

GREENSBORO VOICES/GREENSBORO PUBLIC LIBRARY ORAL HISTORY PROJECT

INTERVIEWEE: John R. Foster

INTERVIEWER: Eugene E. Pfaff, Jr.

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EUGENE PFAFF: Our interview today is with Mr. John R. Foster, former president of the Mill Supply Company, former chairman of the Board of Education in the 1954 integration issue, and member of the board for the polio hospital during the polio epidemic of 1947-1948 here in Greensboro.

Mr. Foster, I'd like to welcome you to the Greensboro Public Library Oral History Program, and I'd like to begin by asking how your association with the polio hospital began, and what the circumstances were under its creation?

JOHN FOSTER: Well, the polio hospital actually was--in Greensboro, that is--was sponsored and executed by a local chapter of the national foundation. In 1944 the national foundation had attempted an operation--and did operate a hospital in Hickory, North Carolina, for--that was strictly for polio patients. But the experience there was not very good because they attempted to operate separately and independently of any hospital group.

When the epidemic came along--as a matter of fact, in 1947, the indications were that North Carolina was probably going to have a rather serious outbreak of infantile paralysis and that something would have to be done. Local hospitals, number one, were out of space, available space. And number two, even those who did have space were--the people were afraid and so concerned about the epidemic that they didn't want to be exposed in any way to the disease. The local chapter soon found that something had to be done. And Guilford County seemed to be, more or less, the focal point in North Carolina for the epidemic, and something had to be done.

They're still standing out in the ORD [Overseas Replacement Depot] section recreation halls which had been built up, built by the [U.S.] Army, and were at that time rather shoddy. And I remember we went out to look over one of the recreation halls to see if we could possibly utilize it, and it was rather discouraging. The furnace there was gone, birds were roosting in the buildings, and the buildings were leaking. And it was quite, quite bad, but there was no alternative. So, immediately we began to rebuild, more or less--to a great extent, certainly--the old recreation hall and ORD.

EP: What was the location of that recreation--

JF: The location was on the spur [railroad] track which crosses Bessemer Avenue. It's pretty hard to describe the location at the present time. I believe an electric supply and equipment company is in that general area now. Berry Coal Company [later known as Berico] was just across the spur track that ran into the area.

EP: How did you come to become a member of the board of the hospital?

JF: Well, that had been going on--the board of the hospital was synonymous at that time with the board of the local chapter. And I had been a member of the local chapter for a number of years. And about the only thing that the local chapter did in the earlier stages was--the thirties--was the annual campaign to raise funds for the March of Dimes--50 percent of which stayed in the county, and 50 percent went to a national foundation for research.

EP: Who were some of the other principal members of the board?

JF: Dr. Joseph Stevens was a member of the board. Paul Schenck was a member of the board, Norris Hadaway, who was managing the--manager of the Carolina Theatre at that time, Mrs. Virginia O'Brien was secretary of the group. And there were several less active members, but the ones that I have mentioned. But [Calvin W.] "Moon" Wyrick, who was fire chief at the time, was also a very active member of the chapter. Odell Lambeth served as chairman [in 1945], I believe, one year during the campaign as campaign chairman. So, it was a sort of a loosely-knit organization, not doing too much during the year, but we did have quarterly meetings, and the main event each year, of course, being the president's birthday ball, which raised money for the March of Dimes.

Eventually the birthday ball more or less passed out of the picture and--especially when the epidemics came into North Carolina in the '42-'43, I believe, originally. Then the campaign, more or less, was one of solicitation, without too much regard to the ball, the birthday balls.

EP: What was the feeling in North Carolina, and specifically Guilford County? Was there a sense of panic?

JF: I suppose that comes about as close to describing it as possible, yes. I remember trying to house nurses. And we had quite a problem, because no one wanted to take a person who was employed out there at the hospital into their homes or into any public place where they might be exposed to--the possibility of the--it was a great fear. And I think it was

panic to the extent of a serious consideration panic rather than an explosive type of panic, a calm panic, but trying to evaluate the situation.

I know it became so acute that at one time--there was a spur track, as I mentioned earlier, which ran just adjacent to the property across East Bessemer Avenue--Dr. Harry Strickland, who also was later a member of the board, was also on the staff of Southern Railway Company in their legal and medical setup. And we were having such a problem in finding rooms that Dr. Strickland--he did a lot of innovation--Dr. Strickland made arrangements with the Southern Railway Company and the Pullman Company to pull a Pullman car into the siding--which was right next to, and still is right next to the old building, what they learned the old building was located--and to house nurses in Pullman cars until the situation began to level out. Fortunately--I always liked the idea of having, of doing that--but fortunately, it didn't come quite to that point. And the hotels began to set aside space for nurses and personnel. And, eventually, as the situation subsided, the fear had subsided as well.

EP: Was there ever a virulent outbreak of polio in Greensboro and Guilford County?

JF: Oh, yes. Yes. As a matter of fact, during--well, the peak really came shortly after the ORD building, the old recreation hall was occupied. And pretty soon that didn't--the intensity was so great that that didn't take care of things, and we moved, into the old *News and Record* building on Greene Street, which had been abandoned by the news company and actually belonged, I think, to the city at that time. That was refurbished and made into a hospital type of a setup, and divisions were set up there. Well, that we knew was temporary because cases--you asked about the intensity in Greensboro.

Yes, Greensboro and Guilford County--Guilford County had, it seemed to me, more or less, the focal point. But when the hospital was established, even in the ORD days, patients were sent, I remember, from Wilmington, Fayetteville, Winston-Salem, Sparta, all around the state. They came, started coming in and eventually did. As a matter of fact, finally in the newest hospital it finally occupied, there were over two thousand cases that came through that hospital in a relatively short period of time.

EP: Do you have any figures on cumulative number of cases that were treated at the hospital here?

JF: At which hospital?

EP: At the hospital in Greensboro, out at the--

JF: Well, that was twenty-two to the twenty-three hundred cases went through the ORD unit. So, we certainly could not have handled or could not have not set up to handle that many cases in even the ORD, the recreation hall, or the *News and Record* building.

EP: What sort of precautions or changes in lifestyle were evidenced in Greensboro at this time? I know, for instance, the--many people carried children to the drive-ins, and drive-ins did a booming business because they didn't want to be associated with other people in regular movie theatres. They could stay isolated in their cars. What sort of similar activities took place?

JF: Well, swimming pools were completely off-limits. You mentioned the theatres. Churches were affected to some extent. Any public gathering was pretty well monitored and minimized, as a matter of fact. People just didn't want to take the chance of exposing themselves.

And another thing that soon became evident is that while polio primarily was, and is--mostly was, thank goodness--a disease that affected younger people, we began to get people twenty, twenty-one, twenty-two, twenty-five, thirty years old, the older would also develop it. So, it seemed to be so widespread that it wasn't particularly categorized in any given age group.

EP: Were these activities--these limitations on social activity--were they voluntary, or were they imposed by the authorities?

JF: Voluntary. We had some, I would call it, more or less, assists from the authorities. They didn't--there was no law or no specific requirement legally. But it was always suggested that minimum gatherings be held, if they had to be held, to make them absolutely minimum.

EP: Were these activities directed by the local chapter, or did you serve in advisory capacity? What was the function of the local chapter?

JF: The function of what?

EP: The local chapter of the--

JF: Well, the local chapter--and, again, somewhat contrary to the national operation, national immediately came into the picture. With the experience in Hickory still fresh, relatively fresh in the mind of the national foundation, it became sort of a question of the function of the local chapter, assisted more or less in the background by the national foundation. But the entire responsibility was at the local level.

Well, then it became--at the time the *Record* building was occupied--it became evident pretty shortly that that too was going to be insufficient. So, there was only one answer that we could come up with, and that was to build a hospital.

There was land adjacent to the old county home, at the corner of Huffine Mill Road and the Burlington Highway. At that time it was a sugar cane field. [We] went before the board of county commissioners, and the net result of that was that the county commissioners gave to the national--to the national foundation, to the local foundation--at least on the cane field there was the understanding that should it ever be abandoned, anything, the building or anything that was on it, would revert to the county.

Construction was started, and many, many things happened. No one knew exactly what it was going to cost. They figured about thirty thousand dollars would build a unit, a temporary unit. We went ahead forgetting about costs. Of course, immediately they started throughout the state--particularly the western section of the state-- campaigns, voluntary campaigns, by groups, auctions and became very very famous in these activities, auctions for the benefit of the hospital fund.

In the meantime, the building proceeded. And as it proceeded, cases continued to build up, and instead of having some thirty-thousand dollar unit, we eventually, of course, had to enlarge and enlarge and enlarge. And the estimate on the final building was about four hundred thousand dollars. The fund didn't have much money. In terms of money, [it] had not been raised, but people were so anxious to help, for example.

And then another thing, you can't confine the interest. And you can't confine the contributions to North Carolina. They came from all over, all over the United States.

Labor was of course a factor. So far as I know, it was, and perhaps still is, the only project that there had been constructed with non-union and union men working side by side doing the same jobs. We had no particular hours. Lights were set up on the ground. Some of the work was perhaps a little amateurish. But everybody pitched in to give either time or money. We had, for example, the restaurants on Sunday--we had crews working, of course, on Sunday--the restaurant association would bring us lunch on the grounds. People were just so anxious to do things you almost had to look around for something to assign to them to get them to do.

EP: You said crews. Were these professional construction workers or also just private citizens who were working?

JF: Well, we saw both. In the plumbing, for example, we had one steam fitter who actually lived and worked in New York, but he happened to be in North Carolina, and he worked out there ten or twelve hours a day. If there was any payroll, we didn't know anything about it.

EP: So, the local chapter did not solicit this aid. It was just offered and volunteered, and then you assigned the positions as they came up.

JF: And, of course, the problem, too, was accentuated by the fact that materials, building materials, were still not generally easily available. For example, window sash, the building was designed for steel casement windows. Well, at that time, you couldn't find steel casement windows.

EP: Because of the shortage--

JF: Shortages. Most shortages still had not been overcome. We finally located window sash, just exactly what was needed. Still on a project, waiting for the project to get under way, and from Brooklyn, New York [?], we worked it so that those sashes eventually came into Central Carolina Hospital.

Cement was an extremely difficult thing to get. Well, that was quite a story, too. Dr. Harry Strickland, who I mentioned earlier, had been assigned to Washington [D.C.] in the Navy. And he had, of course, a number of friends. And he had a friend in Washington who was a liquor dealer, and the liquor dealer was a friend of some people in the cement business. And we finally got a carload of cement out of Baltimore, Maryland, by using the influence of these gentlemen. Things were just--we didn't know from day to day what the requirement would be.

Now Ed Lowenstein did all of the architectural work. The materials--they came, as I said, from all points around. One of the more interesting--well, I used to have a little set of cards that I cut, I listed the--I had twenty-seven different cards. Eventually it actually happened in obtaining materials for the project.

We needed lumber, roofing. Well, everybody was so anxious and so intensive in trying to get this project accomplished. We learned that there was some material and lumber, exactly what we needed, in a place in Kentucky, Louisville. We knew that Blue Bell [Inc., a Greensboro-based textile manufacturer] had trucks running in that area. A truck of Blue Bell was diverted to Louisville to pick up the lumber, which it brought into Greensboro, no charge. We also found out that down in Laurinburg was also some lumber, and the Turner Transfer Company had trucks running in that direction, so they brought in.

But perhaps the outstanding material project involved the Trane Company of La Crosse, Wisconsin. Trane manufactures heating and air-conditioning equipment, and a local dealer for Trane had participated, and he found a used Trane unit in the heating. The factory was contacted, and actually a number of the employees of the Trane Company in La Crosse gave a day's work to the project.

And when the material became available, then we had a problem with transportation. So, at that time we had Judge [E.] Earle Rives involved, and Gordon Gray

was chairman of the Defense board, I believe. Anyhow, he and Kenneth Rayle[?] of Goldsboro were in Washington. So, the idea came up, well, this transportation from across Wisconsin, "Oh, that's a pretty hefty bunch of equipment." It would be costly as well as requiring time. So, we contacted Judge Rives. Judge Rives in turn contacted his friends in Washington. Secretary Rayle arranged for two C-80 cargo planes to pick up the heating equipment in La Crosse, Wisconsin and fly it into Greensboro.

At this particular time, the C-80s were assigned out of Greenville, South Carolina. And we were given the names of the officer to contact in Greenville. And it so happened at that particular time, that the English Air Corps and the United States Air Corps had been doing some exchanging of officers and training. And I never shall forget the officer to whom we were referred was a true--well, he was a cockney if I ever talked to one. And we finally got it all set up.

The material that we picked up in Wisconsin and back to Greensboro, we had it timed so that at exactly six o'clock the cargo ships were supposed to put down. We had the Shrine Club; we had trucks--tractor trailer--out on the site. I was told later by the officer in charge of the two C-80s that they had to fly around Albemarle for about twenty minutes to keep from getting here before six o'clock. But it had been timed so perfectly that by the time the C-80s cut the motor, trucks were backed up to the C-80s the equipment was loading on the tractor trailers. The police escort took it across to the site, and some steam fitters were there awaiting to put the equipment into place.

As a matter of fact, it never did become--we never did make it too generally known, but it had to be set out just a little bit, because we actually weren't quite ready for the heating to be installed. But we didn't want to make it appear that we didn't need it in a hurry.

I know Norris Hadaway said to me, "You know, what if the army, and what if the government catches on to what we're doing here?"

I said, "That's all right. That doesn't worry me in the slightest. We're saving faith. We're doing a lot of things that we don't have to worry about." I didn't believe we needed to be concerned in an emergency situation.

EP: There are several things I just wanted to clarify here. You said that initially the polio epidemic began in Guilford County in 1942. When was the height of the epidemic?

JF: In 1948. See, that was the year the hospital was built, as a matter of fact, in ninety-five days from ground breaking to occupancy. And it was quite lovely--and the unit still stands.

EP: And the official name of the hospital was--

JF: Central Carolina Hospital. There are so many things that just didn't seem to fit into place.

EP: You've described that there was so much cooperation, volunteer support and everything associated with the building of the hospital. Were there no elements of dissension within the board or in the larger community?

JF: We didn't have time for dissension. No, as a matter of fact, people were too concerned to waste time on dissension. Everybody was so anxious to get this unit constructed. Because children throughout the state were being--matter of fact, not being properly hospitalized in a lot of cases, and they were bringing them in by ambulance.

And the situation, I remember, at one time was so acute they were bringing them in at night--and Dr. Lattimore, Dr. Strickland, Dr. John Register--but the tracheotomies the one that we used, one of the first things that they did to relieve the breathing problems in the child. And a number of nights I held hands of a child while a tracheotomy was being performed.

EP: You mean there weren't what we would come to associate with the conditions in operating rooms today, the sterile conditions, most modern technology? It sounds like it was almost what you would associate with battlefield conditions.

JF: It was close to it, because we didn't have the facilities available. When we finally built it--one of the interesting things, when the unit was finally constructed, we had included a relatively small operating room because frequently minor operations were performed, particularly involving the muscles in the thumb. And Dr. John Register, we were taking him and showing him the operating setup. And he wanted to know about whether or not we'd put anything on the floor to guard against electricity. We hadn't done that. So the operations that were performed--and several were performed out there--the personnel, we had to get chains and put them around their ankles to ground them during the operations since we hadn't included grounding in the operating room itself. Just another one of the instances that--in a hurry we tended to overlook a lot of things. We didn't put in a pool.

EP: You mentioned Dr. Sam Ravenel. Who were some of the other principal physicians who were--

JF: Dr. John Register, Dr. Eulyss Troxler, Dr. Jim Carter--Dr. Jim Carter took care of the dental problems of which there were quite a few--every doctor in Greensboro. Dr. McAlister, Dr. Jean McAlister, contributed tremendously to the overall operation. Every pediatrician in some way and some of the other doctors, of course, did contribute.

I remember on one program, Dr. Ravenel was asked, "You doctors are not charging anything for these services. Isn't that getting close to socialized medicine?" And

Dr. Sam Ravenel, a great guy, I never will forget it, said, "No. What we do comes from the heart." That pretty well answered the question about socialized medicine.

EP: You mentioned that you didn't build a pool and that these emergency operations were performed there. Just how extensive was the care at the hospital?

JF: Of course, we brought in physical therapists from first in Boston and New York. And we had a staff of physical therapists, and it was constant treatment in that respect.

As a matter of fact, we finally did put in a pool because the buoyancy of the water, of course, you know [gives] a chance to flex the muscles and work the muscles. But the first day the water was put in the pool, one of the physical therapists fell in, but that didn't hurt anything.

And perhaps one of the greatest things--and there were so many good ones--the hospital was just, at that time, just outside the city limits which ended at Huffine Mill Road. Bus service stopped at eleven o'clock. Drug stores did not deliver outside the city limits of Greensboro. So, immediately we realized we had a problem with transportation. The eleven o'clock--

[End of Tape 1, Side A--Begin Tape 1, Side B]

JF:--outside the city limits of Greensboro. So, immediately we realized that we had a problem in transportation. The eleven o'clock shift at Moses, of course, would not get off in time to catch the eleven o'clock bus.

The hours of the hospital are twenty-four hours a day. And medicines, in emergency cases, were needed on emergency basis. So, in discussing it, we decided we'd have to have some form of transportation. So one day at lunch, we had our little luncheon gatherings. We discussed what we needed.

Again, at that time the group that was trying to build the hospital and get it in shape was not concerned about--there was nobody, as far as I know, I never asked anybody whether they had a dollar in the bank or--finances were not any concern.

EP: What were the state of finances?

JF: Money was coming in all the time. [coughs] At this particular luncheon, we decided we had to have some type of transportation. I said, "Well, there's only one person that I can think of in the United States that could give us a station wagon without having a meeting of the board of directors, and that's Henry Ford." So, I got back to the office and put in a call for Mr. Ford in Dearborn, Michigan. The first person I get was a male secretary who wanted to know for what purpose I wanted to talk to Mr. Ford. And I told him about the serious situation in North Carolina in polio. [coughs] He referred me to two people: Mr.

Leith[?], and a Mr. O'Neill[?]. I explained to them the situation. Of course, their immediate answer was exactly what I had expected, that if they gave Central Carolina Hospital a station wagon, every hospital in the country would be wanting a station wagon. To which I countered that there was no other hospital in the United States like this. Actually enough, there wasn't. [coughs]

They asked me to send--gave me an address, Mr. Ford's personal mail address--asked me to send gloss prints and clips from newspapers about the situation. And do you think a bunch of clips and cross prints didn't get out of air mail special that night? You bet your life, it did.

In less than a week, I got a call from these gentlemen. And they said that Mr. Ford had arranged for the district office in Charlotte to deliver a Ford station wagon through [?] Motors, I believe it was at that time--Ingram, Ingram Motors it was at that time. And sure enough, a station wagon with insurance, with license tags, with gasoline tank filled, was delivered to the polio hospital, for which no one dime was actually paid. And that was an indication of the interest, the wide interest and the wide concern.

EP: You've mentioned that Guilford County was a central area for the outbreak of the disease in North Carolina. And you've also mentioned there was no other similar hospital like this in the United States, despite the fact there were many prestigious hospitals around the country. How did such a unique hospital come to be built in central North Carolina?

JF: To me, an emergency which apparently did not exist to the extent anywhere else in the United States--of course, eventually the Salk Foundation and the Salk operation came into the picture. And, of course, they also had been at Camp Sutton--as a matter of fact, the people remaining in the old Hickory unit were transferred to a unit at Camp Sutton, where Camp Sutton was located. And eventually there was a small unit set up in Charlotte, the Charlotte Memorial Hospital in about 1944 or '45, along in there. [coughs] But I don't think there has ever been exactly the same situation, nor has there been the same method of handling a situation of an emergency nature. It was fabulous, and an experience that you'll only have once in a lifetime.

EP: When did the panic or the emergency begin to slack off?

JF: The hospital was occupied in October of 1948. In the middle of 1949, there began to be--well, as a matter of fact, the fall, the winter and the fall of 1949. See, polio seemed to be a disease happening more frequently in hot weather than in cold weather. The summertime was always the dreaded time. But fortunately, the fall of '49 there began to be some diminishing. There was some incidents, increased incidents in the summer of '49. [coughs] But then, the later part of '49 there began to be a diminution.

Another angle that was very interesting, after we had occupied the Central Carolina Hospital, the wings were set up on a basis of age and sex. In other words, a group of five/six years old, black and white--there was no distinction whatsoever except from the standpoint of age and sex.

EP: Despite that the rest of society is still--

JF: At that time--at that time that was unusual--very unusual in 1948. I had a call one day from a very prominent Greensboro attorney, a good politician. And he said, "John, I understand that your patients out at the hospital, that the black patients and the white patients are side by side in the units." He said, "The governor called me and wanted to know about it, and questioned whether or not that should be done."

I said, "I tell you what you do. You go back to the governor and you tell him if he wants to be crucified politically, just bring that up as an issue." I never heard any more from that one.

But the only distinction--as a matter of fact, it was quite interesting, and no one, no one was concerned about integration or segregation insofar as the hospital--there was never a mention that I can ever recall in that area that anyone ever questioned it at all. The problem was too serious.

EP: Were these people expected to pay for the treatment they received?

JF: The national foundation paid for the majority, I would say, of the expenses. Each chapter, of course, paid for the expenses of their patients, which were very minimal. The national foundation sent back into North Carolina more money than they ever took out or ever will take out of North Carolina.

It's a tremendously expensive disease. Braces, for example, have to be tailor-made. An experienced person has to fit braces. And it's an extremely expensive disease from inception to even when a person gets out with motor deficiencies. And there were many who did. At the same time, there are many who today still bear some marks of the 1948 epidemic.

EP: Did the hospital continue in operation for some time, or was it more--

JF: Yes. It continued, of course, even though the incidents declined, there still were patients that needed treatment; and polio was a long-term treatment problem. And for a number of years the hospital operated, giving--having clinical outpatient services, some in-patients of course.

As a matter of fact, early in the period of construction, our slogan was, "we're the only people we know that are trying to put ourselves out of business." Unfortunately,

eventually we were put out of business. The hospital reverted to the county. The county, of course, added to the county home operations for indigent people. And we did put ourselves out of business.

EP: Why did it revert back to the county?

JF: Because in the original agreement, you recall, at the time the county gave us the land on which to build it, the agreement was that eventually, when it was no longer needed for polio, then it would revert to the county.

EP: And why was it no longer needed for polio?

JF: Because polio became extinct. The Salk vaccination--the Salk vaccine came along, and very, very rarely do you hear now of a case of polio.

EP: Did the people who were originally hospitalized in '48, did they stay there for quite some time, or were they eventually sent on to other polio treatment centers?

JF: No, there was no other. They stayed there until they were released to go back to their homes, not to another hospital. Some of them it really didn't even matter. Some of them stayed just a few weeks. Some of them stayed months. It's an insidious disease. It was unpredictable.

EP: What date did the hospital revert back the county?

JF: [clears throat] [pauses] I'd have to check the record on that. I would think about nineteen--about 1950 to '55, along in there.

EP: So, it was really a period of about seven or eight years.

JF: Yes.

EP: This remarkable cooperation between private industry, the general population contribution of volunteer work over such a broad area, seems rather, somewhat less likely today than then. To what do you account that period of cooperation?

JF: Less governmental interference. You asked a question, a big question, and I answered it in a hurry. But I think that the people realized that they had a problem which they and only they could solve in time. The red tape of government would have killed the whole project. As we were quoted one time in the paper, I believe it was Stephen Decatur who

said, "Damn the torpedoes, full speed ahead." And that was our theory, and that was our practice. We didn't ask questions of anybody.

EP: What was the size of Greensboro at this time?

JF: An approximate figure, or a--

EP: General figure.

JF: [pause] I would say about sixty thousand.

EP: Do you think the fact that it was essentially a small community, as compared with the approximately hundred and fifty thousand today, had a factor in this cooperative spirit?

JF: Unquestionably. It was a closer, closer-knit people. Of course, you've got to remember that Thomasville, Lexington, Winston-Salem--this just wasn't specifically confined to Guilford County. It just so happened that Guilford County had the things that these other counties needed.

EP: You say the group of physicians who contributed their time, the people who contributed the money--did they begin to turn back into the private sector? Was this just a short period of inter-cooperation, and then the hospital worked on a, more or less, day-to-day business activity after initial outgrowth of, or outburst of activity?

JF: Well, of course, eventually I'm sure that the reversion to private practice came about. However, for a long period of time, doctors, particularly your doctors: Dr. Register, Dr. Troxler, your people in that area--the problems after the disease ran its extreme course, then [came] the question of restoration, rebuilding, of rebuilding muscles, of rebuilding, revitalizing and attempting to revitalize nerves. And the pediatrics, of course, were still a problem in the younger children to some extent.

But the greatest problem was that which the orthopedic men had to solve and had to come and fix. But Dr. Troxler and Dr. Register, primarily, were responsible for that. And for many, many times in many, many cases, I'm sure they were never paid. They didn't ask for it. Eventually, of course, a setup was made whereby--they were minimum fees for outpatients especially. And they were set up on the basis of the ability to pay.

EP: Was this a fairly regional phenomenon, or were there outbreaks of polio across the country?

JF: I don't think there was ever an outbreak as severe as this particular one in '48. There were, and there have been some outbreaks, but I don't think any had ever been as serious.

EP: What was the speculation as to the focusing of the disease in this area?

JF: That's an awfully hard question to answer. I can say this, that in 1947 Phil Landoff[?], who was the national foundation representative in Chapel Hill, had given to the chapter certain statistical information and certain studies that had been made by the national foundation and its staff, which indicated that North Carolina would probably be a focal point for a rather extreme situation.

I remember Phil told the local chapter not to get excited. See, '44-'45, or '44, Hickory and Charlotte, in '45, had more or less geared the people to understand what polio was, what it did, and its effects. And actually the prediction, it turned out to be unfortunately too correct. The prediction was made that we could expect, particularly in central North Carolina, a rather severe epidemic. As to the basis of prediction, I couldn't answer it.

EP: I'd like to turn now to another area in which you were a very prominent figure, and that is the school desegregation issue of 1950--following the Supreme Court decision of 1954 [*Brown v. Board of Education*]. What was the feeling on the board [of education in Greensboro] and in the community, in general, concerning desegregation of the schools?

JF: Well, of course, the decision to which you refer, May 17, 1954, just so happened that that was a Monday and--a Tuesday, rather. And our regular monthly meeting was on the night of May 17, 1954, and the decision had come down that day. And our first reaction, of course, was one of great concern.

We of course went through the days of the Pearsall Plan, went through the days of planning to obey the law, the laws of the United States, but at the same time to maintain or to retain, as much as possible, a segregated system.

The reaction of the people--it's extremely difficult to describe it. There were the--an absolute minimum of people, either black or white, who were strongly active in promoting integration in the schools.

EP: Who were those people, for instance?

JF: Jesse Jackson, certain of the people at A&T University [North Carolina A&T State University] here in Greensboro--

EP: As early as '54?

JF: Yeah. Jesse Jackson, of course, came along a little later. He was not in '54. And I would say there's always a certain group, call them do-gooders if you want to, who think that there are injustices whether there are injustices indeed or not. But that was an absolute minimum. Very few people openly took a stance for an integrated school system.

EP: You mentioned a plan. What was the plan?

JF: The Pearsall Plan was a plan, developed primarily by Tom Pearsall, which offered an option. Of course, there were other conditions, but the essence of the Pearsall Plan was to offer the option--if a person, if a black person wanted to go into an integrated system, they would be paid to go to a school of their choice or to go to other fields. That there would be a limited, rather severely limited acceptance of some blacks in the system--it was a rather complicated system.

Of course, it appeared at first that the Pearsall Plan was within the law. Later, of course, it was held to be unconstitutional. I would say that the Pearsall Plan primarily was not one to flaunt the law so much as to, as to ease the pain of making the move.

Now Tom Pearsall, of course, was from Rocky Mount in eastern North Carolina--was rather severely segregationist. In the Piedmont, which--Durham, Greensboro, Raleigh, Winston-Salem, Charlotte--there was more a metropolitan, more a cosmopolitan group of people than in eastern Carolina--eastern Carolina primarily at that time [was] an agricultural area. So there wasn't the intensive feeling, I don't believe, in the central area that there was particularly in the east. The west was relatively quiet. Most of the problems came up from the east.

EP: Well, Mr. Foster, we are about at the end of this session. I would like to continue this discussion on a subsequent tape. I'd like to close this session by asking you, who were other members of the board?

JF: At the time--Dr. William Hampton, the black gentleman, one of the finest men I think I've ever had the privilege of working with was a member of the board, a grand gentleman; Dr. Raymond Smith, who at that time was a teacher in the education field at Greensboro College; Mr. Holderness, Howard Holderness, who at that time was president of Jefferson Standard Life Insurance Company; Mr. J. C. Cowan, who was vice chairman of the board of Burlington Industries; Mrs. Sarah Mendenhall Brown, who was quite an active person, a staunch Quaker, a very fine person indeed to work with. Now who have I forgotten? I'll have to check that out.

EP: Well, I look forward to discussing that on a subsequent tape. I want to thank you very much for participating in the Greensboro Public Library oral history program, Mr. Foster.

I think your discussions of the Carolina Central Hospital and the beginning discussion of the desegregation issue has been very helpful.

This has been a segment of the Greensboro Public Library Oral History Program. It was filmed at the library on July 26, 1978.

[End of Tape 1, Side B--Begin Tape 2, Side A]

EP: Today's interview is the second in a series of interviews of Mr. John R. Foster, who was instrumental in the founding of the polio hospital during the polio epidemic of Greensboro in 1948, and the founding of the GGO, Greater Greensboro Open, in 1938, and in the--he was a member of the school board from 1952 to 1958, and chairman of that board from 1956 to 1958. I'd like to welcome you once again, Mr. Foster, to the Greensboro Public Library Oral History Program. I'd like to begin by talking about the desegregation of the schools as a result of the *Brown v. Board of Education, Topeka, Kansas*, decision in 1957 by the Supreme Court--1954 by the Supreme Court, excuse me. During what years were you on the board of education in Greensboro?

JF: Nineteen forty-eight to 1958--as you mentioned, the chairman from '56 to '58. But the decision came down on May 17, 1954. I was, at that time, a member of the board, and Mr. Hudgins, Ed Hudgins, was chairman at that particular time.

EP: Who were the other members of the board?

JF: Mrs. Sarah Mendenhall Brown; Dr. Raymond Smith, professor of religion at the Greensboro College; Mr. J. C. Cowan, vice-chairman of the board at Burlington Industries; Mr. Howard Holderness, at that time president of the Jefferson Standard Life Insurance Company--[pause] there were two others, [laughing] I was one of them--oh, the other was one of the most important members that was on the board, and one of the finest gentlemen I ever worked with, Dr. William Hampton, who was a black physician here in Greensboro, and a former member of the Greensboro City Council.

EP: Did the Greensboro Board of Education anticipate that the Supreme Court would order integration in public schools?

JF: Yes sir, yes.

EP: What plans did it consider to implement this desegregation?

JF: Well, of course, from 1954--as a matter of fact, prior to 1954, things were being readied with a realization that there'd be a high probability of a decision coming down just as it

did, and requiring some action on our part--the part of the entire educational system in North Carolina in the South. We upgraded all of the facilities in the Greensboro system with particular reference to improvement in those schools which were entirely black at that particular time. We attempted, after the decision came down, then to adapt our plans to tie into the Supreme Court decision, recognizing that the decision had not been fully implemented. That is, the regulations under the requirements had not been fully defined. So we were at a loss to know just exactly which direction would be the best for the entire system. And the entire system was our primary concern.

EP: There were no guidelines coming down from the federal government?

JF: Not in the early stages, no. As a matter of fact, the guidelines--such guidelines as there were--came down very infrequently and somewhat rarely.

EP: What was the plan that was adopted, and who sponsored it?

JF: Well, of course, the entire state was affected by the Pearsall Plan, a plan devised by a Mr. Thomas Pearsall of Rocky Mount, an attorney and a member of the legislature, I believe of the senate. And the Pearsall Plan was designed to try to tie into the legal requirements of the decision as set down by the Supreme Court. The Pearsall Plan, of course, provided that there would be some choice. Students, if indeed a parent wished his child, under the Pearsall Plan, to attend another school, provisions were made for applications and the board would, under the plan, would attempt to do everything possible, within the limitations of space of course, to honor the desire, the wish, of the parent. That plan, of course, was eventually held to be unconstitutional.

EP: At what date was it considered--held unconstitutional?

JF: Approximately 1956--latter '56, early '57 I would say, because of the requirements of going through the legalisms and courts and so on. But about a year, or perhaps a little more than a year before the final '58 situation--where actually integration did begin '58.

EP: Are you saying that integration did not actually take place in Greensboro until 1958?

JF: Perhaps that statement might be misleading; however, I don't believe there was a black student in a normal otherwise, or previously white student body until 1958 when the young lady [Josephine Boyd] was admitted to Greensboro Senior High School, which is, of course, now Grimsley High School.

EP: Who were the principle opponents of integration in the community?

JF: Well, of course, on the night of the adoption, which was July 1958, at the full meeting where the new plan was adopted, where a child was actually assigned--a black child was actually assigned--I don't know, I'm not exactly [sure] why so many people knew that that meeting in July, which was a specially called meeting, knew so much about it.

But the meeting room at the old Simpson Street School was rather small in the first place, but it was crowded; the rooms adjacent to it were crowded; the lawn was crowded with people, and at that time, perhaps the--well, actually the leader of the group, at that time, in opposition was Mr. Leroy Shuping, an attorney here in Greensboro, and I believe he represented the Sons of American Revolution or the Sons of the Confederacy or some organization which was violently opposed to any form of integration. Of course, Mr. Shuping claimed that being a constitutional lawyer, he was sure that the framers of the constitution did not intend, or did not have in mind that the constitution would ever be interpreted in such a manner.

And he was, of course, one of the leaders at that level at--there was a fellow by the name of Webster who was later charged, I believe, with interfering with the process of integration, and as a matter of fact, the only pictures that appeared in *Life* magazine after the--the issue after the meeting--was a picture of Webster in Gillespie Park School.

EP: Were there any opponents on the school board? What was the prevailing atmosphere on the school board itself?

JF: The developing atmosphere on the school board itself number one, no question, was that it was the law of the land, and that our duty was the law of the land. Remember we had--and the thing I tried to emphasize at the time--we had taken an oath to support the laws of the state of North Carolina, not inconsistent with the laws of the United States. So how could we, how do we do otherwise, since we had agreed, had sworn ourselves to obey the laws of the United States and the laws of North Carolina as long as the laws of North Carolina were not inconsistent with the federal law?

So, from that standpoint, from a legalistic standpoint, there could be no opposition, not from the standpoint of--should we say emotion? I don't think that any one member of the board was violently opposed to integration. There were those of us who--and I include myself--who perhaps felt it was going to be quite a painful situation, a change overnight practically of what had gone on for more than a hundred years, and wouldn't come easy.

Most of us had been raised--most of the members of the board had been raised in this section of the country, and it was, of course, an extremely traumatic social experience. Dr. Hampton--I always have to refer to Dr. Hampton as one of the finest gentlemen I ever worked with--Dr. Hampton being a black himself, was one of the most cooperative men in attempting to solve the problem with the least confusion and the least

opposition from any standpoint, either black or white, and he meant an awful lot to that board in that period.

EP: What were some of the problems that the board anticipated in implementing the plan?

JF: Well, of course, the most immediate problem, and the one which, of course, had been emphasized by the opposition, was the social aspect of the black and white children being associated together, and the social aspects of school to school. Clubs, for example, football, basketball, baseball teams, dances--that sort of thing was a great concern of most people I think.

EP: What incidents, if any, resulted from the integration of the public schools?

JF: There was no serious incident that I recall. There are a few vandals I should say, perhaps, over-zealous persons. A few painted sidewalks, a few obscenities, so far as--

EP: No out and out confrontations or altercations?

JF: Not to my knowledge. The most serious thing, of course, and this only concerned the members of the board and those in a position to--not as students, but to have something to do with the overall plan--were the bricks that were thrown through windows of board attorney Mr. Robert Mosley, the cross that was burned in his yard, the brick thrown through the window of Mr. Snider, Bill Snider the editor of the [*Greensboro Daily News*], who I believe had a child in the crib sleeping in the room where the window [was] through which the brick went. There were several others who did suffer some damage from bricks being thrown through--

EP: Did you suffer any intimidation or threats?

JF: No--

[End of Interview]