who owns them has got to make some money and in order to pay his employees and make some money himself, they put as many beds in as they could comfortably fit. What happens is that the board of health, or the state licensing committee comes around and says "You've got three beds in this room and you can only have one." They just cut the life blood out of them and they couldn't maintain the hospital population enough to make ends meet so they had to fold.

One of our greatest faults as a race, I call it self hatred. It permeates our whole society. We don't believe in ourselves. I think it's because of the White man's brainwashing. As a race in this country, we have only recently gotten to the place that we believe that we are the White man's equal in anything. I hate to say that but its true.