

Interview with **Dr. William Dinkins**

September 13, 1979

Camera Rolls: 1-2

Sound Roll: 1

Interview gathered as part of *America, They Loved You Madly*, a precursor to *Eyes on the Prize: America's Civil Rights Years (1954-1965)*. Produced by Blackside, Inc. Housed at the Washington University Film and Media Archive, Henry Hampton Collection.

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Note: These transcripts contain material that did not appear in the final program. Only text appearing in *bold italics* was used in the final version of *Eyes on the Prize*.

00:00:32:00

[camera roll 1]

[sound roll 1]

[slate]

CAMERA CREW MEMBER #1: —SEGREGATED—

[cut]

CAMERA CREW MEMBER #1: SOUND ROLL.

CAMERA CREW MEMBER #2: SPEED.

CAMERA CREW MEMBER #1: ROLLING.

CAMERA CREW MEMBER #2: HAND SLATE.

[clap]

00:00:47:00

INTERVIEWER: WOULD YOU DESCRIBE FOR US HOW ON FEBRUARY 1965 YOU WERE ONE OF THE TWO BLACK DOCTORS ON THE STAFF OF GOOD SAMARITAN HOSPITAL, AND WHAT THE ATTITUDE OF THE WHITE DOCTORS

WERE WHEN IT CAME TO TREATING CIVIL RIGHTS DEMONSTRATORS THAT MIGHT BE INJURED?

Dinkins: When the civil rights movement reached Selma, the white doctors let it be known, maybe not directly but by insinuation, that they would not be involved in the treatment of any civil rights workers who may get injured.

00:01:25:00

INTERVIEWER: AND, IN FACT, DID THAT HAPPEN? THAT THEY DIDN'T TREAT—

Dinkins: Well, that actually happened to my knowledge.

00:01:33:00

INTERVIEWER: ON THE, ON THE NIGHT OF FEBRUARY 16TH, WOULD YOU DESCRIBE FOR US HOW YOU CAME TO TREAT JIMMY LEE JACKSON AND WHAT YOU DID, WHAT OPERATION YOU PERFORMED ON HIM?

Dinkins: On the night of February 16 of 1965, Dr. E.A. Maddox and I, along with Dr. J.H. Williams, who was a dentist, were over at Burwell Infirmary, and they were bringing in victims from Marion, Alabama. And most of the injuries were head wounds, and we were attending to these head injuries and all of a sudden I received a call from the Good Samaritan Hospital that they had a gun shot victim over there. So I told Dr. Maddox that I was going over to Good Samaritan and he and Dr. Williams finish there, and when they finished, come on over to Good Samaritan. So I went over to Good Samaritan and made the preliminary preparations and decided he needed surgery, and I waited for Dr. Maddox and Dr. Williams to appear.

00:02:47:00

INTERVIEWER: WHAT WAS THE CONDITION OF JIMMY LEE JACKSON WHEN YOU SAW HIM?

Dinkins: I would con-, I would consider him in fair condition. He was not in any real difficulty.

00:02:58:00

INTERVIEWER: AND WHAT KIND OF AN OPERATION DID YOU PERFORM?

Dinkins: We performed an operation called exploratory laparotomy, which means you open the abdomen and you trace down the intestinal track, sew up any open wounds that you find, remove any bullet fragments—or, in other words, repair any damage that's done inside. And that's called an exploratory laparotomy.

00:03:26:00

INTERVIEWER: WERE YOU FAMILIAR WITH TREATING GUNSHOT PATIENTS?

Dinkins: I have treated quite a few.

INTERVIEWER: COULD YOU REPHRASE THAT ANSWER DOCTOR, SAY THAT, SPECIFY GUNSHOT?

Dinkins: Gunshot. I have treated quite a few gunshot wounds.

00:03:40:00

INTERVIEWER: WAS THE OPERATION SUCCESSFUL?

Dinkins: In my opinion, it was.

00:03:45:00

INTERVIEWER: COULD YOU DESCRIBE FOR US NOW WHAT HAPPENED IN THE NEXT WEEK AS FAR AS JIMMY LEE JACKSON'S CONDITION?

Dinkins: Well, during the next week, he never, in my opinion was any, in any difficulty at all. And in fact, the night of the second operation, which I believe was the 25th or 26th, I saw him, oh, approximately 9:00 p.m., and he was sitting up in bed and he was talking with the nurses and talked with me. His temperature, nothing remarkable. And doing fine. You could hear normal bowel sounds when you put the stethoscope to his abdomen, and so I went along home and went to bed, thinking he's fine. A half hour later, I received a call from the hospital, some hospital authority apparently had called in another doctor who they said was better qualified than I was and, and he decided that he needed to go back to surgery. So—

00:05:01:00

INTERVIEWER: WHAT DID YOU DO?

Dinkins: Well, I argued against it for a while, but being outranked, I gave in and we took him back to surgery.

00:05:16:00

INTERVIEWER: THIS OTHER DOCTOR, WOULD YOU SPECIFY WAS A WHITE DOCTOR?

Dinkins: Yes he was. He was a white doctor. Yes, he was white.

00:05:24:00

INTERVIEWER: WHEN YOU GOT BACK TO THE SURGERY, DID YOU CONTINUE TO OPPOSE THIS OPERATION, AND IF SO, WHY?

Dinkins: Because I didn't think it—I, I opposed the operation because I didn't think it was necessary. The man was doing all right in my opinion. He didn't need it.

00:05:42:00

INTERVIEWER: WHAT DID THIS OTHER DOCTOR SAY?

Dinkins: He said, we'd take him anyway. He said, we'll take him anyway. So we took him.

00:05:51:00

INTERVIEWER: NOW, NOW WILL YOU TELL US ABOUT, IN THE COURSE OF, OF THIS OPERATION, WHAT HAPPENED AS FAR AS THE ANESTHESIA AND, YOU KNOW, THE STORY?

Dinkins: Well, only thing about the anesthesia is, when you are in surgery you notice the condition of a patient's blood. As long as it's bright red and the patient has adequate relaxation, he's under adequate anesthesia. Now, if he's getting a little too much anesthesia, the blood will begin to turn dark. So after awhile, this actually happened. [missing audio] I saw his blood turn dark. And I called to the anesthetist and said I think you need to put him on 100% oxygen for awhile, and the other doctor said I think we need to give him more anesthesia. I said, no, 100% oxygen, he said more anesthesia, so he got more anesthesia. And the next thing I knew, he wasn't breathing any more. [end missing audio]

00:07:02:00

INTERVIEWER: COULD YOU DESCRIBE ALSO HOW YOU NOTICED THE DIAPHRAGM SLOWLY—

Dinkins: Well, that's what you look at, the diaphragm. You can tell because the diaphragm is responsible for respiration, well partly, mainly the respiration.

INTERVIEWER: WILL YOU DESCRIBE HOW YOU OBSERVED THE DIAPHRAGM—

Dinkins: Well, when you're in there helping you can see the diaphragm going up and down, up and down, and it gets slower and slower, slower and slower, and it stops.

00:07:30:00

INTERVIEWER: AND THAT HAPPENED IN THIS CASE?

Dinkins: That happened in this case.

00:07:35:00

INTERVIEWER: YOU WANT TO CUT FOR A MINUTE?

[cut]

[wild audio]

CAMERA CREW MEMBER #2: SPEED. AND SLATE.

[clap]

00:07:57:00

INTERVIEWER: JUST, LET'S GO BACK OVER AGAIN THE FACT THAT, THE CONDITION JIMMY LEE JACKSON WAS IN ON THE NIGHT OF THE 26TH. HAD HIS CONDITION AT ALL DETERIORATED FROM THE TIME HE HAD BEEN FIRST OPERATED ON, OR WAS HE, WOULD YOU SAY HE WAS ON THE ROAD TO RECOVERY?

Dinkins: In my opinion, on the night of the 26th, Jimmy Jackson was well on the road to recover. He was having no problem, no aggravated temperature, nothing to indicate any danger.

00:08:31:00

INTERVIEWER: NOW, DID THIS WHITE DOCTOR GIVE YOU ANY SATISFACTORY EXPLANATION AS TO WHY HE WAS GOING TO OPERATE?

Dinkins: No, he didn't. He, I guess the main thing he, I guess he was under pressure, too. You see, at first, when Jimmy Lee Jackson came in, he was just another black person who had been shot by a highway patrolman. But after a few days, he became a martyr, and, and then I guess the hospital decided we should have somebody better paper-qualified than Dr. Dinkins to look after him. So they called in one. But Jimmy Lee Jackson turned out to be more than they thought he did, because right now his name is on the statue in front of Brown Chapel Church, which was dedicated to Dr. Martin Luther King, Jr. not too long ago. His name is right on that statue.

00:09:43:00

INTERVIEWER: BASED ON YOUR EXPERIENCE, WHAT DO YOU BELIEVE KILLED JIMMY LEE JACKSON?

Dinkins: In my opinion, Jimmy Lee Jackson died of an overdose of anesthesia.

00:10:03:00

INTERVIEWER: YOU READ THE AUTOPSY REPORT. DID YOU FIND ANY CAUSE OF DEATH IN THAT AUTOPSY REPORT?

Dinkins: After reading the autopsy report, I, I don't see any conclusion in it. Apparently they didn't reach a conclusion, or if they did, they didn't write it down.

00:10:23:00

INTERVIEWER: WHEN YOU, DID YOU ASK THE DOCTOR MORE THAN ONCE TO GIVE OXYGEN?

Dinkins: Yes, more than once, continuously.

INTERVIEWER: COULD YOU SAY THAT FOR THE CAMERA, THAT I—

Dinkins: I asked, I asked him continuously to give him 100% oxygen for awhile.

00:10:43:00

INTERVIEWER: DID HE GIVE ANY EXPLANATION AS TO WHY HE REFUSED THAT REQUEST?

Dinkins: No, I, I know why he would officially refuse it, because someone who, as you say, outranked me told him not to. It's just like a lieutenant saying something and the colonel come along and say something else, you listen to the colonel. Same thing.

00:11:06:00

INTERVIEWER: WAS THERE, DID, DID RACE HAVE AN EFFECT IN THIS SITUATION WHERE YOU—THIS WAS YOUR PATIENT. YOU HAD TREATED HIM FOR ONE WEEK. NOW, ALL OF A SUDDEN ANOTHER DOCTOR CAME IN AND TOOK IT OVER. COULD, COULD YOU EXPLAIN TO US WHY YOU DIDN'T REFUSE HIM—TO GIVE UP YOUR PATIENT—WHY YOU LET THIS HAPPEN? AND YOU FELT THAT IT WAS NOT NECESSARY?

[cut]

[wild audio]

Dinkins: As they say, I was outranked.

CAMERA CREW MEMBER #2: OUT OF FILM.

[cut]

[camera roll 2]

[clap]

00:11:53:00

INTERVIEWER: WOULD YOU TELL US ABOUT WHEN, WHEN JIMMY LEE JACKSON WAS OPENED THIS SECOND TIME, WHETHER YOU OBSERVED ANY CONDITION, INTERNALLY THERE, THAT YOU FELT WAS A GRAVE PROBLEM OR, WHAT DID YOU FIND?

Dinkins: Well, around the, the wound of entrance in the transverse colon, there was an area of what we call necrosis or dead tissue, but which in my opinion would have created no problem. He had it in a suction tube and that was taking care of things very nicely, along with his antibiotics.

00:12:35:00

INTERVIEWER: YOU SAW NO FATAL CONDITION?

Dinkins: I saw nothing that should have been fatal.

00:12:41:00

INTERVIEWER: WAS, YOU MIGHT, YOU KNOW, THEY CLAIMED HE DIED FROM PERITONITIS. COULD YOU EXPLAIN ONE OF THE, ONE OF THE FACTORS OF PERITONITIS—THERE'S ALWAYS AN ELEVATED TEMPERATURE—AND WHAT THE TEMPERATURE YOU REMEMBER OF JIMMIE LEE?

Dinkins: Yes, well, actually there are two kinds of peritonitis. You have a chemical peritonitis which occurs when the intestines are punctured. It occurs immediately. And for the first twelve, eighteen hours you'll have a chemical peritonitis. After that, the intestinal bacteria will invade the abdomen and you will develop a bacterial peritonitis. Now that's the one that can prove fatal. But the bacterial peritonitis was kept under control with antibiotics and it created no problem.

00:13:37:00

INTERVIEWER: WHEN YOU SAW HIM AT NINE O'CLOCK THAT NIGHT, DID HE HAVE AN ELEVATED TEMPERATURE?

Dinkins: To my knowledge, as I remember it, I don't think so. If he had, I don't think I would have just gone to bed as coolly as I did.

00:13:49:00

INTERVIEWER: COULD YOU REPHRASE THAT, DOCTOR, TO INCLUDE THE WORD REFERENCE TO HIS TEMPERATURE BECAUSE—

Dinkins: His temperature?

INTERVIEWER: YES.

Dinkins: In my opinion, his, as I remember, his temperature was normal, or near normal, because if it had been elevated, I probably would have taken some action instead of just going home and going to bed.

00:14:12:00

INTERVIEWER: WOULD YOU TELL US HOW YOU, YOU TRIED TO INSPECT THE, THE RECORDS OF YOUR PATIENT JACKSON RECENTLY AND WHAT THE REACTION WAS OF THE HOSPITAL HE WAS ADMITTED TO?

Dinkins: Well, yes, I made a request to inspect the records because this happened almost fifteen years ago, and since the subject has come up again, I wanted to be sure that I was correct in everything that I was saying, and when I say everything, I mean everything, including his temperature. And in my opinion, that's one of the most important things I wanted to see in that record, what his actual temperature was before he went to surgery the second time.

00:14:58:00

INTERVIEWER: WHAT HAPPENED WHEN YOU ASKED FOR THOSE RECORDS?

Dinkins: I was refused access to the records.

00:15:07:00

INTERVIEWER: DO YOU FEEL THAT THERE IS A COVER UP INVOLVED HERE?

Dinkins: I feel that there's been a cover up all along and it still persists.

00:15:19:00

INTERVIEWER: DO YOU FEEL IN YOUR, IN YOUR MIND AND HEART THAT, THAT JIMMY LEE JACKSON COULD BE ALIVE TODAY IF THAT SECOND SURGERY HADN'T OCCURRED?

Dinkins: I think if we had let him alone, that he would have been all right. You know the best doctor in the world is what we call Mother Nature, and the dear Father above, and I think they were watching over him, both of them.

00:15:52:00

INTERVIEWER: DID THE DOCTOR WHO, DID THE WHITE DOCTOR GIVE ANY EXPLANATION TO YOU ABOUT WHY HE WOULD NOT ORDER MORE OXYGEN? DID YOU DISCUSS THIS AFTERWARDS?

Dinkins: No, I never discussed it with him afterwards, I never did. I didn't bring it up.

00:16:09:00

INTERVIEWER: WHY?

Dinkins: Well, sometimes something's just best left alone. Sometime it's good to pursue things. And sometimes it's just best to leave them alone. And at this particular time and in this particular climate, I felt it was just best to just leave this alone, so I did.

00:16:35:00

INTERVIEWER: WHY WILL YOU, WHY WILL YOU DISCUSS IT TODAY?

Dinkins: Why will I discuss it now?

INTERVIEWER: NOW, WHY ARE YOU TELLING THIS STORY NOW?

Dinkins: Well, time passes, and as time passes you have time to reflect, to think and consider what action should I have taken fifteen years ago, ten years ago, five years ago. If I had to do this again, would I do it the same way? Those things enter your mind. You go to bed at night, they're on your mind. You wake up in the middle of the night, you ask yourself a question. And the question came up and, and I decided that I think I should just state what I know about the case and let the chips fall where they may.

00:17:32:00

INTERVIEWER: DO YOU FEEL BETTER FOR TELLING THE STORY NOW?

Dinkins: I feel like I have about 200 pounds off my back.

00:17:40:00

INTERVIEWER: DO YOU, DO YOU FEAR ANY KIND OF REPRISAL AGAINST YOU FOR TELLING THIS STORY?

Dinkins: There probably may be some, but I don't fear it. I fear no man.

CAMERA CREW MEMBER #2: BEEP.

[cut]

00:17:56:00

CAMERA CREW MEMBER #1: ROLLING.

CAMERA CREW MEMBER #2: HAND SLATE.

[clap]

CAMERA CREW MEMBER #1: LET'S DO IT AGAIN. THERE WAS SOME KIND OF MOVEMENT.

CAMERA CREW MEMBER #2: SECOND.

[clap]

CAMERA CREW MEMBER #1: SECOND STICKS.

00:18:12:00

INTERVIEWER: WHEN YOU NOTICED THIS CONDITION OF THE BLOOD DURING THE OPERATION, WOULD, IF YOU HAD BEEN IN CHARGE, WHAT WOULD YOU HAVE DONE?

Dinkins: I would have told the anesthetist to put him on 100% oxygen, which I did tell him, put him 100% oxygen.

00:18:34:00

INTERVIEWER: AND STOP THE OPERATION?

Dinkins: Well as I said, I don't think the operation was indicated in the first place, but if we, if I had been in the midst of it, well, I would have put him on 100% oxygen and continued, since we were there.

00:18:52:00

INTERVIEWER: DID THE OTHER DOCTOR SAY HE HAD DISCOVERED ANYTHING THAT YOU HADN'T DONE CORRECTLY IN YOUR FIRST OPERATION? DID HE, DID HE HAVE TO REPAIR ANY OF THE WORK YOU HAD DONE?

Dinkins: No.

00:19:07:00

INTERVIEWER: COULD YOU ANSWER THAT QUESTION—

Dinkins: No, I, the only thing was, as I said, there was an area of necrosis around the wound in the transverse colon, but the tube and the antibiotics were taking care of that. That's no problem. It presented no problem.

00:19:22:00

INTERVIEWER: HAD YOU EVER ENCOUNTERED IN AN OPERATING ROOM ANYTHING SIMILAR TO THIS, WHERE A DOCTOR WOULD TELL ANOTHER DOCTOR OF A PATIENT NEED, DOCTOR DIDN'T END UP, AND THE DOCTOR NOT GIVE IT TO HIM?

Dinkins: And the anesthetist doesn't give it to him. It depends, now if you have two doctors in the operating room, you're going to have rank. One is going to outrank the other, and the one who outranks the other one, that's the one the anesthetist is going to follow his instructions.

00:19:55:00

INTERVIEWER: HAD YOU EVER BEEN IN THE SITUATION WHERE ONE DOCTOR WOULD SAY THIS PATIENT SHOULD BE ON 100% OXYGEN AND THE OTHER DOCTOR WOULD OVERRULE HIM?

Dinkins: No, usually when I was in the operating room, it was either, it was usually, I was either alone as the only doctor there, or Dr. E.A. Maddox was with me. And, of course, Dr. Maddox and I saw eye to eye down the line most of the times. Almost 100% of the time, and we never had any disagreement operating room. Sometimes he was the chief surgeon on his patients, I was the chief surgeon on my patients. And he was, listened, I listened to him when he was operating on his patients, he listened to me when I'm operating on mine.

00:20:45:00

INTERVIEWER: IF YOU HAD BEEN ASKED THE DAY AFTER JIMMY LEE JACKSON DIED—SOMEBODY HAD ASKED YOU WHY DID HE DIE?—WHAT WOULD YOU HAVE SAID THEN?

Dinkins: I probably would've said, I don't know.

00:20:58:00

INTERVIEWER: DID THE FBI OR ANY POLICE OFFICERS ASK YOU ANYTHING ABOUT JACKSON'S DEATH?

Dinkins: Surprisingly, no.

00:21:08:00

INTERVIEWER: COULD YOU REPHRASE THAT TO INCLUDE THE FACT THAT, SURPRISINGLY NO-, NOBODY FROM THE FBI OR POLICE—YOU KNOW, YOU KNOW WHAT I MEAN.

Dinkins: Surprisingly, I never was questioned to any extent by any law enforcement agency. There may have been a question or so, you know this is fifteen years ago we're talking about. Somebody may have asked me a question or two, but there has never been any what you call an investigation or a detailed inquiry or a detailed consultation or anything.

00:21:42:00

INTERVIEWER: DID ANYBODY IN AUTHORITY EVER ASK YOU POINT BLANK, WHAT KILLED JIMMY LEE JACKSON?

Dinkins: No, I have never been asked that question.

00:21:51:00

INTERVIEWER: IF YOU WERE ASKED THAT QUESTION, WOULD YOU TELL US AGAIN WHAT YOU WOULD SAY?

Dinkins: At that time, I would have said peritonitis, pelvic abscess. Today, I would say overdose of anesthesia.

00:22:10:00

INTERVIEWER: DID YOU FEEL A SENSE OF PERSONAL LOSS WHEN JACKSON DIED, SINCE HE HAD BEEN COMING ALONG?

Dinkins: Well, I, I do, because I have always had a, an intense interest in my patients. I get involved. Now, that's one thing they tell you in medical school: don't get involved. But I intend to get involved with my patients. I, I have not only sympathy but empathy. I guess—

[cut]

[wild audio]

Dinkins: —because I've had so much illness myself in my lifetime, I can realize how a patient feels, and, and that's the meaning of the word empathy. See you can sympathize with

someone when you haven't had that condition, but if you've been in, you've been in the same boat, then you have empathy. So I can empathize with Jimmy Lee Jackson and other patients.

INTERVIEWER: YOU OUT?

CAMERA CREW MEMBER #2: MM-HMM.

INTERVIEWER: OK, I THINK THAT—

[cut]

[end of interview]

00:23:08:00

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