

April 2020

## The Development of a Surgeon Part 4



Wednesday, April 1<sup>st</sup>

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Dr. Waldo Lorain Cain was a long-term private practicing surgeon in southeast Michigan and in the Detroit Medical Center. Throughout the years, he was a tremendous help in the technical and cognitive training of surgical residents. Each year, the residents would choose their favorite private practicing teacher-surgeon who would receive a special plaque. This award was won by Dr. Waldo Cain so many times that the plaque is now described as the “Cain Award”.



Recently, Dr. Joseph Sferra (WSUGS 1991) uncovered some information regarding a University of Michigan Medical School project entitled “Documenting the Health Care Experience of African-Americans in Southeast Michigan, 1940-1969.” A wise man once said, “Knowing where you’ve been helps determine where you are going.” The following is a continuation of excerpts from that interview.

When asked about the year Dr. Cain got out of the army:

*1955! That’s when I got out of the Army, 1955. I went into the Army in 1953.*

*But you opened your practice in 1953? 1953. That’s right. I opened my practice actually in 1952. I went into the Army in the spring of 1953, but at the major hospitals there were very few black physicians. There were none at Harper Hospital and maybe eight or ten at Grace Hospital, two or three at Women’s Hospital, which is now called Hutzel Hospital. I think there was maybe one or two black physicians at Providence Hospital, but the black physicians were confined primarily to small, black proprietary hospitals, none of which had more than 50 or 60 beds.*

*Do you remember the names of any of the black hospitals? Oh yes. The black hospitals that were going at that day were Trinity, Kirwood,*

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*and Edyth K. Thomas Memorial Hospitals. I never went to Edyth K., Burton Mercy and Trinity Hospitals, which were the primary, very active ones; Burton Mercy, Trinity, and Kirwood Hospitals. Kirwood Hospital was just a two-family flat. Parkside Hospital, I forgot about Parkside. Parkside was a four-family flat. But the hospitals that were really very active were Burton Mercy and Trinity Hospitals.*

Now, what was your relationship with the black hospitals? I mean, you had a private practice. Yes, well, I was on the staff at all the black hospitals. Dr. DeWitt Burton made me chief of surgery at Burton Mercy Hospital. That's the same fellow, Dr. Burton, who was responsible for getting me on the staff at Grace Hospital. See, he got me on the staff at Grace Hospital before I went into the Army. I had never gotten any patients in there, but at least I was listed as being on the staff in 1953. I applied to Grace Hospital, but see, I didn't apply to any hospitals until after the first of the year in 1953 because I came home in 1952. I hadn't completed my boards. As a matter of fact, when I got here, I didn't have a state license. I finished my residency in 1951. Meharry Medical College had an affiliation arrangement with a small hospital in Mound Bayou, Mississippi. Mound Bayou's a little all-black town in Mississippi. Meharry ran a surgical service down there. One of the things that my chief did, when you finished your residency, was that you could go down there and you'd be a chief of surgery for a year. That gave you plenty of time to study for your boards and allowed you to make more money than you'd ever made in your life, because you'd only been a resident all of your life, and you'd never made any money. Down there, they gave us a furnished house and paid me more money than I'd ever seen in my life. I think they paid me \$600 a month. I had never heard...the most money that I'd ever made in my life was \$600 a month! You couldn't spend it on anything, you just saved it. You'd do that for a year and prepare for your boards so when you came away from down there, you've got a little next egg to start out with and you're ready to take your boards. So, I drove from Mississippi, and Natalia (Tanner-Cain), she came to Detroit in the spring from Mound Bayou, and she opened her practice, pediatrics, in the office with a guy. So, when I came home, she knew that there was some part of the state board exam that I had to write. She had already made an appointment for me to sit for the second part of the state board on Monday, and I got home on

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*Saturday. Anyway, I drove up to Lansing, Michigan, on Monday morning to sit for the board and there wasn't anybody up there but me and one other guy. It was an interesting experience. I didn't know where I was going. It was downtown Lansing, and when I finally found out where I was going, it was almost 9 o'clock. The only place I could park was at a parking meter right in front of the place where the exam was being given. So, I think it was a nickel, I put a nickel into the parking meter and went upstairs and checked in and told the guy that I'm parked on the street down there and I need to run down and put some money in the meter when the hour is up. So he said, "That'll be okay."*

*Anyway, that's the way I learned that you can get two tickets. When the hour was over, the guy told me, "You better go down and put some money in the meter." I had a ticket, a parking ticket. I said, "Well, heck, I got a ticket already. There is no point in me moving the car now; no point in my putting money in the meter. I already got a ticket." So, I went back upstairs and finished the exam. When I came back downstairs, I had another ticket. That's two parking tickets. That was the same day. But that's what shows you the value of having been made to teach. I had gone through all the basic sciences twice. Once as a student and once as a resident, and I was taking the basic science examination. I had no time to study. None. But because I was made to do this as a resident, it was duck soup. There was nothing to it.*

*That's amazing how..... I'll tell you, I have never done a day's general practice, family practice in my life. I told my wife when we came home, that I know that I don't enjoy general practice, family practice. I'm not going to do it and we're going to go to Detroit and I'm going to give it a shot for five years, and if I can't make it in Detroit in five years, then I'm going to move. I know I can make it in the South. They had plenty of places in the South where there were just no surgeons at all. That's another story I'll tell you. But from the first day I was here, I got marvelous support from all the guys in practice, in general practice, or in internal medicine. Everybody referred me patients. I never had a bit of trouble getting started.*

Tell us about your opportunity to work at the larger white hospitals. What hospital was that, and what year did that all take place?

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*Well, before I went into the Army, Dr. Burton took me over to Grace Hospital and introduced me to the medical director whose name was Warren Babcock. D.T. Burton and Warren Babcock were good friends, and he took me into Dr. Babcock's office and told him, "This is my boy. I want you to take care of him." And he did. He got me on the staff. I was immediately accepted, but I never got a patient in the hospital. I went into the Army before...., and I never got a single patient in the hospital from..., I guess it must have been February until April.*

*They just didn't....They wouldn't give me a bed. I could call the hospital and ask for a bed and, they say, "We don't have any." No beds. I applied to Harper Hospital. I wrote to Harper Hospital to try to get an application for staff privileges, and they never sent me one, so I went down to the administrator's office and asked for one in person. I filled it out and took it back in person and handed it to her to make damn sure that it didn't get lost in the mail. I had an interview with the chief of surgery at Harper Hospital before I went into the Army. He explained to me that the staff was full and he had a waiting list for new appointments to the surgical staff at Harper Hospital. By this time I already had my orders to report for the Army in April. So I told him, "I'm going into the Army, and I'll be gone for at least two years, and all I ask is that you put me on the waiting list, and in two years, by the time I get back, I ought to be near the top because somebody's going to die, and somebody's going to move away, and somebody's going to retire, and maybe I ought to be near the top of the list." I never heard anything from Harper. The only reason I'm on the staff at Harper now is because Grace and Harper Hospitals merged. By the time they merged, I had already been on the staff at Grace for, I guess, maybe 15 years. There's a hierarchy on the surgical service ranking, and you start out at the bottom of the totem pole, like you expect to. And you expect that in normal circumstances, at the end of a year or two, you get promoted to the next level. I never got promoted the whole time I was at Grace. I was at the bottom of the totem pole, what's called a volunteer assistant, for 15 years.*

*So, what did you do as a volunteer? That was just a category of staff privileges. I've forgotten what the other ranks were now....assistant attending, attending, senior attending....what that meant, really in terms of what you do, the higher your rank, the better*





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*operating times you get, and the lower your rank, you take what's left. As a volunteer assistant, I waited until everybody else finished. You know, all surgeons want to operate in the morning. But I could never operate in the morning. I operated at 1 o'clock, 2 o'clock, noon, and I never got promoted; I didn't get promoted, and with good reason. I don't blame them, because from their perspective, as they might say on the street, now I had an attitude. We raised hell about segregation and the placement of patients. Patients were rigidly segregated. You'd never have a white person and a black person in a semi-private room. Races were never mixed in a room.*

*That was as late as 19....? I got out of the Army in 1955. This has got to be somewhere between 1955 and 1960. I was chairman of a committee. We had about maybe 10 black physicians at Grace Hospital. When you'd call for a bed, the room clerk would ask whether your patient was colored or white. After the room clerk gets to know, gets to know who you are, they don't ask anymore because they know you're colored, and the overwhelming odds are that your patient is colored. They didn't use "black" in those days. Anyway, I was chairman of this committee to document segregation. I assigned every black physician an area in the hospital, and he was to document, every day, the occupancy just by race and sex, particularly all the private and semi-private rooms. We did that for about six months. Sometimes I would call, somebody would call, and you've got a female that you want a semi-private bed for, and they'd tell you they have no beds. Meanwhile, they've got maybe one or two rooms that have one white female and an empty bed, and they wouldn't put your patient in there. The same thing would be true of males. After we did that for a while, we asked for an audience with the chairman of the board of trustees in order to express our grievances, and the vice-chairman came to the meeting. We went to this meeting expecting to talk to the vice-chairman about the segregated placing of patients and the fact that we had no black interns, we didn't have any black orderlies. All we had was black nurses, and the reason they had black nurses was because nurses were so scarce. They wanted to get nurses, but we didn't even have any black orderlies. So we were going to bring this up to the chairman of the board, but particularly the segregation of patients. And we did. I think the reason I got the reputation around the hospital of having an attitude was because I was*

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*chairman of the committee and I did most of the talking when we were there. I'm sure that's the background for me never getting promoted, because I complained about a whole lot of stuff and I threatened to sue the hospital; to the medical director. Some of my white acquaintances, who could talk to me, said, "Waldo, you act like you got a chip on your shoulder." I said, "Man, I got a chip on both my shoulders!"*

Did you ever have any whites support these efforts? *No. There was no active support from the whites at all.*

How long did you collect your information on segregated rooms? *About six months.*

Was this the only time that you all did this? *We just did it one time. We documented it, yes. The chairman of the board said it was going to change. It didn't change. It changed when the medical center, as it exists now, was just an idea in somebody's mind. In order to build the Medical Center, they had to condemn a lot of property, all around those hospitals down there, in the so-called medical corridor.*

This is in the mid-1960s? *Yes. In order to get permission, they had to go to the City Council to get approval. We had one black councilman, Bill Patrick. We went to Bill Patrick and told him what the situation was regarding patient placement and intern resident training, and staff appointments, because at this time they still had no black staff at Harper Hospital. The City Council passed a resolution to the effect that no land would be condemned for building of the proposed medical center until the, "corridor hospitals" demonstrated some active evidence of desegregation in all areas. And that's what changed.*

Who was we? *Oh, Ethelene Crockett, Tom Batchelor, Bill Goins, Arthur Harris, Arthur Boddie, Melvin Fowler, and Charles Wright. That's all I can think of now. How many is that? We probably had about eight or ten.*

But it was really a united effort? *Oh yes, it was everybody. Everybody who was on the staff participated in this thing.*

Everybody that was on the staff of Grace Hospital? *Yes. Grace Hospital participated in*

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*this, and the only reason they singled me out is because I was chairman of the committee. But anyway, they passed the resolution, overnight, and I mean literally overnight. We had four guys who became qualified to be on the staff at Harper, who'd had their applications in and had been rejected years before. But overnight, Harper...as a matter of fact, Tom Flake told me that somebody brought his application down to him. Tom Flake had applied and was working down at Detroit Memorial Hospital, and they brought the application down to him for him to reapply to Harper Hospital. Harper Hospital took one general surgeon, one OB/GYN physician, one pediatrician, and one intern, just like that. These guys who were all board certified and who had applied to Harper Hospital, maybe years or months before, and had been rejected.*

*Mmhm. So that was Dr. Tom Flake? Tom Flake. And he was in...? He was a general surgeon. He is the father of one of my junior partners now. Tom Flake, Bill Gibson was the cardiologist, Jim Collins was the pediatrician, and Addison Prince was the obstetrician. Those four guys. They're all board certified in their disciplines and they'd been rejected. All of a sudden, they all became qualified when the council passed that resolution. All of a sudden Harper and Grace Hospitals started taking black nursing students. Had none before that time. We got one black intern at Grace Hospital when that happened.*

*Why did these hospitals decide to take black professionals? They had to be made to do it. They didn't do it out of the goodness of their hearts. They had to be made to do it.*

*Who was the intern that you got at Grace Hospital? Do you remember? Leon Thomas. Leon Thomas is dead now.*

*What was Bill Patrick's position with the common council, with the City Council? Was it known as common council at that time? Yes. I don't know if he had any position. I don't think he was chairman. He was just the only black on the council.*

*I see. But he wasn't president of the council or anything like that? Oh no, he was not president.*

*When all of this happened, how did the black proprietary hospitals react to this?*



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### Part 4, cont...

Because, in a sense with integration and having black physicians able to admit patients and be on staff at white hospitals, it seemed like that would have taken something away from the black hospitals. *Well, it wasn't enough to hurt the black hospitals because the numbers that were taken in the major hospitals were not big enough to decrease the number. We had a lot of black doctors in town, and there were enough black doctors in town to support the black hospitals. The thing that put the black hospitals out of business was not the integration of the major hospitals. The thing that put the black hospitals out, at least in my view, was pressure from the, I don't know what the agency of the state government is called, the hospital inspectors who go around and tell you how many square feet you have to have per bed. What happened was, the accrediting or approving agency started knocking off beds. They said, "You've got too many beds here. You have three beds where you shouldn't have but two." They started disallowing so many things, that the guys just couldn't make a living. They couldn't make enough money, and that's what ran a lot of them out of business.*

What was health care like at the black proprietary hospitals? *Primitive. About the best word I can say for it is primitive. They just didn't have the equipment, didn't have the stuff to use. I remember, this is a very dramatic example, but I remember being called to Kirwood Hospital. A general practitioner called me to see a patient who had an intestinal obstruction. In the middle of the night, I went down and I saw this woman, and she did have an intestinal obstruction. The normal thing would be you put a nasal gastric tube down and you start IVs and you put the patient on suction. They didn't have any house officers, so I started the woman's IV and put a tube down, and they had no suction machine. There's no wall suction, there was no portable suction, nothing. So I said, "Well, get me an aide." They got one of their little people who worked there. I said, "You sit right there, and you take this syringe, and you just suck on this tube all night long. That's your job." That's how the patients got decompressed. Ordinarily, you just hook up to a machine and go on about your business, but they had no machine. That's just one example of the fact that you didn't have a lot of equipment that you needed to work with.*

But you made a way? *Oh yes. You make out. Well, you see, having spent a year down*





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### Part 4, cont...

*in Mound Bayou, Mississippi, where also everything is primitive and a lot of modern things you didn't have, well, hell, I knew how to make out. I'd been making out down there and making do with a lot less than modern hospitals have. So, that was nothing new to me.*

We were talking a little bit about the black proprietary hospitals. Do you think there should be black proprietary hospitals today? No. No, I don't think so.

Any reason why? They can't compete. See, a proprietary hospital, well, the purpose of it is to make some money for somebody, whoever owns it. Given the way medicine is financed today, I don't think proprietary hospitals can supply the facility and still make a profit. If they could make a profit, or if they could just stay in business, with the same kinds of incomes that the major hospitals have, then, sure, I think we ought to have one. But, I remember when they were building Sinai Hospital, right here. I talked to a guy who was chief of pathology at Children's Hospital, named Wolfe Zuelzer. I was bemoaning the fact that we didn't have the hospital where everybody could be treated, you know, equally to Wolfe Zuelzer. Wolfe said, "Well, you know, what you all should do is build your own hospital." Now, this is a Jew, see. The Jews had built Sinai Hospital. I said, "Wolfe, we don't have any money to build a hospital. Jews have tons and tons of money. You can build your own hospitals here." That's when he said, "We built our own hospital", words to that effect, "We'll show the bastards, we don't need that hospital." In some hospitals, Jews were catching hell. So, he said, they built their own hospital. Wolfe used another example. He said, "They won't let us into the country club, so we built our own country club." He said, "That's what you all ought to do." I said, "Wolfe, we don't have that kind of money. We don't have anybody that's got the kind of money that can build a hospital. We don't have anybody that's got the kind that we can put our money together and build a country club. We don't have that kind of money." but, I think it would be a great thing if the financing could come along and we could have a predominantly black institution, because we could have just as high quality, just as high performance as anybody else. But the bottom line is money.

You had talked about significant historical events that occurred between 1940 and

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1969. Let me ask you, what does the 1964 Civil Rights Act mean to you? What impact did that have on you as a person, as a professional? *I don't think it had any. I don't think it made any difference, the Civil Rights Act. I know particularly what the Civil Rights Act did as far as voting is concerned, in areas where there was no voting, or little voting. But here, right here in the city, I can't specifically think of how the Civil Rights Act made a difference in my life or in the life of black doctors in Detroit. Now, maybe I don't have my mind in the right place, thinking properly, but I can't think of something that the Civil Rights Act did, I can't think of a privilege that came about because of the Civil Rights Act that wasn't either here or that was being gotten in the process all the time. See, the things that we were fighting about, in the early 1960s, was segregation in hospitals, particularly Harper and Grace Hospitals. I don't think the Civil Rights Act had anything to do with that. This was before the Civil Rights Act was passed. But, see, ours was political. The only way we got anything done was because of political power. But, we had that power through the City Council before the Civil Rights Act. There was one hospital that was called Women's Hospital, where at the same time that Harper and Grace Hospitals were denying privileges to me and to other people, Women's Hospital was treating black doctors like people. Now, Women's Hospital was segregating patients, and they stopped that. They stopped segregating patients after the City Council told the other hospitals in the corridor to stop segregating patients.*

*What year was that? Again, this was the early 1960s. Because, let's see, Women's Hospital is part of this so-called medical corridor down there. See, when I came out of the Army in 1955, I had not yet even gotten a patient in Grace Hospital. I applied to Women's Hospital immediately, and I almost immediately got a interview with the chief of service, and they accepted me. When I went to Women's Hospital, I was treated with respect and dignity, like anybody would expect you ought to be treated. I mean, I was treated warmly by some of the surgical staff, and for the rest of the surgical staff, they just kind of ignored me. They didn't scorn me, and they didn't embrace me. But, I had a few guys at Women's Hospital who embraced my presence. They were very nice to me, very good to me.*

You mentioned about the councilman helping you all with your situation at Harper and



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Grace Hospitals. Were you involved in any way in getting him elected to the City Council? *No. You mean, did I give him campaign money? Yes. I think everybody supported him in giving him some campaign funds, but to be out on the street, no. No, I didn't work in his campaign.*

What about other civil rights issues or situations? Were you involved in any other issues outside of the health care arena? *Yes, I was one of the founders of the Freedom Fund Dinner. As a matter of fact, the idea for the Freedom Fund Dinner started in the lounge of Trinity Hospital, one of the black hospitals. It was Alf Thomas' idea.*

Alf Thomas Sr. or Alf Thomas Jr.? *Junior. Senior was dead before I got there. But it was his idea that we ought to raise some money. The reason that came about, my oldest sister's married name was Brewer. There are a lot of doctors in the Brewer family, and they're primarily in Ohio and Georgia. Dr. George Brewer had a brother in some little town in Georgia, who was shot and killed by a white man. We had a letter writing campaign to various senators and congressman about what they ought to do regarding this guy who killed Dr. Brewer.*

Dr. Brewer was your sister's brother-in-law? *I don't really know. He was in the family of my sister's husband but how close, I don't know.*

I see. *But anyway, we were sitting around talking about it, and Alf Thomas came up with the idea that we ought to have a hundred-dollar-a-plate dinner for the NAACP (National Association for the Advancement of Colored People) and raise some money. We ought to do something. I was on the original committee that started that then, the NAACP dinner, selling tickets and going around telling everybody, "You've got to come to this dinner. We've got to raise some money." That's probably one of the biggest things that I've, no, not one of the biggest, the biggest sacrifice I think I...wasn't really a sacrifice...*

Contribution? *Or call it a contribution. I think one of my marks that I'm kind of proud of in this town, was when I started to buy a house. I'd been out of the Army for a year, and I was living on Twelfth Street, living upstairs over my office, and I had saved a few thousand dollars, and I had one child. I don't know if you ever knew anything about Twelfth Street. I didn't want to be living on Twelfth Street.*

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I lived on Twelfth Street and Seward Street at one time. *That's where my office was, right at Twelfth and Seward.*

Well, you were at Twelfth and Seward, that's long after the riot then. *Oh yes. Twelfth Street had been destroyed. I'm talking about before the riot of course. Shortly after the riot, at the instigation I think of Charles Diggs Jr., some people were called together. Well, first, let me tell you, I started out trying to buy a house in 1956. We looked for a house for a year. We looked at houses every Wednesday and every Sunday for a year. We finally found a house that we practically knew we couldn't afford, but it was the house that we wanted. The intention in starting out was we were going to buy a cheap house and fix it up, just to get off Twelfth Street. But, we finally concluded that if we bought a cheap house, by the time we fixed it up, we would have spent enough money to buy a better house, so we thought we better go ahead and buy a decent house in the first place. So, I finally found a house in what was called Russell Woods on the corner of Fullerton and Petoskey, and agreed with the guy on the price for the house. He was kind of sticking us up and I knew it. Just to make it short, I went to every financial institution in this town to try to get a mortgage and nobody would give me a mortgage. I was dealing with the Detroit Bank & Trust. They had a branch on Twelfth Street and Clairmont Street. I had been out of the Army for little over a year, and we had saved \$20,000, and I thought I had a lot of money. More than enough money to put a down payment down on a house, but nobody would give me a mortgage.*

*One of the vice-presidents of the Detroit Bank & Trust came to my office and told me, right to my face that, "I can't give you a mortgage for a house in this neighborhood because there are no black families in this neighborhood." He said, "Doctor, if you find a house anywhere in Detroit and they've got some black people in the neighborhood, we'll give you a mortgage. But I can't give you a mortgage in this neighborhood on this house." he said, "If I give you a mortgage, I'm likely to lose five or six accounts in that neighborhood that are as good or better than ours." He told me this right to my face. So, the guy who was selling me the house, he was a home builder, and he had a son-in-law who was a partner in the Detroit mortgage company Detroit Mortgage & Realty. I knew he was charging me too much for the house.*





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*He said, "Doc, I will get a mortgage in my name from my son-in-law, and when he gives me the mortgage, you give me the down payment and I will sign the mortgage over to you." Of course, he did me a favor because the going interest rate at that time was 6-1/2%, and this guy went to his son-in-law and got a mortgage for 4-1/2%. So, I got a 4-1/2% mortgage after I paid the down payment. To get around to the contribution, Charles Diggs called some people together shortly after the riot to talk about black people and financial institutions and we ought to have a bank. That's how I became involved in the founding of the First Independence Bank. I was chairman of the board. I gave the bank ten years of my life, and I lost between \$25,000 and \$30,000, but I just thought the black people ought to have a place where we could go and borrow some money. I thought that we were just going to be overwhelmed with people using our bank. No so.*

*Why? We got the rejects from, mind you now, this is 1967, 1969, or somewhere thereabouts, and the major institutions are loaning blacks some money now. The people who came to First Independence Bank to borrow some money or to get a mortgage or buy a car or a boat or whatever, were ones that had been turned down. We got the poor risks. The good risks, professional people, my friends, were still going to the major banks doing all their banking. They still are today.*

*You couldn't convince them otherwise? So, it was a perception? Yes, that was the perception. It still exists. So that we lost a lot of money. I shouldn't say we lost...we did lose a lot of money, but we didn't lose money in red on the books. We didn't make the money that we ought to have been making. We didn't have the accounts that we should have had. I used to go to meetings, meetings, meetings. As I said, I was chairman of the board for almost ten years, and I just got worn out, and I lost money. But, I like to think that I made a very significant input into that bank. I like to think that the bank probably would not exist were it not for me. I think that my input was very important. The bank is going pretty good now, but the bank has never had the support that I think it should have had, or that I thought it would have had. Eighty-five percent of the people in Detroit are black, and we have a main branch downtown and three branches, but we ought to have branches of this bank all over town just like the National Bank of Detroit (NBD), just like Comerica Bank.*



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*But, we still believe the white man's ice is colder, still believe that, and it's true in medicine, still. Not as true as it used to be, but for years and years and years, the only people that black physicians treated were lower education, low income black people. The middle income black people or upper income black people went to white doctors all the time, but that has changed a lot since I first started. It has made a radical change, but there are still a lot of black people who believe that we're inferior, and it's unfortunate. I mean, they truly believe that. When I say "we", I mean "we" as an ethnic group. Whether we're in medicine, or teaching, or banking, or whatever, they still believe that we're inferior. They can't get over it, and they can't get over the fact that we have guys who have graduate degrees in finance and in banking who know how to run a bank and who know how to do everything that the white boys know how to do. They don't believe it! If a guy's got, you know, got a lot of money put in NBD, or his account's NBD, his office account's NBD. They don't use the black bank. The ordinary man in the street is the man—ordinary guy who works at Ford or Chrysler Motor Company and is living paycheck to paycheck—these are the people that use our bank.*

Have you ever experienced discrimination or segregation as a patient in any of the mainstream hospitals? *Me, personally?*

*Yes, you personally. No, and I've been sick a lot, too. No, I have never experienced it. Of course, I didn't start using hospitals as a patient myself until I'd been around here for 20-25 years and everybody knows you. So, that makes a difference.*

*So, you were sort of isolated from all of that because of your...? It's because, see, when I'm in the hospital, I've been in the hospital at Harper, I've never been in Grace Hospital as a patient myself, but I've been in Harper Hospital several times. I get nothing but the VIP treatment. Just because you're on the staff and everybody knows who you are, you get the VIP treatment. So, I've never had any unpleasant experience, put it that way.*

I wanted to ask you some questions about the health care delivery system. I guess both from the patient and the health care provider's perspective. How well were black patients received by the staff at the mainstream white hospitals? *You mean in the past or now?*



## The Development of a Surgeon Part 4, cont...

In the past, from 1940 to about 1969. *In the past, we were not well received. We were put in the biggest wards you could find, and the nursing care, to say the least, was not compassionate. It was, I guess, about the minimum standards of nursing care that you can think of. That's what our patients got until you started to bitch about it. That's one of the reasons I say that people said I always had a chip on my shoulder. Because you see something going on, or you write an order for something to be done and it isn't done. I learned early on, as everybody knows, the squeaky wheel gets the oil, and that unless you start raising hell, it won't get done. Things don't get done for your patients, and my patients are 99% black. They don't get done.*

*Well, I had a confrontation. I guess early on in my life, with anesthesiologists and with nurses, and this is actually a cultural thing, and I don't believe this is a racist thing. Nurses and anesthesiologists called my patients by their first names. I had a thing about that because, you know, I said I had a thing about that when I was a little boy, when all the white folks called my daddy, Jim. But it's a cultural thing that I came to appreciate when I was in the Army, and I appreciate it now. White folks are just different. It's a cultural thing and a social thing. I'm sure you know yourself now. You meet a white person at a meeting someplace, and right away he's calling you by your first name. They do that to themselves. They call everybody by their first name. We don't do that. We're a lot more formal people than white people are. See, we don't start calling somebody by their first name until we've known them for a while!*

*But see, in the hospitals, the nurses and I particularly like to confront the anesthesiologists, they see the patient for the first time and say, "Good morning, George," or, you know, whatever "Ron". I said, "Look, this man is old enough to be your father. You don't call him by his first name. You don't know him that well. They take umbrage. "Well damn, we call everybody by their first name." So, I've learned. I don't say anything to them anymore, but I used to, a lot. Until I finally just appreciated this is just a cultural difference between black folks and white folks in this country. White folks are a lot more casual in their talk to each other, and we're a lot more formal. I think this is just a basic difference.*

Do you think a cultural sensitivity course should be incorporated in the medical school



## The Development of a Surgeon

### Part 4, cont...

curriculum? *I think it would help. I'll give you an example. We have a mortality/morbidity conference every Saturday morning, and the resident who starts presenting the case for the conference, he always starts out, "This X number of years white female or this X number of years black female," or male or whatever, when the race of the person is immaterial. Now, there are some diseases where race make a difference and we know the incidence is higher, the severity greater, but the vast majority of diseases that exist nowadays, it doesn't make any difference what you race is, and so I've started raising hell about that, I guess 15 years ago." See, if the race of the patient makes a difference, fine. But don't just come up here and say, "This 25 year old African-American, or black, IV drug abuser..." I said, "Look just say who he is and what's wrong with them. You don't have to put a race label on it." For the most part, they've stopped doing that now, but it was done so much that even our black residents were doing the same thing.*

*That's probably because of the training that went on. Yes, that's the way they're trained. They're trained that way, and they don't think anything of it. They don't think anything of it, they don't think anything of it at all. Let me tell you, I remember an incident that a guy told me about. It happened down at Detroit Receiving Hospital, it's got be years ago now. When a resident was taking a history from an elderly black female and he asked her a question, he said "Have you ever had any," on the little form it says 'serious illnesses', "Have you every had any serious illnesses?" The woman said, "What'd you say, son?" He said, "Have you ever had any bad diseases?" She said, "Oh, god no! I've never had any bad diseases!" Because to this old lady, a bad disease is having syphilis!*

*Yes, that's right! The residents, students have to be taught. They have to learn the language. They learn the colloquialisms and it takes a lot of them a long time to learn how to even talk to black people. You see, for years around Detroit, when I was in high school and growing up, people would talk about if you're going to go down to Receiving Hospital, they're going to experiment on you. And, you know, they're right. They're absolutely right. They've been doing it at Receiving Hospital. They do it all over the country.*

*In what way? I'll tell you. When you have a research project....I've heard professors say*





## The Development of a Surgeon Part 4, cont...

*at a meeting, tell a resident, “Don’t use that word.” They’re talking about experimental drug. “Don’t use that word.” They called it, “Put them on protocol.” But, there are a lot of, I was telling you about these guys who were cardiac surgeons, when they wouldn’t let Dr. Maben use a pump to do his heart surgery, when he had been trained in one of the best institutions in the country. But they were downtown operating on black people learning by trial and error. Experiment!*

*And this was 1940s throughout 1969? They weren’t doing any heart surgeries in the 1940s, but they were doing it whenever heart surgery started being done. There was nobody down there who knew how to do it, so, they just started doing it! See, every hospital that produces medical investigation results, they’re using experimental drugs, or they’re doing experimental procedures to see whether it works or not. And the people aren’t dumb, and that’s why a lot of people didn’t want to go to Detroit Receiving Hospital, because they’re going to experiment on you, they’re going to do experiments. They do this and, to an extent, it’s true.*

*Do you think that’s still a barrier today for African Americans? No. For everybody that’s poor. It happens, in this town, that poor people are predominantly black. But if they were in Appalachia, everybody that’s poor, on what they call the ward service, those are the people you’d do your research projects on. That happens all over the country, everywhere, at all the big institutions. You’ve got to have somebody to try it out on. You’ve got to have somewhere to start.*

*During the 1940 throughout 1969, was there a medical gap as far as the shortage of black health care providers, or professionals? Oh, yes. In terms of enough for the population?*

*Yes. Oh, yes. There always has been, and there still is. I used to complain about it over at Women’s Hospital, where they were very cordial, very nice. You’d look at the surgery board, and I was the only black surgeon. We had several black gynecologists. It was primarily a gynecological/obstetrical hospital, and then maybe try operations. We only had **four** operating rooms and maybe 30 people being operated on. Of the 30 having operations,*



## The Development of a Surgeon

### Part 4, cont...

*maybe five or six would have a black doctor. All the rest of them were being operated on by white doctors. I concluded then, and I conclude now, we don't have enough. If all the black people in Detroit, who needed to have any kind of surgery, insisted on having a black surgeon, we couldn't do it. We don't have enough to go around.*

*Is that in itself a barrier? To go in a hospital and not see an adequate number of physicians or nurses? The barrier is in the medical education in the first place. You see, I don't know the figures. I'm sure you can find the figures somewhere in the library. Probably less than 2% of the physicians in this country are black. See, if we're 10-12% of the population and we've only got 2-3% of the doctors, we can't take care of all the black people, if all the black people wanted to go to a black doctor. We just don't have enough of us. They haven't been trained in all these institutions throughout the country. So, there's just not enough of us. If I had a hospital that just did surgery and I had every black surgeon in town work in this hospital, we couldn't take care of it. There's too many people. The shortage is in the supply of physicians, and that's true of medicine, pediatrics, whatever, of all of us. That's true, because medical education is deemed to be difficult, and it isn't. It is expensive. We just don't have the supply of students going to medical school and coming out. We're not representative in the medical school population. If we had 10% or 12%, whatever we are in the population, if we had that number going to medical school, we still wouldn't have enough.*

*How can we change? What things can we do to increase the number of African-Americans in the health care industry? I don't know. I don't know what we can do to stimulate kids to want to go into medicine. I don't know how we're going to make it popular. I wish I did. See, the perception nowadays among youngsters—they all want to be athletes, or they want to be entertainers—the perception is this is something that's easy. And it isn't. To be an athlete, who makes a living, is difficult. But kids don't appreciate that now. They think that's easy. You know, every little kid now wants to be Michael Jordan. Now they're coming on, they want to be Tiger Woods. The perception is that if I have this skill in my body, I can do it, and the perception is that to go to medical school is so hard and it takes so long. Well, it does take a long time.*

More to come next month!



## PRODUCTIVITY



# Detroit Surgical Association

Dr. Awni Shahait (WSUGS 2021) presented a paper at the February meeting of the Detroit Surgical Association entitled “Endothelial Function in Primary Hyperparathyroidism, Before and After Parathyroidectomy: Preliminary Results.” His coauthors were Dr. Sophie Dream, Dr. Herbert Chen, and Dr. Lawrence Diebel (WSU/GS 1980/86). Dr. Shahait described that patients with primary hyperparathyroidism (PHPT) are at increased risk for cardiovascular morbidity for unknown reasons. The purpose of their study was to assess endothelial function before and after parathyroidectomy in patients with PHPT. They assessed 13 patients with PHPT preoperatively and postoperatively after parathyroidectomy with finger plethysmography. Looking at the reactive hyperemia index (RHI), each patient had successful parathyroidectomy with restoration of normal calcium levels, which was associated with an improvement in blood pressure and arterial stiffness, but this did not reach statistical significance. They recommended a longer postoperative study sampling and a larger sample size to determine whether these findings will become significant.



Dr. Awni Shahait

### The Helen L. DeRoy Traveling Fellowship in Surgery

Dr. Awni Shahait has been awarded The Helen L. DeRoy Traveling Fellowship in Surgery for 2019. This will give him an opportunity to visit other academic centers as a means of furthering his subsequent career.



## US Army Reserve

Dr. Abubaker Ali (WSUGS 2015) has become an established busy practicing surgeon working primarily out at the Sinai-Grace Hospital since completing his general surgery residency and fellowship. He has decided to help give back and recently joined the Army Reserve and was commissioned as a Major on March 10, 2020. All of us thank Dr. Ali for his continued support of the department of surgery, the Detroit Medical Center, and now our great nation.



Dr. Abubaker Ali (3rd from right) receiving his commission as Major





## SURGEONS AS AUTHORS

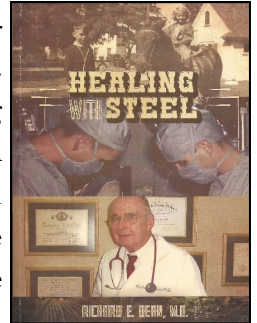
An interesting phenomenon regarding the surgical alumni at WSU is the need to publish, even when the publication is not directly related to surgical science. Recently, Dr. Richard E. Dean (WSU/GS 1960/65) published a book, "Healing with Steel." Following his graduation from his surgical residency, he became a very successful surgeon in La Porte, Indiana, for one year before being drafted into the Army, where he operated on many of our severely injured soldiers in Vietnam. Following his military experiences, he decided that he really wanted to get back into academic surgery and took a job at the Christ Hospital in Cincinnati, which was closely associated with the University of Cincinnati. Quickly, Dick rose in the hierarchy at Christ Hospital, becoming the program director and chief of surgery before he decided to take on a new challenge of chairing the department of surgery at Michigan State University (MSU), which was near to where he grew up and where he did his undergraduate training. Dr. Dean served for many years as the chairman of surgery at MSU, was very prolific as a publisher, received just about all of the honors that MSU could provide to a faculty person, was actively involved on the national scene in resident education, and received many honors and recognitions for his national activities. Following his retirement, he obviously had a need to continue to be a writer, and his recent book entitled, "Healing with Steel" is an entertaining, easily readable account from his early years growing up in a very rural environment not far from East Lansing through his early education, MSU education, MSU Veterinary School, WSU Medical School and Surgical Residency, and his subsequent very busy career. Each chapter summarizes a phase in his life, is quite brief, and very well written as one would expect from an individual who is so highly published in the scientific arena. The surgical clan will enjoy reading this book.



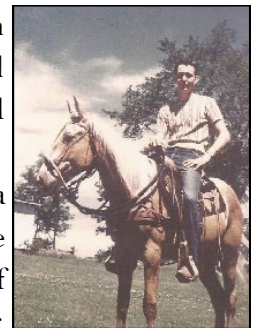
Dick washing his clothes in Vietnam in 1966

Dick is joining another group of alumni who have had a need to publish outside of the field of surgery. These include the author from before the editor's time who wrote "Men of Steel" about the surgical training at the old Detroit Receiving Hospital. More recent authors include Dr. Mike Denney (WSUGS 1967), Dr. Evan Geller (WSUGS 1987), Dr. Joseph McCaffrey (WSUGS 1979), and Dr. Arthur Weaver (WSU faculty). Probably there are additional WSU surgical alumni who have published books unrelated to surgery; maybe people from the clan

can send the editor that information so that it can be in a future monthly report.

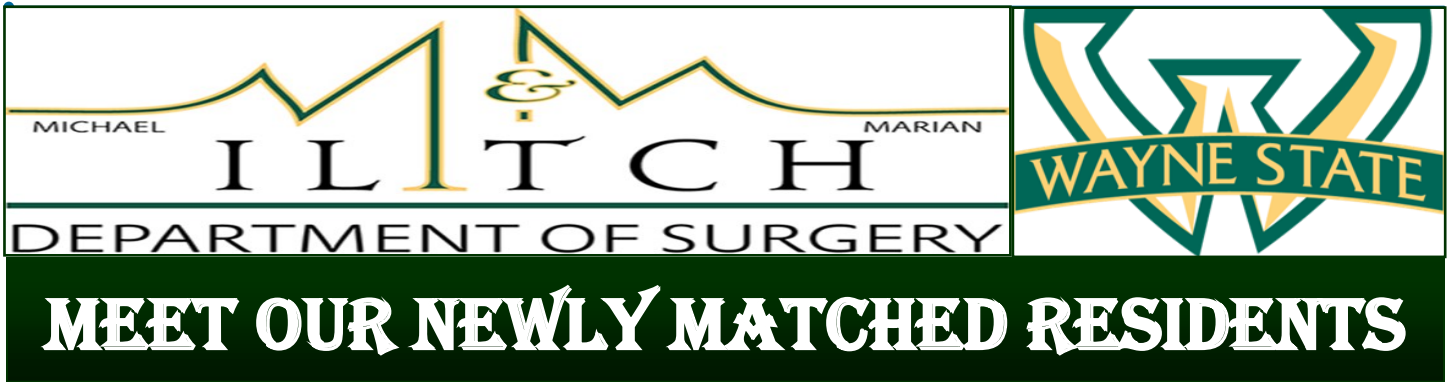


Dr. & Mrs. Dick and Chris Dean celebrating their 60th Anniversary in 2017.



Dick riding his Palomino Quarter horse, "Gold Eagle", in 1950





This residency year, we will have 18 PGY-1 categorical residents in the Detroit Medical Center/Wayne State University Program in Surgery who will be joining us in July. Please join us in welcoming them when you see them in the halls of the Detroit Medical Center this summer. The New Faces for 2020-2021 are listed below:



(Left-right): Dr. Ryan Berry comes to us from Michigan State University College of Human Medicine.  
 Dr. Justin Bria is from our own Wayne State University School of Medicine.  
 Dr. Brianna Chu attended Campbell University School of Osteopathic Medicine.  
 Dr. Amanda Dooley also hails from the Wayne State University School of Medicine.  
 Dr. Mohamed Fakh is from the Wayne State University School of Medicine as well.  
 Dr. Lindsay Howard arrives from the Lindsay Howard Medical College of Wisconsin.  
 Dr. Benjamin James joins us from our own Wayne State University School of Medicine.



(Left-right): Dr. Alex Lynch will be coming from the Midwestern University Chicago College of Osteopathic Medicine.  
 Dr. Erica Maduakolam is coming to us from the Southern Illinois School of Medicine.  
 Dr. Rachelle Moore is from our Wayne State University School of Medicine.  
 Dr. Matthew O'Brien will be coming from the Midwestern University Chicago College of Osteopathic Medicine.  
 Dr. Ucheze Ononuju will be with us from our own Wayne State University School of Medicine.  
 Dr. Sarah Ottum will also be joining us from our own Wayne State University School of Medicine.



(Left-right): Dr. Monica Ramaswamy will be coming from the Ross University School of Medicine.  
 Dr. Madyston Riddell joins us from the Midwestern University Chicago College of Osteopathic Medicine.  
 Dr. Ryan Rosen will be coming from the Michigan State University College of Osteopathic Medicine.  
 Dr. Kyle Strouse is one of our own from the Wayne State University School of Medicine.  
 Dr. Joseph Track will be coming from the American University of the Caribbean.



**WSU MONTLY CONFERENCES**

**2020**

**Death & Complications Conference**  
Every Wednesday from 7-8



**Didactic Lectures — 8 am**  
**Kresge Auditorium**

**All Wednesday Conferences are cancelled for April 2020**



Wayne State Surgical Society  
2020 Dues Notice

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Service Description	Amount
2019 Dues Payment _____ \$200	_____
My contribution for "An Operation A Year for WSU" _____	_____
*Charter Life Member _____ \$1000	_____
Total Paid _____	_____

Payment by Credit Card

Include your credit card information below and mail it or fax it to 313-993-7729.

Credit Card Number: \_\_\_\_\_

Type: MasterCard Visa Expiration Date: (MM/YY) \_\_\_\_\_ Code \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Signature: \_\_\_\_\_

Billing address of card (if different from above):

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\*I want to commit to becoming a charter life member with payment of \$1000 per year for the next ten (10) years.

Send check made payable to **Wayne State Surgical Society** to:

Charles Lucas, MD  
Department of Surgery  
Detroit Receiving Hospital, Room 2V  
4201 St. Antoine Street  
Detroit, Michigan 48201

**MARK YOUR CALENDARS**



*Please Update Your Information*

The WSUSOM Department of Surgery wants to stay in touch. Please email Charles Lucas at [clucas@med.wayne.edu](mailto:clucas@med.wayne.edu) to update your contact information.



## Missing Emails

Over the years the WSU Department of Surgery has lost touch with many of its alumni. If you know the email, address, or phone number of the following WSU Department of Surgery Residency Program graduates please email us at [clucas@med.wayne.edu](mailto:clucas@med.wayne.edu) with their information so that we can get them on the distribution list for the WSU Department of Surgery Alumni Monthly Email Report.

Mohammad Ali (1973)

David B. Allen (1992)

Tayful R. Ayalp (1979)

Juan C. Calzetta (1982)

Kuan-Cheng Chen (1976)

Elizabeth Colaiuta (2001)

Fernando I. Colon (1991)

David Davis (1984)

Teoman Demir (1996)

Judy A. Emanuele (1997)

Lawrence J. Goldstein (1993)

David M. Gordon (1993)

Raghuram Gorti (2002)

Karin Haji (1973)

Morteza Hariri (1970)

Harrison, Vincent L. (2009)

Abdul A. Hassan (1971)

Rose L. Jumah (2006)

R. Kambhampati (2003)

Aftab Khan (1973)

Samuel D. Lyons (1988)

Dean R. Marson (1997)

Syed A. Mehmood (2007)

Toby Meltzer (1987)

Roberto Mendez (1997)

Mark D. Morasch (1998)

Daniel J. Olson (1993)

David Packer (1998)

Y. Park (1972)

Bhavik G. Patel (2004)

Ami Raafat (1998)

Kevin Radecki (2001)

Sudarshan R. Reddy (1984)

Renato G. Ruggiero (1994)

Parvid Sadjadi (1971)

Samson P. Samuel (1996)

Knavery D. Scaff (2003)

Steven C. Schueller (1974)

Anand G. Shah (2005)

Anil Shetty (2008)

Chanderdeep Singh (2002)

D. Sukumaran (1972)

David G. Tse (1997)

Christopher N. Vashi (2007)

Larry A. Wolk (1984)

Peter Y. Wong (2002)

Shane Yamane (2005)

Chungie Yang (2005)

Hossein A. Yazdy (1970)

Lawrence S. Zachary (1985)



April 22<sup>nd</sup>

## Wayne State Surgical Society

*The Wayne State Surgical Society (WSSS) was established during the tenure of Dr. Alexander Walt as the Chairman of the Department of Surgery. WSSS was designed to create closer contact between the current faculty and residents with the former resident members in order to create a living family of all of the WSU Department of Surgery. The WSSS also supports department activities. Charter/Life Membership in the WSSS is attained by a donation of \$1,000 per year for ten years or \$10,000 prior to ten years. Annual membership is attained by a donation of \$200 per year. WSSS supports a visiting lecturer each fall and co-sponsors the annual reception of the department at the annual meeting of the American College of Surgeons. Dr. Brian Shapiro (WSU/GS 1988/93) passed the baton of presidency to Dr. Jeffrey Johnson (WSUGS 1984) at the WSSS Gathering during the American College of Surgeons meeting in October 2018. Members of the WSSS are listed on the next page. Dr. Johnson continues in the hope that all former residents will become lifetime members of the WSSS and participate in the annual sponsored lectureship and the annual reunion at the American College of Surgeons meeting.*





## Members of the Wayne State Surgical Society Charter Life Members

Ahn, Dean	Bradley, Jennifer	Galpin, Peter A.	Kovalik, Simon G.	Nicholas, Jeffrey M.	Stassinopoulos, Jerry	Wood, Michael H.
Albaran, Renato G	Cirocco, William C.	Gayer, Christopher P.	Lange, William	Novakovic, Rachel L.	Sullivan, Daniel M.	Zahriya, Karim
Allaben, Robert D. (Deceased)	Clink, Douglas	Gerrick Stanley	(Deceased)	Perrone, Erin	Sugawa, Choichi	
Ames, Elliot L.	Colon, Fernando I.	Grifka Thomas J.	Lau, David	Ramnauth, Subhash	vonBerg, Vollrad J.	
Amirikia, Kathryn C.	Conway, W. Charles	(Deceased)	Ledgerwood, Anna M.	Rector, Frederick	(Deceased)	
Anslow, Richard D.	Davidson, Scott B.	Gutowski, Tomasz D.	Lim, John J.	Rose, Alexander	Washington, Bruce C.	
Auer, George	Dujon, Jay	Herman, Mark A.	Lucas, Charles E.	Rosenberg, Jerry C.	Walt, Alexander	
Babel, James B.	Edelman, David A.	Hinshaw, Keith A.	Malian, Michael S.	Sarin, Susan	(Deceased)	
Bassett, Joseph	Francis, Wesley	Holmes, Robert J.	McIntosh, Bruce	Shapiro, Brian	Weaver, Donald	
Baylor, Alfred	Flynn, Lisa M.	Huebl, Herbert C.	Missavage, Anne	Silbergleit, Allen	Whittle, Thomas J.	
Bouwman, David	Fromm, Stefan H.	Johnson, Jeffrey R.	Montenegro, Carlos E.	Smith, Daniel	Williams, Mallory	
	Fromm, David G	Johnson, Pamela D.	Narkiewicz, Lawrence	Smith, Randall W.	Wilson, Robert F.	



## Members of the Wayne State Surgical Society—2019 Dues

Alpendre, Cristiano	Cirocco, William C.	Horness, Mark D.	Lopez, Peter	Phillips, Linda G.	Taylor, Michael G.
Asfaw, Ingida	Dawood, Moiz	Joseph, Anthony	Mansour, Roozbeh	Prendergast, Michael	Tennenberg, Steven
Bailey, Colin E.	Dawson, Konrad L.	Kaderabek, Douglas J.	Marquette, Lauren	Reilly, Lindsay	Thomas, Gregory A.
Bambach, Gregory A.	Dente, Christopher J.	Klein, Michael D.	Marquez, Jofrances	Resto, Andy	Thoms, Norman W.
Baute, Peter B.	Dolman, Heather	Knight, Anna	Masood, M. Faraz	Shanti, Christina	Truong, William
Baylor, Alfred E. III	Field, Erin	Kosir, Mary A.	Mayuiers, Matthew	Siegel, Thomas S.	Vaszuez, Julio
Bucci, Lorenzo A.	Golden, Roy	Larson, Sarah	McAlpin, Glenn M.	Spotts-Resto, Josette	Zahriya, Osama
Busuito, Michael J.	Goltz, Christopher J.	Liebold, Walter C.	Noorily, Michael J.	Sundaresan, Naresh	Zerfas, Dorene
Carlin, Arthur M.	Herman, Mark A.	Lloyd, Larry	Novakovic, Rachel L.	Tarras, Samantha	Ziegler, Daniel W.

## Operation-A-Year January 1—December 31, 2020



The WSU department of Surgery has instituted a new group of alumni who are remembering their training by donating the proceeds of one operation a year to the department. Those who join this new effort will be recognized herein as annual contributors. We hope that all of you will remember the department by donating one operation, regardless of difficulty or reimbursement, to the department to help train your replacements. Please send your donation to the Wayne State Surgical Society in care of Dr. Charles E. Lucas at Detroit Receiving Hospital, 4201 St. Antoine Street (Room 2V), Detroit, MI, 48201.

Albaran, Renato G.	Davidson, Scott	Gayer, Christopher P.	Huebel, Hubert C.	Lopez, Peter	Siegel, Thomas S.	Wood, Michael H.
Anslow, Richard D.	Dujon, Jay	Gutowski, Tomasz D.	Johnson, Jeffrey R.	McIntosh, Bruce	Silbergleit, Allen	
Bambach, Gregory A.	Edelman, David A.	Herman, Mark A.	Johnson, Pamela D.	Missavage, Anne	Sugawa, Choichi	
Bradley, Jennifer	Francis, Wesley	Hinshaw, Keith A.	Ledgerwood Anna M.	Nicholas, Jeffrey	Sullivan, Daniel M.	
Conway, W. Charles	Gallick, Harold	Holmes, Robert J.	Lim, John J.	Perrone, Erin	Whittle, Thomas J.	

## WSU SOM ENDOWMENT

The Wayne State University School of Medicine provides an opportunity for alumni to create endowments in support of their institution and also support the WSSS. For example, if Dr. John Smith wished to create the "Dr. John Smith Endowment Fund", he could donate \$25,000 to the WSU SOM and those funds would be left untouched but, by their present, help with attracting other donations. The interest at the rate of 4% per year (\$1000) could be directed to the WSSS on an annual basis to help the WSSS continue its commitment to improving the education of surgical residents. Anyone who desires to have this type of named endowment established with the interest of that endowment supporting the WSSS should contact Ms. Lori Robitaille at the WSU SOM—She can be reached by email at [lrobitai@med.wayne.edu](mailto:lrobitai@med.wayne.edu).