

INTERVIEWEE: Wilhelm Delano Meriwether
INTERVIEWER: Jessica Roseberry
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MERIWETHER INTERVIEW NO. 1

JESSICA ROSEBERRY: This is Jessica Roseberry. It's March 7, 2008, and I'm here with Dr. Del Meriwether, Wilhelm Delano Meriwether. And sir, if you don't mind saying your name, and I'd appreciate that

JOHN BROWN: My name is Del Meriwether.

ROSEBERRY: Thank you very much. And if you don't mind telling me how you got into medicine and what that goal was for you.

MERIWETHER: Sure. I've been a lifelong follower of human behavior and grew up in the southern part of the United States, and of course and a product of an upbringing that naturally brought me into contact with varying degrees of experiences. Over my early formative years, with the help of my parents and guidance of my father in particular, I ended up at Duke Medical School. I've obviously shortened the summary as to how and why I am here at Duke, but I've had my logical background and interest diverted, my initial interest from veterinary medicine to human medicine. I completed my initial three years at Michigan State, ended up at Duke.

ROSEBERRY: Do you mind my asking why Duke?

MERIWETHER: It was the influence of my father, particularly. I am from Tennessee, born in Tennessee; raised most of my life, early formative years, in South Carolina. He's a Southerner, felt that I could make a contribution to not only medicine but to the field of

education. And during the sixties, Duke and a number of other schools in the South needed some guidance and pushed to diversify its student body, and as a result, I, with the encouragement of my father, applied to Duke, was selected by Duke, and I agreed to come to Duke.

ROSEBERRY: So were they actively—?

MERIWETHER: Those are three separate processes, by the way, any one of which could have prevented me from coming. Duke was not my first choice. I got my undergraduate education in the Midwest, also called the North, at Michigan State. I was exposed to a very progressive group of people, fairly heavy hitters, in terms of social behavior and policies. And I liked what I experienced there, thought that I would contribute most of my time to the North. My father convinced me that my experience and exposure in the North, my background in the South, perhaps could do most good in the South. Duke qualified, we applied and they accepted, and I agreed to come.

ROSEBERRY: So was Duke actively trying to recruit African-American students?

MERIWETHER: Yes. They, along with a number of other Southern schools—I have some good friends at, for example, Vanderbilt. Levi Watkins, a very close personal friend, he is currently one of the deans at Hopkins—an outstanding cardiac surgeon. We've stayed in touch because he was the first to integrate Vanderbilt. I had friends at the University of Georgia: Dr. Hamilton, who unfortunately is deceased now—he's another pioneer. And there are a number of others around the States. During the sixties, it was a federal policy that hospitals, particularly academic institutions, had to integrate its hospital wards as well as its educational programs—all medical schools needed to be integrated in order to qualify for federal funds in the form of Medicare and other federally

funded programs. If you did not, you would not get federal funds, you would not grow as an institution, you would be an isolated entity that continued to be backwards. And Duke and others saw the light, actively looked around, and I applied to Duke, and they accepted.

ROSEBERRY: So what was the integrating of the wards? Did that happen about the same time that you began?

MERIWETHER: At about the same time. It wasn't an automatic occurrence. The school integrated its student body first by accepting me. Once I was accepted as a part of the medical school, of course they saw the need to have its patient wards integrated. That took approximately a year, year and a half to do. But the one or two or three or half-dozen progressives here at Duke said, That's no problem, and so it occurred. I must emphasize that there were some very good people here. The school itself was not a solid resistant entity, they simply needed help, and with my father and others, we helped liberate a good institution. Everyone benefited. Those who have followed me—black men and black women—have gotten a good education and the school has continued to grow not only in terms of its diversity of providers, but the patients who we serve, are all the better for it. It's one of the social events that is a part of American history—the liberation of Duke on the basis of skin color was one of a series of events. I remind you that in the fifties and the sixties Duke also had trouble with women. It was not an automatic event for Duke to admit women. Now, women were accepted into Duke—I don't recall the exact history—I would say maybe ten, twenty, perhaps even thirty years prior to my coming. But that was an isolated event followed by long gaps in which women just could not be found to join Duke's student body. And so Duke and other

Southern schools were having trouble with their diversification on the basis of color and gender.

ROSEBERRY: Now, you had mentioned that there were people within the school who were kind of trying to actively promote diversity. Do you mind mentioning any names of those folks?

MERIWETHER: There were some Northerners who joined—that were on Duke faculty, recruited heavily because of their medical background, expertise in research and teaching and others. There are a number—and I would be remiss if I started naming them. I don't have a formulated list of people who I would like to give credit for, but there were members of the administration here at Duke who individually and collectively lobbied to bring a wonderful institution up to contemporary standards. And for that group and those people, I am of course grateful, and those who have followed are also grateful. But it was a fair exchange, an opportunity to become educated, get the gifts and talents of helping people so that I, as an individual, could continue to do that. And in return, Duke got federal monies, a substantial amount, which they have maximized and continue to benefit from. And of course it's just socially more healthful to have good black people and women and others who are categorically denied opportunity. You have some excellent Asians here at Duke and so forth and so on. That's what makes an institution great. The Harvards, the Stanfords, they walk around with their heads up because they know that they automatically attract and they actively recruit, quietly, people from all over the world. Duke got put in that category as well. I would like to help Duke, of course, get more international students and am prepared to do that, but I think that's where the future lies. We must continue to diversify on the basis of color and gender. Some of that is

becoming old hat. But we can't lose sight of the fact that it's an ongoing challenge, not only in medical education but socially. I believe at this time we are in the midst of presidential elections, and the Republicans have already decided who their candidate will be. And the Democrats are looking at a black man and a woman. Mmm, interesting challenge that is before the American people. So it's just a part of the social development of America, and I find it interesting this country is at no loss for—boring politics or social development. It's an active society and one that I love to be a part of.

ROSEBERRY: How would characterize that process of the integration of the wards? What words would you use to describe what that was like?

MERIWETHER: It went smoothly, without my active, active, active participation. I did not need to protest as an individual, I did not need to assemble any organization of churches or people or organizations in the greater Durham area. I did not need to lobby North Carolina Central University—none of that was needed. It just automatically happened with the blessing of some of the leaders on the administration.

ROSEBERRY: Was there any resistance?

MERIWETHER: I suspect there was. I never knew about it; it just happened. And by the way, I believe that the process—and this is my perspective, it might differ from those on the outside—as to how the integration of Duke went during my tenure. I believe that it was relatively quiet: quiet as defined by not making the national headlines. The local headlines, of course, were there. But it wasn't a huge event like it was for some of my colleagues. I came out at a time when activism was a way of life. One of my fellow graduates from high school went on to integrate Clemson. Harvey Gantt was an engineer. His arrival at Clemson was fraught with headlines and pictures showing his

requirement for military escort to classes and that type of picture. It was not needed at Duke. I don't miss the fanfare. I don't think that it's always necessary to make a big, big, big to-do about something that is morally right and that needs to be done. I think the quieter things can be done, the better, but that is a reflection of my makeup. I have excitement in other ways. And I've been at the center of a number of activities, some of which were overseas. So I don't go looking for trouble, but if it needs to be—that tactic needs to be used, I have resorted to it in the past.

ROSEBERRY: So your own four years, was there—it sounds like that went pretty smoothly as well.

MERIWETHER: Oh, it was a daily challenge. Oh, it was interesting, exciting to be a medical student here at Duke, but that's sort of true for most medical students. You get your daily chores of getting your mind and body prepared for classes and interacting with professors and fellow students and assignments and patient responsibility, that type of thing. So there are some inherent challenges for all medical students. Mine were perhaps a bit greater because I knew that I had to not only do well, but leave a—leave an image and a tradition that others could, not necessarily follow but at least be aware of. One doesn't have to follow the exact same steps of that person who is ahead. And so it was just the style that I resorted to. And it is a matter of style. I was followed by some very, very good people, some of whom were activists, one of whom you still have on your faculty, Dr. Brenda Armstrong. Her approach was different. She was at least as effective, some say even more effective, and I admire her, support her, congratulate her for what she's done, and I'm happy to see that Duke has continued to support her in what she wants to do. She's a force behind the diversification of students here at Duke. She's

in charge of ethnic minority admissions and the overall process of admissions, and she does a wonderful job encouraging people from all backgrounds, not only black students to come here, but from all persuasions and perspectives to come. And I think Duke is proud of the quality of student and the diversification that has been a tradition here at Duke. This school leads the nation in the number of and quality of diversification in its medical student body.

ROSEBERRY: Well, how would you just—you've kind of alluded to the excellence of the education itself. I'm kind of wondering what that experience was like. What was it like just to be a medical student in general? What were some of the things you remember?

MERIWETHER: There's a new curriculum program here at Duke. I can't judge its quality; I assume that it's of absolute first class. The program under which I was trained, I considered first class. I don't think my deciding to come here as opposed to Northwestern University or the University of Chicago or the University of Michigan or the University of Pennsylvania, I don't think that the program was any less here.

ROSEBERRY: What are some of the classes that you remember?

MERIWETHER: The impact that I had, I think, was greater by virtue of coming here. It was, I think, much greater impact than I could have possibly had at Northwestern that really didn't need me, or the University of Michigan that really didn't need me, any of the Northern schools. I did the best that I could here and am pleased with how things worked out. I don't regret having taken the route, even though it was not my absolute first choice, but I am a product of youthfulness. Young people are not always right. Young people are sometimes dead wrong, and I am so thankful that in the area of deciding where

I should go in the early 1960s, events took me in a direction different from what I thought that I had a right as a young, black man to do as I wanted to do. Of course, that turns out to be absolute nonsense. (*laughs*) You should accept the guidance of particularly those who love you and who know better based on experience and wisdom. And you can't beat the role that your parents play, even if your parents are wrong. You have an obligation to do as you've been trained to do and as you should as you march through life. There are rules that should be followed. One of the rules is to—let me see which rule I'm—the rule I'm thinking about is—there's one that says, Honor thy mother and thy father. Which of course, my father interpreted to mean, Do as I say, hmm? And he happened to be right, there. Mom also, by the way, wanted me to come to Duke, but—.

ROSEBERRY: What was their thinking? They thought that you could influence this Southern school?

MERIWETHER: They are products of the South. I'm a product of the South. I go up North, get a good undergraduate education and should be given the opportunity to maximize my experiences as a young black man in the South, who's adequately educated to get training and to provide at the level of a student, make some contributions to healthcare. Duke needed to be liberated. Duke and other Southern schools needed to be forced to do what was morally right and what was in the best interest of everybody. Blacks and whites recognize now that it's all right to have black medical students and black doctors serving black patients and white patients. That's the way we all grow. There are black patients who now feel that it's really, really all right to have a white doctor, black doctor, Asian doctor, because we are a society that should be growing in its overall outlook and behavior as human beings. We as a species need to stop acting

foolish and to take responsibility for interacting with each other in a humane way and in taking care of the environment. We don't need to be as wasteful and as polluting and as irresponsible as we have been. And there are some progressives who slowly are trying to take society in that direction. Former Pres—I believe one of the recent Nobel Peace Prizes was awarded to a man who is trying to get the attention of human beings to be a little bit more responsible with global warming, with taking care of our waste products and being responsible citizens of this planet. And so Al Gore was awarded a nice prize. I just think that we need to think nationally, internationally, globally.

ROSEBERRY: So did that experience of being at Duke and kind of being a part of that liberating process, did that influence your later decisions or—?

MERIWETHER: Absolutely. Absolutely. My being a part of the civil rights movement of the sixties prepared me for yet an even greater challenge. Twenty years later, I had the opportunity to participate in the last civil rights movement on earth based on color. I'm obviously referring to the apartheid situation in South Africa. My wife is South African, born and raised in Soweto, a product of apartheid, and she had no choice but to be constantly aware of the fact that even though we were in America together—she came here to train in Washington, DC, that's where she got her Master's of Business Administration, MBA, having previously been trained as a lawyer in her country. She came to America and was constantly concerned about what she left behind. And so she and I went back to South Africa looking for trouble, which the term, by the way, that has been sometimes referred to my pattern. I didn't have to come back to Duke. I didn't have to follow my father's encouragement. I could have just stuck by my guns and gone to Northwestern. The people down at Duke could take care of their own business. I

don't need to be participating in this mess down South. Leave it alone. Leave me alone. I'm going my own way. I could have easily ignored the situation at Duke and in the South. Someone else would have done what I ended up doing. Duke would have found someone. Someone would have become available. Just so happens that circumstances were such that I was the person given that opportunity. So I helped liberate Duke. My wife and I said, What do we do about South Africa? I could have said, No way, I'm not going back there. That place is different. That's a foreign land, I don't know the languages, I don't know what's going—they are evil down in South Africa. I will not under any circumstances go to South Africa. That is what I could have said. Instead, we thought about it and said, Well, let us consider the possibility of remotely somehow being involved in the situation down there. We ended up spending seven straight years in rural South Africa, participating in that process of bringing about change. And so during the early eighties, throughout the eighties, we were a part of the struggle in South Africa.

ROSEBERRY: Politically part of the struggle?

MERIWETHER: Oh, in every way: politically, socially, economically. I went there as a so-called "missionary doctor," and I put that in quotes. You can't be a missionary doctor and not be involved in what's going on locally in a community or in a region of the country. You can't be in South Africa as a black man or white man or any other man and not be involved in the politics and the social development and the potential unrest in that country. And that turned out to be the most exciting phase of my life so far, really exciting. Sometimes physically and psychologically threatening, but that job got done, and now the country of South Africa is free. So my experiences at Duke helped prepare me for South Africa.

ROSEBERRY: Well, I want to return a little bit, if I could, to the experiences at Duke. Do you feel that—I know that all four years, if I'm not wrong, you were the only African-American medical student in those four years.

MERIWETHER: Yes, I was the only black American in the School of Medicine here, that is correct.

ROSEBERRY: Do you feel like eyes were on you?

MERIWETHER: It really didn't matter. I was here to do as great a job as I could in educating myself. Duke provided that, and I thought it was a fair exchange. I got an excellent education here, went on to do some things that I enjoyed doing, and I am eternally grateful to Duke. It has continued to develop, it learned a lesson, it recruited people like Brenda Armstrong that has helped to keep the school going in the right direction. I have, therefore, no concerns about Duke's current and future, and in terms of its school. It is in good hands.

ROSEBERRY: So it sounds like—or at least in looking back, it sounds like you felt as if you were able to take that experience in stride, maybe.

MERIWETHER: Um-hm. Yeah.

ROSEBERRY: Did it feel like that at the time, or is that maybe in looking back?

MERIWETHER: I did not come here as the first black student at Duke. I—my mission was to become a good doctor. I happened to be black, so be it. I didn't come with the activist attitude. Now, in South Africa, it was slightly different. I couldn't be laid back, tend to my affairs, not look outside of my immediate goals of getting educated or providing services in a missionary situation. The two were separate. But here at Duke, I went about the business of being a good student. I'm happy with how I performed. I

think the school was satisfied with the product that they turned out, and it was a fair exchange.

ROSEBERRY: You became a hematologist, is that correct?

MERIWETHER: Yes. I was under the good guidance of some faculty members here, who gave me opportunities to learn about the various approaches to medicine and to life. Research has a way of disciplining you, gives you objective goals to meet, it teaches you the process of how to address an issue, how to approach a goal, and I think that every student of medicine should have the chance to at least take a research-oriented approach to all activities, including the treatment of patients. You don't necessarily need to stay in the area of research, but it's one of the disciplines that you should experience while a student.

ROSEBERRY: What was your research?

MERIWETHER: It dealt with an odd entity called paroxysmal nocturnal hemoglobinuria, a very esoteric disorder affecting people whose blood happened to break down at night, producing a dark urine, representing the death of red cells in the body. It's an oddity. Not very many people have it. But in addressing that kind of disease, the approach can be applied to other fields, such as cancer, such as HIV/AIDS research. These are tough diseases to address, and the experiences that I had with paroxysmal nocturnal hemoglobinuria helped prepare me to do work in the field of cancer research. I spent some time at NIH and in Boston at Harvard doing research in that area, so Duke prepared me well, had a wonderful time here.

ROSEBERRY: So were you able to discover anything about that particular condition or—?

MERIWETHER: Sure, yeah. We made some contributions toward understanding that very, very odd disease. You don't hear about it or see it every day. But when you do run across a case or two, of which there were less than a dozen in the entire country at the time, when you do run across those kind of patients, they're quite dramatic, and they're looking for help of any kind from anywhere. And so I had a good experience helping unravel that particular problem. I went on to do some research in sickle cell disease, cancer, and on a clinical level, HIV/AIDS. So I've kept my hand in both research and in clinical care.

ROSEBERRY: Who were you working with here at Duke?

MERIWETHER: Now, this is forty years ago now. Okay, you might want to ask your parents, what were they—who were their best friends forty years ago; (*laughter*) they may have trouble remembering. But I do recall a professor, Charles Mingle, who was a very dynamic, obviously quite bright Young Turk here at Duke who subsequently went on to head departments of hematology and medicine at the University of Missouri. He was a very good teacher, again highly demonstrative. He waved his arms, talked loud, did funny things. It was a joy to work with him. His style was different.

ROSEBERRY: Now, did you continue on with internship and that kind of training here at Duke as well?

MERIWETHER: After four years, I graduated from Duke, went on to do my internship at the University of Pennsylvania under a former professor from Duke, it was a Professor [James] Wyngaarden, who is the author of an outstanding book in metabolic diseases, one of the classics. He happened to be heading the school of medicine at the University of Pennsylvania, and that's where I went.

ROSEBERRY: So you followed Dr. Wyngaarden?

MERIWETHER: Yes, Dr. Wyngaarden, who was at the University of Pennsylvania. I then rejoined Dr. Mingle in his career. He happened to go to Ohio State before going to Missouri, so I joined Dr. Mingle again at Ohio State.

ROSEBERRY: When you were at Duke, was the story of Charles Drew—I don't know if you're familiar with that.

MERIWETHER: I'm familiar with his story. I was a bit—I was a bit isolated, did not know of his contemporary work. He is most noted for his work and the institution on the West Coast in California, and he was not a close contemporary of mine, but he's an outstanding man. We had a number of outstanding doctors, some of whom are black, and we are—some of us are contemporaries. By that I mean we know each other. But I don't recall Dr. Drew. Ben Carson of course, is of my age group. He is at Hopkins with Levi Watkins. Ben Carson's probably the most publicly famous of all of us. We all had our roles to play.

ROSEBERRY: So the story of Charles Drew's death and the possibility of that being at Duke, I know that was kind of unfounded. I don't know if that was going on when you were at medical school or—?

MERIWETHER: That was not a part of my experience here. I don't know much about that particular story.

ROSEBERRY: Okay. Well, is there anything else about that time here that stands out to you, any—any memories or stories that you'd like to tell about it or—?

MERIWETHER: Number of stories—

ROSEBERRY: Walking down memory lane a little bit.

MERIWETHER: Hmm, I will tell you one. I almost did not come to Duke because of an experience on the night before my admissions interview. I was a student at Michigan State, did my undergraduate training there, was asked to come down to Duke as a part of the application process. They wanted to see me to look me in the eye to see who I was, to ask questions, some of which were trick questions, others were honest questions, to just see how this guy handles the situation down at our institution. I came down the day before my interview, arrived at the Raleigh-Durham Airport late on a Sunday. By that I mean late being anytime after six. I believe the plane landed at five-thirty, quarter to six, wasn't picked up in time to arrive on campus by six, the significance of 6 p.m. on campus at the local dormitory on Erwin Drive, whose name I've forgotten. It's the one on the corner here. I'm sure if I drive by the name is still there. In any case, I arrived quarter past six and the cafeteria was closed. And I happened to be hungry. I was told by the black woman who happened to be on duty that night—she said, “Unfortunately the cafeteria is closed, and there is nothing to eat and no place to go.” I explained to her that I'd just come down from the North, came all the way down from Michigan to be interviewed for the medical school, and I was hungry and wanted a place to eat. She regrettably said, “I'm sorry, there's nothing to eat and no place to go.” Back in the sixties there were no such things as vending machines. And so I was left to my own devices. I said, “This major university must have a place to eat, someplace nearby. You must have someplace to eat.” She said, “Unfortunately, there is no place where *you* can eat.” And she emphasized y-o-u, which of course perked up my ears. “What do you mean no place for *me* to eat?” She said, “Unfortunately, there's no place nearby for black men and women to eat.” I said, “What about yourself? You're eating someplace.” She said,

“Sure; I bring my own food.” I then got back on the topic of, “Where do people here at Duke eat?” She said, “The cafeterias on campus are closed. There is, however, a restaurant a mile-and-a-half away called the Blue Light.” I said, “Fine, that sounds like a nice, dandy place for me to go.” And her eyes dropped, and she did not know what to say. I asked for directions, “Which way do I go?” She refused to tell me. She said, “The only direction I can tell you to go is it’s not inside this building, which means you go out the front door, you take your chances as to which way to go.” I found the place, and as she predicted, they said, No, we do not serve blacks here at the Blue Light. There is a window in the back where you can place an order, and we’ll serve you when we get around to it. And by that time I was already sitting down at the counter inside the Blue Light, with the owner of the Blue Light explaining to me that I did not belong inside the restaurant with clients, with customers. There was a brief ten-minute standoff—well, I was sitting, he was standing. And uh, I left the Blue Light hungry. Um, needless to say the next morning, I was still angry, but I didn’t tell the administration. They knew nothing about the incident, only the owner of the Blue Light and the waitress and the six patrons inside the Blue Light knew what happened. It did not make any front-page news, didn’t make the back-page news. It was simply an event that *almost* turned the whole thing around. Because if I had not recognized it for what it was, I could have taken an entirely different approach, a number of which could have been I could have protested, created a stink, I could have been arrested, (*makes a noise like a gasp*) I could have refused to show up for the admissions interview. There are a number of things that I could have done differently. What I did was I elected to chalk that up to the experience that emphasized the need to see to it that this does not happen ever again to anyone like

me. And I don't think I changed the policy at the Blue Light, but I saw to it that the university was aware of how blacks and women should be treated on campus. I never specifically pointed out the Blue Light as a place that was off limits, but I let it be known that the school needed to do something about not only its own policies, but the policies of private establishments in the area that served students at Duke. So it was a matter of style. My style is different. Harvey Gantt would have done things another way, hmm? But I used that as a learning experience. That approach of being quiet, chalking things up for the future, would not have worked in South Africa. Therefore, my approach was different. So that's an example of what it was like.

ROSEBERRY: What were some of the technicalities of that ward integration? What were some of the—?

MERIWETHER: It's a matter of context. Back in the sixties and seventies and eighties, it's common to use the word *integration* of a facility or institution, and perhaps it was correct. My use of words is slightly different, and this is something I learned overseas. When you change a policy or a way of life or a society, you are actually doing something that will liberate. And my experience in South Africa was that you actually liberate everyone inside the country when you provide opportunities to everyone. I did not integrate South Africa. My wife and I did not integrate South Africa. We helped liberate those who were in positions of leadership as well as the masses who were discriminated against and confined. As a result of the liberation of South Africa, everyone in the country has benefited—everyone, including the former oppressors. The whites in South Africa are doing all right, thank you! They are the tremendous beneficiaries of a liberated South Africa. Those at Duke, I believe, were liberated. This institution has

benefited. Everyone has benefited here at Duke as a result of having a student body that brings something to the table: the administration, the research activities, the teaching, the provision of services. Everybody has benefited as a result of having more blacks and more women, period. So that's why I prefer to us the word *liberate*, as opposed to merely *to integrate*: Here I am. I'm going to help you by myself. No, no, no, no. Everybody benefits.

ROSEBERRY: What did that liberation look like? What were some of the technicalities of that liberation?

MERIWETHER: Oh, it was fun to see patients perk up when they see, Oh, it's an interesting face. I've never seen him before. That black guy, wow! And I'm a white patient. Ooh, this is going to be interesting. I'm sick and this black man here with a white coat in the company of other doctors, all of whom are white. This is going to be an interesting case presentation here on the ward. Or other examples, of course, there's that guy dressed in a—wow, in a white coat with a stethoscope in his pocket! I didn't know that black nurses were allowed to wear white coats with stethoscopes in their pockets. Ah, he's a medical student, very interesting! Similarly, there were some women—that woman has a white coat on with a stethoscope in her pocket. I didn't know that nurses were allowed to dress up like doctors. So it helped everyone. It was fun being a patient during those times, I think. You could see different kinds of doctors who would give you equally good care. It was just a refreshing environment to be in. Now of course you take it for granted, a doctor is a doctor.

ROSEBERRY: Well, I know that your time is precious and I want to honor that, and thank you very much, sir.

MERIWETHER: Thank you, um-hm.

(end of interview)