Morehouse men and others at their 1974 graduation from the School of Medicine (from left): William Hicks, Herbert Chissell, Brian Bowles, Everett Cantrell, Marion Williams, Charles Hefflin, John Houser, William David Moore, and William Cleveland.
In September 1970, Bill Cleveland (MD ‘74) gassed up his yellow Volkswagen Beetle and left Atlanta for Pittsburgh. It was 700 unairconditioned miles in the summer heat—the sort of epic road trip that gives a young man at a pivotal moment in his life plenty of time to second-guess his choices.

But not Cleveland. He’d done his homework. There was no doubt in his mind that he’d chosen well when he chose the University of Pittsburgh School of Medicine.

That year, medical schools across the country had made unprecedented efforts to diversify enrollment. Cleveland and several of his classmates at Morehouse College, a college for African American men, had been offered scholarships from schools across the country. But to their disappointment, when they went for their interviews, most of these programs had confessed they were accepting only one or two African American students that year.

“We’d just say, ‘We’re from Pitt,’ and they’d welcome us in,” he recalls.

For the next several years, African American med students from Morehouse and elsewhere built a community of friends and neighbors in Ruskin Apartments, now Ruskin Hall. (It was difficult to find Oakland landlords eager to accept Black student as tenants, some recall.) They walked to and from class and work together, commiserated over the rigors of their training, bonded in ways you can only do by poring over physiology notes together for 12 hours at a stretch. They built what remain some of the closest and most lasting friendships of their lives.

Cleveland says he and his old friends didn’t want for much during med school, but they agree one key ingredient was missing: There were few Black mentors at Pitt—no strong role models with whom they could identify, no blueprints for the future.

So, at the group’s most recent reunion, like being 6-foot-1 and playing in the NBA. It doesn’t mean you can’t do it; it means you have to bring something else to your game.”

“There’s something about cancer that negates a lot of that,” said oncologist Bill Hicks (MD ‘74), a professor of medicine at Ohio State University. “If people think you might be able to help them, they don’t care what color you are.”

The group chatted into the night, the elders sharing advice like caring uncles. Topics ran the gamut. Jackson Wright—the first African American to earn both an MD and a PhD at the School of Medicine (MD ’76, PhD ’77)—urged the students to consider the academic path. (He himself is now a professor of medicine at Case Western Reserve University.)

Moore warned against the temptation to pick a specialty based on compensation rather than passion. Everett Cantrell (MD ’74) stressed the importance of business training; that subject came up several times.

“I was the first person in my family to graduate from college and then to go to gradu-
Susan Dunmire (MD ’85, Res ’88) is a professor in the University of Pittsburgh Department of Emergency Medicine and executive director of the Medical Alumni Association. She gave the following speech (edited and adapted here) at the August 9 White Coat Ceremony for the School of Medicine’s entering class.

Today, you are all, once again—after high school and college—starting out at a new fork in your road. The paths have become a bit narrower and more specialized. Everyone on this road has a common goal, to become a physician.

This trail is unique—because it requires that you set aside competitiveness with each other. Your goal is for everyone seated here to complete the journey successfully.

For the first time in your lives, some of you may stumble. It is the responsibility of everyone here to assist those who falter. There will be tough hills to climb, days when you will want to quit, and nights filled with doubts.

Today, you begin your journey, donning your first white coat. This week, you will greet patients along your path with words that will become very familiar over the next several years: “Hello, I am a student doctor here to evaluate you.”

An Anatomy of the Stains

When I was preparing for this lecture, I looked in the back of my closet at home and found my first white coat. It is worn and covered with stains, but somehow, I never could throw it away.

On the lapel was a purple stain—not blood, but a grape Popsicle. I still remember the thrill of relocating 2-year-old Joey’s elbow. I felt like I was on top of the world. I proudly went back in the room to discharge him—and he hurled his Popsicle at me in anger.

Lesson: Not all patients are grateful, even if you successfully treat them.

The right sleeve has a dark-brown faded stain. This one is blood.

I was a third-year student, rotating on trauma surgery, when a patient with a stab wound to the chest arrived. I watched in fascinated horror as the trauma surgeons opened his chest and asked me to put pressure on the aorta while they repaired the hole in his heart. The only aorta I had ever seen was in the anatomy lab and in textbooks.

The surgeon guided my gloved hand into the patient’s chest and instructed me to push. The hole in the heart was repaired; I watched the heart fill with blood and slowly begin to contract. I felt the pulsations in the aorta, and the trauma surgeon asked me to let up the pressure. The patient survived, and I was astounded by what I had seen.

Lesson: This is why we are here. The joy we get from helping a patient is beyond description. Do not, however, let this success inflate your ego and make you feel infallible. You will make mistakes. We all do.

There are five red-pen marks across the back of the coat. Sara, a 23-year-old, arrived in the medicine clinic intoxicated and high on a variety of drugs. I listened to the secretary and nurse discuss “the drunk dirtbag” and ask the physician whether they should have security throw her out.

Lesson: Do not judge your patients until you have walked a mile in their shoes. Most of us have had a very sheltered life. It is our responsibility as physicians to try to understand our patients’ challenges in life and to factor them into our decision-making.

Tomorrow, you take your first steps along this new path. May your journey be filled with laughter and good memories.

I treated a gentleman last week with a blood sugar of 550 who was diagnosed with diabetes two weeks earlier. [Normal blood sugar is 80 to 100.] He told me that for lunch, he had had a large plate of spaghetti and a piece of cake.

When I inquired about diet education, he told me that they had given him a book on diabetes in the clinic. When I asked whether he had read it, he looked at the floor and quietly mumbled, “Ma’am, I can’t read.”

Clearly we had failed this gentleman as care providers.

I quietly put my white coat back into the cupboard and pondered what I could tell you today.

I have some advice for all of you as students, physicians, and individuals.

As a student: I advise you to take time for yourselves. Go for a bike ride, take a walk, enjoy a movie with friends.

As a physician: Understand that there are times when it is necessary to accept the inevitable—and comfort alone is what you will be able to offer your patient and the family. You will be privileged to witness birth and be present at death. When you are faced with a 98-year-old with multiple system failure or a 36-year-old with end-stage metastatic cancer, do not run from the room ordering more medication and calling for resuscitation.

Sit down, hold the patient’s hand, comfort with medication if necessary—and accept that this, too, is one of your responsibilities.

As a person: I advise you to set your priorities and place family and friends at the top. The people sitting in this room have been with you throughout your journey. They will remain your support system through this trek as well. This is perhaps your greatest challenge.

May your journey be filled with laughter and good memories.