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## Interview no. 820

María Elena Acevedo Flood

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UNIVERSITY OF TEXAS AT EL PASO

INSTITUTE OF ORAL HISTORY

INTERVIEWEE: Maria Elena Acevedo Flood

INTERVIEWER: Barbara K. Dent

PROJECT: El Paso Medical Community

DATE OF INTERVIEW: May 22, November 4, 1992

TERMS OF USE: Unrestricted

TAPE NO: 820

TRANSCRIPT NO: 820

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BIOGRAPHICAL SYNOPSIS OF INTERVIEWEE:

Director of Area Health Education Center for Texas Tech Medical School; native El Pasoan; attended Houston Grade School; graduate of El Paso High School; attended Texas Western College; married Francis Flood, 1951; former Administrative Assistant to Thomason General Hospital's Medical Director, M.I. Mark; liaison for Regional Program of Texas; negotiator/developer for Texas Tech University School of Medicine's regional academic health center in El Paso; Area Health Education Center Project Administrative Director.

SUMMARY OF INTERVIEW:

Recalls arrival of family in El Paso as refugees during Mexican Revolution; early work experience as medical transcriber, translator, and language instructor; mother's role in founding of Thomason General Hospital's Auxiliary; health care in Mexico; grandfather's employment as Public Health Physician with U.S. government; experience with Regional Medical Program of Texas in developing comprehensive health plans for providing sufficient beds and health care professionals in El Paso; construction of Diablo Hospital by Ray Peck, M.D.; includes detailed narrative on history of Texas Tech Medical Center; development of medical school in Cd. Juárez, Universidad Autonoma de Cd. Juárez; describes establishment of quick-track medical schools to grant diplomas to American medical school aspirants in Mexico, Florida, and Grenada; idea of bi-national medical school after signing of Chamizal Treaty; formation of Chamizal Foundation; sketches history of PAHO.

Length of Interview: 2 hours      Length of Transcript 62 pages

This is Barbara Dent on Friday, May the 22nd, 1992. I'm going to interview Maria Elena Acenedo Flood and the interview is taking place in her house on Saint John Street.

Q Maria Elena, can you tell me a little bit about yourself? Were you born here in El Paso?

A Yes. I'm a native El Pasoan. We are -- my father and mother -- both immigrants from Mexico. So, we are the first generation of American-born children in that family, in my dad's family. My mother was from a physician's family. Her father was a doctor and his father before him in Guadalajara, in the state of Jalisco in Mexico and both her father and her grandfather graduated from the medical college of New York in the 1800s. One in 1852 and one in 1898.

Q And they went back to Mexico to practice?

A And they went back to Mexico to practice, that's right. And my father's family was from the state of Sonora and Mexico City and his dad was a customs inspector for the federal government here in Juarez. And when Pancho Villa hit Juarez, that made my grandfather a Federal, although he was just an insignificant employee of customs and they had to flee to the American side. And my mother's family came from the state of Jalisco to El Paso because they were viewed as affluent, professional families and they were refugees here. They met here, married here, and stayed

here.

Q They came as refugees during the Pancho Villa days, also?

A That's right. Both families were refugees from the Mexican Revolution to the United States. And they settled here and they met here, married in 1925, and my dad worked for the White House Department Store for 68 years and he retired just two years prior to his death. He was 82 when he stopped working and died at 84. And my mom never had employment outside of the house, but was an active El Pasoan, served on boards and commissions, was one of those early women involved in a lot of leadership roles in El Paso. We were three children and I'm a graduate of Houston Grade School, El Paso High School and attended Texas Western College in my era, now University of Texas at El Paso. (I) Met and married Mr. Francis Flood, who with was a Cathedral High School graduate at some high school function and, "hum, interesting person," and then really got to know him as a university student and we were married quite young and are the -- just celebrated yesterday, in fact, our 41st wedding anniversary and we have eight grown children. Seven are married and we are enjoying the first 12 grandchildren so far. So that takes care of who I am. I left the University of Texas at El Paso to be married. That was the custom in that era. And I never -- well, I went back for one semester, but I never really finished. But I intended to go to medical school. I was a pre-med student. So I always kept a tremendous degree of interest in the health care field and stayed in tune.

Q Now, where did you live with your parents?

A Oh, we lived near Five Points. We lived on the 2500 block of Grant Avenue and that's sort of in between -- closer to the Piedres side on Grant and went to El Paso High School, Houston Grade School and El Paso High School.

Q And where did Francis live?

A Francis lived closer to the Saint Joseph's Parish right here near Loretto area and he was a product of Catholic schools. He went to Saint Joseph's Elementary and Cathedral High school. He went to Loyolla University in California and finished at the University of Texas at El Paso.

Q And his folks, where did they come from?

A Francis' dad was an immigrant from Ireland and his mother was born in this country. Her parents and older brothers and sisters immigrated from Ireland to the state of Ohio and she was the first of the children born in this country. Her mother was pregnant with her when she -- when they came over and because of some friends, Mr. Flood, when he came across, went to Columbus, Ohio, met Mrs. Flood there and married. Mrs. Flood contracted tuberculosis in Ohio after some years of married life and the instruction was, "go West." They actually went to Colorado, but the climate was not suited to them and Mr. Flood was able to obtain a transfer with a large plumbing concern that he was working with, Crane O' Fallen, and they got transferred to El Paso. They made their home here, then, and of the nine children, Francis was the youngest of nine, four were born here in El Paso.

So they really considered themselves El Pasoans by the time I became very close to the Flood family. Mrs. Flood recovered from her tuberculosis in El Paso and was never troubled by it again. Had small recurrences occasionally. The case in the last if you months of her life in the -- when she was in her early 80s and became ill with another illness and the t.b. jumps back at them. But they lived her for many years and Mr. Flood worked for Crane O' Fallen and then for Zork Hardware and was a buyer for Zork buying all of the plumbing and that line of hardware for Zork from the major manufacturers to be brought to this distribution center and he retired from Zork Hardware.

Q Now when you -- you have eight children.

A Uh-huh.

Q So therefore in the beginning of your married life you didn't work out of the house, did you?

A No. I didn't. I stayed home and kept in touch with both current events and the health care professions world. I did medical translations. There were some pathologists who were doing work for Mexican physicians, consultant work, and I translated a lot of their pathology work. I did translations of speeches that were given both by American physicians in Mexico or Mexican physicians who were going to present papers on the American side and finally, one day, somebody told me that Dr. Frederick P. Bornstien needed a person to do some work for him and right some papers for him and do some translations and I worked for Dr. Bornstien for a very short time. He was a

difficult employer and -- but, some seven years later, when a member of what was then known as the Rainbow Boys.

Q Oh, the White, Black and Green?

A Green. Right. They were radiology\ pathology group -- asked Dr. Bornstien if he knew of anybody that was familiar with pathology transcribing -- he recommended me as someone who knew it and did a good job. And so I worked off and on as a replacement person for the Rainbow Boys. I would fill in for vacations or overloads, both in their office practice -- they had a private practice office setting -- or hospital-based setting, and I did pathology and radiology and was really just a plain-old transcriber. I also got involved in teaching doctors Spanish so that they could benefit from the language skill in dealing with their patients. And I did that evenings or a couple of hours in the afternoons and that kept me in close touch with many of the physicians in this community.

Q And, of course, you were involved in the Girl Scouts, the Boy Scouts, the Brownies, the PTA, and everything else.

Q Yeah. I did. I did all of that with the children. The one thing I never accepted was any officers role at PTA. I would bake all the cookies and come to bazaars or the carnivals and work and make anything and do anything they wanted but I couldn't cope with the structure of so many, you know, city counsel, PTA, and this PTA. So, I never went up the hierarchy of PTA. It was an interesting time, then, because a lot of us had a lot of children. There were a lot of families in El Paso having eight,

nine, ten, eleven children. No one was as horrified as they are today when you tell them that you've had this many children. And all of us mothers were trying to do that -- help our husbands make ends meet by keeping certain skills up and doing certain added income things and that's what I did. One of my husband's brothers died when he was 41 and it concerned me that there was a history of heart disease in the family and what if I were to lose my husband and Francis would die and I'd have eight children and how would I help support them? So, that's another reason why I stayed involved, to have a skill and not have to say, "well, you know, in high school I took typing," if I had to go into the workforce. I taught interns at Thomason Hospital. One year they recruited -- out of 14 interns, they recruited 12 of them from Galveston, Texas, and two were foreign trained from Ireland, actually and none of the 14 knew any Spanish.

Q What year was that?

A It was 1967, 1968. And, so because of people that knew me and recommended me, the then medical director at Thomason, M.I. Marks, called me up and asked if I would teach the medical residents at Thomason. Well, they were really called interns. All we had was a rotating internship there, a one year program, at the time. And so I began to teach them English\ Spanish combinations that they needed -- cultural capsules that they needed to understand stand the patients they were serving. And from that contact, I was asked to come and work at Thomason Hospital and in 19 -- in September of 1968, I went to work as an



administrative assistant to the medical director.

Q And this was in the new Thomason?

A Yes. It was the R. E. Thomason General Hospital. The hospital district had already been formed. It was formed in the mid-50s and the new hospital had been constructed in 19 -- I'm going to say it began in 1959 and was finished in the early 1960s.

Q Now, did you visit to hospital as a child or a young --

A Yes.

Q -- person before it was -- when it was the old hospital, the old county hospital.

Q My mom, among other things she got involved in, was she used to volunteer at Thomason Hospital. She volunteered there helping with patients before there was even a formal auxiliary -- strictly ladies' auxiliary back then. No one ever thought men would volunteer. And she found that everyone was afraid of the tuberculosis ward because in that era, in the late 1940s and the early 1950s, everyone believed that the red bugs could be caught quite easily. But my mom always used to volunteer. And they had a very large children's tuberculosis ward here in El Paso at Thomason, and so I used to go with my mom down to the children's TB ward to help distribute books and do those things. Everyone was always shocked that my mom or I would even consider going because they were sure that we'd all be dying with tuberculosis eventually, but we never did contract, in fact I never even converted.

Q Oh, really?

A No. And that's interesting because a lot of us do in El Paso. And so I remember well the old TB annex, which is, today, an outlying building still attached to the hospital and used for other purposes.

Q Which annex was that?

A It was -- that's what they called it -- the Tuberculosis Annex. It's the building that's directly behind the County Annex building. It is a stucco building with a tile, Spanish tiled roofing on it. That was not demolished for the new construction. The old hospital, in itself, was closer to the front corner of Alameda and Reynolds, Valverde joint there, that street, and this building sat behind, way far behind it. And right next to it, say 30 feet to west of it was another very attractive building that was also stucco with Mexican tile roofing and it was the nurse's residence. A lot of the nurses that worked at Thomason lived in this residence.

Q Do you remember when they had a nursing school at Thomason?

A No. I do not. I do not recall that at all.

Q It was a L.V.N. nursing school.

A No. Gee, I -- somehow I don't remember that at all.

Q I think you told me one time that your mom was one of the founders of the auxiliary at Thomason?

A That's correct and she, you know, with Mrs. Brodice and Mrs. Tenoco and many other ladies, really generated an interest in participating in an auxiliary and Thomason. The tradition had

been sort of it was a public service, but it was also a societal thing to do in El Paso in the other two hospitals that were existent Hotel Dieu and Providence Memorial and no one really was too interested in the Thomason Hospital setting, the old city county hospital, "El Generale," and so I really do credit my mom, Josephena Asenedo, and her colleagues for having contributed many hours. I have a pin of her thousand hours pin for the volunteer time spent there with patients that, many times, had very few visitors, especially in the tuberculosis ward, and, you know, we used to keep TB patients here a long time, because the distance to go to the state hospitals was so far and so it wasn't just a ten day stay. Some of them were here for three and four months at a time and then if they weren't well, they sent them to the TB hospital.

Q Where was the nearest TB hospital?

A In the lower Rio Grande Valley of Texas.

Q Oh, really?

A Yes. There was none anywhere else. They used to send them all the way down into the lower Rio Grande Valley.

Q They couldn't utilize Fort Bayard or anything like that?

A No. Huh-uh.

Q That was strictly V.A.

A Yeah. Strictly V.A. and that was New Mexico and no, they went down to the Texas State TB hospital. There was one in Tylor and one the lower Rio Grande Valley and I don't remember the city.

Q     Interesting.

A     Yeah. And that was a very problematic, a great majority of the patients were Mexican or immigrants or Mexican\ Americans of first of second main -- many of them third generation in El Paso from very poor families, who were prone to the tuberculosis problem. And, to send them so far, where families could not go and travel to visit them, was very traumatic.

Q     I bet so. The other annex that is there at Thomason, the Gilbert Annex, can you tell me -- do you remember the building of the Gilbert Annex or what caused it to be built?

A     You know, I don't remember exactly what caused it to be built, but there was a problem that they want today separate the psychiatric patients. That's all I recall, is that had to be separated. They could not keep them in the hospital any more. I don't know if a patient escaped from Thomason's walls, or what. Actually, the annex was built before the hospital was finished, before the new hospital was finished. The Gilbert Annex was built with the old hospital still on the grounds, and -- but, they built that building as if the psychiatric patients were in jail. I mean the walls were built extra thick and the doors were steel-core doors and -- they were huge doors -- I remember that so vividly -- so that beds could go through them. They were double wide so that somebody could go through them holding a restrained patient on the bed. It was a tremendously expensive investment for the caliber of construction and it was a locked ward and again that created an issue of lack of interest. Nobody

wanted to go into the "locked ward." But my mom and her colleagues, who were at the same time in the late 1940s, still so volunteering as Grey Ladies at William Beaumont Army Medical Center, and had worked in ward 13 at Beaumont, which was the psychiatric ward, they convinced women that the patients were not potentially harmful to them and that they needed friendship, and they needed magazines and they needed someone to talk to and so the auxiliary ladies began to really work, also, in the Gilbert Annex, which was psychiatric care.

Q Now, your mom was also in the auxiliary at William Beaumont?

A At the same time, Gray Ladies.

Q Was she very active in the Red Cross and the auxiliary during World War II?

A Yes. Uh-huh. She was. My family had a feeling that this country had given them a great deal of opportunities by offering us a new country, new homes, work, education for the children, and so they all inchoate in us what they displayed to the world and that was to give back and that was my mom's endeavor. Maybe it was, having been a physician's daughter and having grown up listening to the stories of the father and the grandfather, that she chose those arenas to work in, mostly. Although, she has served on other things like the El Paso Parks and Recreations Board and she served on what was then called the -- was the equivalent of an adoption board, here in El Paso, but I don't remember the name of that board.

Q Did your mom ever tell you, and your dad, tell you any

stories about what medicine was like in Mexico, when they were children growing up?

A Well, it was a matter of financial resources. If you had funds, you purchased health care from physicians in the stately manner in which, you know, the doctor practiced out of his home or out of the side of the house and -- but I never heard any stories from our family about hospital care in Mexico and the -- my father's family was of moderate means, but apparently had sufficient resources to purchase health care. My mother's family was, technically, supposed to be -- to have been quite affluent - - and so they never had any problem. Their dad was a doc and it was not unheard of for the doctor to treat his own children and family in that era.

Q But he did not practice in a hospital?

A Not to my knowledge. Not in Guadalajara. But remember that they came here, and when he came here, he opened an office in his home that they leased on Magoffen or Myrtle Street, Myrtle Street. But he got -- my grandfather got a job with the Public Health Service, whether it was Federal or State, I have never been able to ascertain. But, he used to travel from here to Laredo. But after a very short period in this country, only six years, my grandfather died of a coronary, and all of my mother's family had to quit school and go to work. She was a second year -- I think she was a sophomore at El Paso High School, at that time. And all of children just quit school and went out to work to support the mama and support themselves.

Q But, he was a public health physician?

A Right.

Q Here in El Paso?

A That's right.

Q Going to Laredo?

A We have clippings of when he opened his office and also an announcement in the El Paso Paper that he had become a public health officer of some sort.

Q Do you have that anywhere that I could make a copy of it sometime?

A Sure. I'll be glad to get it for you.

Q Because public health is also a real important phase, as far as I'm concerned.

A Right.

Q Well, everything's an important phase.

A I don't think we had an organized Texas Department of Health, at that time --

Q -- let's see this is --

A -- we'd be talking about --

Q -- 1912, 1914 --

A -- well I think it would be like 1914 through about 1919, 1920.

Q Well, let's see. Let's pick up you again.

A All right.

Q You were working at Thomason.

A Yes. I went to work for Thomason in 1968. Now it's the

first full-time position that I accepted. Our youngest daughter had just gone to first grade.

Q And you became -- you had a State job, too, didn't you?

A Well, I worked at Thomason Hospital for three years and I learned a great deal about graduate medical education, at that time, both from the environment, where we were developed residency programs there and the internship and also that Dr. M.I. Marks, who was the medical director, had a broad experience in graduate medical education. Then there was a program called the Regional Medical Program of Texas. It was really federally funded down to the U. T. system, believe it or not, in Austin. Not the University of Texas at El Paso, but the systems office. And its intention was to improve the distribution of medical science knowledge from the seat of research and advancement, the Health Science Centers, if you would. Then, they weren't called that, but -- out to the local practitioner and to have emphasis in heart disease, cancer, and stroke. And I was employed by them to direct those efforts here in far west Texas and I worked for that program for three-and-a-half years, also. And just about the time the funding was disappearing at the federal level for heart disease, cancer and stroke, then the State of Texas funded Texas Tech School of Medicine in Lubbock and mandated it to have these regional offices that it does today, regional campuses; one in El Paso, one in Amarillo, and one someday in the Permian Basin. And I had already been serving as a liaison for the medical school



representatives from Lubbock and, as they went around El Paso try together understand stand this environment and how they would build their medical school branch. And so, as I closed down the regional program office, they recruited me as their first employee.

Q Weren't you the head of a commission for hospital bed approval or hospital beds?

A Yes. That was a -- there was a federal mandate -- well, first we started with sort of a volunteer effort called, "Community Health Planning," and we were supposed to develop state-wide plans and community-based plans on your hospital needs and health care needs and then, through volunteer efforts, you were supposed to be able to control the environment to have sufficient beds and sufficient health care professionals and yet, already, we were worried back then in the late 1960s, early 1960s, really, it began, to control costs. And, from there, it became H.S.A., a health systems agency, where we kept data and I was never an employee of that system, but I was a volunteer to that and spent many, many hours in comprehensive health planning, in community health planning and in health systems agency work and I did chair the committee for this part of the state that tried to analyze "the certificate of need" for facilities and major equipment. And that responsibility also put me on some State commissions. Yeah. We weren't very successful in El Paso County. We overbuilt hospital beds for our era, created great problems in the health professional manpower

personnel to staff all those beds. Now, El Paso has caught up to its bed count, but the early 1960s, we certainly didn't need the number of beds that we built.

Q Yeah.

A Yeah. They were closing hospitals all across the country, already, from over-bedding and we were ignoring that and building new beds.

Q Do you remember the Diablo Hospital?

A Certainly. It was owned by a physician who named it in anger, as a backlash to Hotel Dieu Hospital.

Q It was Dr. Peck.

A Ray Peck, right.

Q And he was on the staff at Hotel Dieu, and what happened?

A Well, Ray Peck was a very bright guy, really was and a very diagnostician, but he was one of those men who really believed he was great and acted upon that personal belief, and he apparently had -- there were two incidents -- one was a patient, which was a young child who had a head injury, and it was his family practice patient from the northeast end of town. He brought her in to Hotel Dieu and called for a neurosurgical consultation, and the neurosurgeon said on the phone, "Yeah, I'll check her," and 24 hours later, he had not and Ray Peck became quite angry, because the child was deteriorating and he took the child into surgery and relieved the pressure of the subdural hematoma, claiming he had now saved the child's life. Eventually, the child did undergo brain surgery with a neurosurgeon and did survive. But,

Ray was chastised for doing a surgical procedure that was not part of his privileges, allowance within Hotel Dieu. And he took the chastisement pretty well for a while, but then he some other procedure, the same kind of thing. He asked for a consult, they didn't respond when he ruled was sufficient time, and waded right in and buffaloed the O.R. crews, went in and did some, if you will, surgery for which his training nor his credentials were suitable. So Hotel Dieu was the first one, and they through him off their staff. So we went in to northeast El Paso and developed his own little hospital. And if one was to be the house of God, then he thought it was appropriate that the other should be the Devil's hospital.

Q Oh. I didn't know why he had named it that.

A The story. Hotel Dieu is the house of God and so Diablo Hospital was the counterpart of it. And actually, he really answered a need in northeast El Paso. It was tragic that for some cases he was viewed as going way beyond his training, his surgical potential, but for a lot of people he was a very caring and devoted family practitioner for their general care needs in northeast.

Q Now didn't Thomason or Texas Tech buy Diablo Hospital after he left?

A No. No. There was some thought that we would try to buy it and make an outreach approach to it for a teaching sight, but it was bought by a proprietary a profit-making group from out of El Paso and they operated it for a while, but they were never

financially successful. And they finally closed the hospital and different physicians bought what remained of Dr. Peck's practice and the last physician was very highly regarded in northeast El Paso and well regarded by the medical community but the stress of solo practice in northeast just taxed him too much and he did not follow a hospital, he did just primary ambulatory care. He closed down the practice and is doing contract work for the military, I believe.

Q Maria Elena, can you tell me a little bit about Texas Tech, the history of Texas Tech?

A Yes. I certainly can. In 1968, 1969, the Carnegie Commission, as it was then called, a part of the Carnegie Foundation, developed a report that was trying to address the need for the better distribution of health professionals in this country, and in that report the Carnegie Commission said that in Texas, one of the new planned medical schools in far west Texas, which might probably be based at Lubbock, Texas, should have an outreach clinical teaching sight at El Paso, another one in Amarillo, and one in Odessa. And the Carnegie Commission report was widely distributed to members to the Legislature. So, in the 1969 session of the Legislature, which closed in June of 1971, funds were appropriated for the development of the Texas Tech University School of Medicine, and in that law, it mandated that there would be clinical campuses, campuses dealing with the Jr. and Sr. curriculum and associated residency training programs in El Paso, Amarillo, and the Permian Basin, and that was our

beginning. Now, during the legislative session that enacted Texas Tech -- oh, and by the way, in that same enactment, the University of Texas Health Science Center in San Antonio was -- not San Antonio, in Houston -- was tacked on to the legislation and another U.T. school was planned for Houston. However, in that legislation -- in that legislative session El Pasoans, the El Paso County Medical Society went forth and argued in Austin that the school of medicine should be in El Paso. We really didn't do as big a lobbying effort as other parts of West Texas did. Amarillo, for example, spent great sums of money and great political press selling Amarillo to the legislature, but our medical society and, indeed at that time, I believe it was Ira Budwick, who was the chairman of the society, did testify and did get a statement of support from the T.M.A. for having the medical school in El Paso. However, everyone gave credit to the Governor, Mr. Preston Smith, as a native of the Lubbock area, for having assured that the main campus would be in Lubbock at Texas Tech at the completion of that legislative session. The reality is that people believe, as you look at the historical discussions, that we really did not want another University of Texas system school of medicine in far West Texas and if we had seated it here in El Paso, we could have ultimately attached to the University of Texas at El Paso and it would have become another system school. U.T. El Paso, I don't think, was really ready for this burden, either. But Texas Tech took it lovingly and then somewhat grudgingly met its obligations by coming out to

El Paso and to Amarillo first. Those were the two cities they approached first, the Permian Basin coming many years later. So, by the summer of 1973, the planning for the development of the regional academic health center of Texas Tech was underway. I was employed by the medical school in August of 1973 to continue their negotiations and their development in El Paso. I had been assisting them for the previous year in a liaison capacity from a post I held under a project called, "the Regional Program of Texas" in an office I ran here in El Paso. So, in 1973 we started and by the spring of 1973, we had signed affiliation contracts -- no it wasn't the spring of 1973. It was really early 1974, but -- we signed affiliation contracts with Hotel Dieu Hospital, with Thomason General, and with William Beaumont Army Medical Center for the training of our medical students, predominantly. We did approach Providence Hospital at that time and, at that time they were cautious, they listened, but weren't willing to join us in an affiliation. As time went on, El Paso's teaching sight was selected as most appropriately to be located near Thomason Hospital and the hospital administrators and the board of managers County Court agreed to provide land for the development of the building. And, so we started here and began our construction of our physical plant after the 1975 legislative session. They gave us appropriation. And they gave us enough for called "Phase One" and, in fact, we phased three, two-year periods, six year period to complete the first academic building that Tech has occupied here. We did dedicate the building in

1977. Now, by 1974, January, we transferred doctors that were full-time employees of Thomason Hospital to the faculty of Texas Tech and put them on the Tech payroll. Thomason Hospital, however, reimbursed us for that portion of their salary, which was only service related. So, Tech did not fully accept the responsibility for those physicians' salaries. In some cases Tech paid only 20% of the doctor's salary, other cases we paid as much as 80%. It depended on how much of that physician's time we were going to take in having them participate in the development of student curriculum, planning for clinical rotations, and so forth. In 1975, the medical school faced an accreditation visit that found that in Lubbock without a primary teaching hospital, they were doing an inadequate job of preparing their Jr. and Sr. medical students. And so they told them that they should either transfer those students to El Paso, which had Thomason Hospital, which had a long history of being a teaching hospital. Immediately related to it, we had residences physicians already on board, because Thomason residencies were already serving that role. Or, if they didn't transfer the students here, they could perhaps be put on a two year medical school accreditation, and they would be mandated to transfer all their students to the University of Texas system schools. Well, the black and Red Raiders weren't going to take a that, so they conceded and they sent us the medical students. Luckily, there weren't very many of them in that year. There were only 26 in the class but we did receive the third year students in El Paso. Now, they weren't

told they'd have to come here. Some of them were very unhappy to be down here. They also had not made financial arrangements for them to -- for their lifestyle to be here. So Tech took some private foundation money that had been given to the Dean for development purpose and spent them to support the medical students in El Paso and we leased little bungalow-type hotel rooms from the Del Camino Motel for each of the Jr. medical students. Now, they weren't allowed to bring spouses, even if they were married, and they weren't here a full year. They were here for part of their third year rotation. But, the kids learned to live at the Del, as they called it. The Del Camino Motel had passed its prime as one of the wonderful motels of El Paso, although a very historical place, but the owner, Mr. Bill Adams, was very helpful. He helped us refurbish these small individual rooms. They had a little desk area. He gave each student a black and white television and he gave them access to the dining hall for one meal a day, the restaurant and rights to the swimming pool in the summer. The students really didn't mind and it was walking distance to the hospital and it worked out very well. Now, that did not last long, because from 1975 on, the students were told that they would have to come to El Paso. Well we carried the third and fourth year curriculum for the medical school until the class reached a total of 40 students. And then, as a pilot, that would be now about three years later, we left some students in Lubbock. And the next year the pilot was run with some in Lubbock and some in Amarillo. And as the



evolution of the class grew to the current level of one hundred per class, we stayed with our same percentage, about a third of the class; somewhere between 30 to 36 come here every year and spend their third and fourth year with us. All the students know that they will have to rotate out and they are informed as to which side they will be in El Paso, Amarillo, or Lubbock by very early in their freshman year. So, now they do come with families and with children, if there are those, and they live out in the general economy and the school does not provide any support for those students and hasn't for many years.

Q But, you said there was a story about they said they graduated from Del or something like that?

A Yes. That's what the kids used to say when they -- when that first class of -- well they were third year students in 1975, so they were the class of 1976, Spring of 1976 that said that they really graduated from the medical school of the Del and most of them have always spoken very highly of their experience here. There were a few students who were in utter cultural shock. They were Texas kids. There was -- we also, by the way, when we opened the medical school and some of these students were transfers from a two year school in Nebraska, I believe. And those kids were in cultural shock when they got transferred to El Paso and they discovered that American citizens, sometimes second and third generation, were still not capable of dominating the English language and that threw them into a tizzy. But it certainly opened their eyes to some of the cultural diversities

that they would probably face in the future in this country. It was a fun time. We started with those doctors from Thomason Hospital. There were 12 of them. And then we began immediately to recruit educator\ clinicians from all across the country. We were pretty successful recruiting doctors from the Midwest in February, January and February, when the snow was deep and the wind chill factor in Chicago or in Minnesota was way below zero and they'd come here on a beautiful, sunny day. But, we grew to today, in 1992, there are 70, 77 -- 76 full-time faculty on this campus and then there's about 30 part-time paid clinicians from within our practicing physician community and then we have a large following of volunteer staff, who come --

(End of side one)

A -- library the auditorium some faculties' offices and administrative space. Then, already, by the time we opened it, this next session in 1977 gave us phase two money and then we had a phase three money. So, is building was built in three phases. And the one sadness was that nurses' home, that I mentioned earlier, had to be demolished to build the medical school building that close to Thomason Hospital.

Q And so, is building -- it's completed now, all the building phases.

Q And it can -- the main -- the original structure cannot be added to. Foundations were not -- won't take any more stories or anything like that. So that part, that Academic Health Science

Center Building, is all there's ever going to be there. In more current history, we went back out and asked the legislators to authorize us to use what I call the "non-pufo fund." Texas passed a fund for the development of non-permanent university funded schools and we have the privilege of participating in that, Tech does, and with some of those funds we built the clinical building, the building that now has all the ambulatory care center. It's across Alberta Street with its back to the tracks, now. And that was really necessary -- when they built the knew hospital district hospital, the R.E. Thomason Hospital, doctors asked that some clinics be built because it was a classic standard hospital before that, the old City\ County Hospital. You went into the hospital, you got out, you went to see a doctor in his office. But pretty soon we had these large numbers of people that the only hospital -- the only doctor they had was the hospital. So docs asked -- the volunteer community physicians -- asked for clinics. So limited clinic space -- oh, it seemed grandiose at the time -- was built. But we were now seeing over 100,000 ambulatory care visits in this antiquated space and the hospital, by the nature of it being on their own premises were still the managers and operators of it and were constrained with finances and operation and joint commission and many things, and we couldn't adequately control those teaching settings to teach properly. We weren't doing a good job of ambulatory care either, candidly. So we went and got our own money, built our building and all ambulatory care follow-up. Preliminary or follow-up is

done in the Tech building now. And it's very attractive and the quality of primary and ambulatory care is just really been able to have been cleaned up a lot. It really works well.

Q And then you all bought the building the --

A Well, Thomason --

Q -- building over on Executive Center for the psychiatric?

A Oh, well, psychiatric we had to do a long time ago. The psychiatric requirements for psychiatric residency are such that a resident in psychiatry must be exposed not just to the classic public health, I mean public hospital and in-patient setting, but must have an opportunity to practice in a private setting also. That's the requirement of the residency. So, the first psychiatric residency shop was on Hawkins Boulevard in the bank building there. And we leased office space above the bank and remodeled it -- or they did it for us to our specifications -- and that was their private practice. There was no psychiatric practice of any kind in east El Paso and we felt that would attract some private patients were not getting care because they would have to travel to the west side. All psychiatric practice was centered on the west side of town near the University of Texas at El Paso or at Medical Center. But eventually, that did not prove viable. What we needed was for our psychiatric residency to be within the same lieu as all the others. So, when that lease ran out, we move it had building -- the psychiatric residency -- to Executive Center Boulevard. We also have the same demand criteria by the residency accreditation body for

family practice and family practice had to have an independent, free-standing, separate setting where family practice residents would not only learn to practice medicine and treat patients, but where they would learn to manage their office practice. And that meant it had to be separate and they could interview, and participate, and hiring nurses and techs, and watch how the billings were done, and help direct how their medical records are managed, and in response to a need for northeast family practice health care. By this time, Dr. Ray Peck was still the only Doc out there. We, in combination with the county judge, his assistants remodeled some space at the Rush Fair Shopping Center and that's where the Family Practice Center is and to this day it's still there.

Q It's still there?

A Yeah.

Q Well, that's where I got confused. I thought that you all --

A And we opened Family Practice Center, I think, in 1975. I started it out there.

Q Well, when Texas Tech -- or when the psychiatric hospital, the annex moved their patients in to Thomason, can you tell me something about that?

A Oh, well that was fun and games. You know, we started with an open ward. We had psychiatrists on staff who were convinced that we could have an open ward. Just like you walked onto the O.B. floor, you could walk onto the psych floor. But, they

weren't very realistic because we had protective custody orders by the judges in town and we were really the only ones taking P.C. orders at that -- well, Thomason Hospital was. When I say, "we," you know, I mix the two. It's Thomason Tech to me. It's Tech Thomason. But now, this "we" is Thomason Hospital. So we tried and open ward and it didn't work. Some protective custody patients walked out, of course. So then they had to lock the ward again. And the way they had designed the fourth floor, it hadn't meant to be psychiatric floor, so they had to make do. They had many problems with it. In subsequent years, they spent a great deal of resources remodeling and making it light and airy, taking down cages. The nursing station used to be behind a cage and the phyc patients -- if a violent one went through the "kooky," the nurses would all run and get in this cage and wait until security came, you know to go help subdue this guy or gal and put them in the padded cellrooms. But -- and these were rooms that were literally stripped of everything and had, you know cotton mats all around them. There's been many wars over that. It's been a unit that had been overcrowded and had been abused by the local system, a lot of patient, frankly, dumping from other sites, other hospital settings in El Paso, and for a while it was the only P.C. order place, and then they would even send us P.C. adolescents. I mean little kids; 13, 14 year-olds. Now, we just don't accept the adolescents any more and we limit the number of patients on that unit. It's a really pleasant unit now and there is good psychiatric care being delivered. But, for

the long time after it left the Annex, were program was really operational. They had occupational therapy and physical therapy in the Gilbert Annex with them. And once it came on to the Thomason floor, they attempted to do that work, but it just didn't work very well.

Q Do you remember when Dr. Schuster came back to town from his residency, or from the Army?

A Yes, I do. When Ciko Schuster came back. Yeah

Q And he went on the psychiatric service at Thomason and there was no out-patient psychiatric --

A No.

Q -- so they gave him a house. Do you remember where the house was or anything about it?

A Well the house was on Reynolds Street it faced Reynolds Street and it was next to a little warehouse building that was the old Pepsi Cola building and that -- those buildings have gone. They no longer exist. They were torn down when they did to Reynolds street overpass. And for a long time that house and then ultimately the Pepsi warehouse building converted to the local administrative offices of M.H.M.R. Center in El Paso and they had the out-patient clinic there. They patients would be brought in a through the emergency room, not well, mentally, up on the floor for so long, and then discharged, that's where they went, was the only out-patient low-cost or indigent care psychiatric service provision in town, except for the volunteer work done by private psychiatrists in their own office practices.

Q Well, --

(tape interrupted)

A The first dean of the medical school was Arial Rodriguez, a surgeon. In fact, he did pediatric surgery work, too. And when he left the medical school to go in to private practice, we had a search committee and they named an interim dean, Dr. Robert Misenhimer. He was an obstetrician\ gynecologist who was a associate chairman here in obstetrics and gynecology and had come to us from Rush Medical College in Chicago. And he, after serving his interim a couple of months, through his name into the ring. And after four months, he was chosen as the next associate dean for the El Paso campus. Dr. Misenhimer died 1981 of disseminated malignancy from a melanoma. And it was a big loss, because he had been a highly respected person who dealt well with the community clinicians, with the bureaucracy of the medical school, and also with the administration and the politics of Thomason Hospital. Dr. Bill Scragg was interim dean while searched and we were able to recruit a man named Robert L. Tuttle, who had a long history of academic endeavors. He had been dean for ten years at Bowman Gray Medical school and had served as dean at the University of Texas Health Science Center in Houston for ten years and now was interested in coming to a place where he could have very close contact with students, residents and his faculty. Houston and become very embroiled with the huge medical center and he felt he had been lost in the



administrative effort and had lost touch with the reality of medical education. So, we enjoyed Bob Tuttle, who did very interesting work here in El Paso, was well liked in the community, also. Got along well. It was the first time that we had an official member of the faculty of Texas Tech selected by the El Paso County Medical Society as one of their delegates to the T.M.A., which had never been accomplished. We were always seen as sort of outsiders imposing ourselves into the medical practice community. When they chose Bob Tuttle to be one of their T.M.A. delegates, it showed that we had come of age and were respected by the organized medicine here. Bob stayed with us three years and, because of some sudden, unexpected family wealth acquisition, retired early to his home state of New Hampshire and to the home that had been his mother's home and father -- his parent's home -- and he and his wife, who was also a health professional -- she was a doctor, I believe -- prepared a member of the faculty of the School of Public Health in Houston. They retired to New Hampshire. Bob Tuttle followed by a orthopedic surgeon by the name of Donald Kettelkamp, was the next associate dean of Texas Tech Regional Center, here. And Dr. Kettelkamp was a deferent personality than Dr. Tuttle, but did good work for us and then left us to become the head of the College of Orthopedic Surgeons in Chicago. He was originally from the Midwest Chicago area. Bill Scragg again served as interim dean while the search was on and we had several candidates from within the institution and Dr. Joseph Brown, III,

pediatrician, associate chairman of pediatrics here in El Paso, was the man chosen for the next deanship and currently is still associate dean for this regional campus.

Q And what is your title, now?

A Well, when -- about the time that Dr. Tuttle announced his retirement, I wrote a big federal grant for the medical school. It was a regional grant encompassing the entire territory, the whole 106 counties -- Amarillo, Lubbock, Odessa, El Paso -- of Tech and it was called an area health education center project. It was funded and when Kettelkamp arrived, the Med School asked if I would like to leave the 12 year administrative position I had held as Center Administrative Director and run that AHEC project for them. And I thought it was time. I had gotten pretty possessive of my ninth child, down there. It was time for new outlooks on how to run the day-to-day business. And I left the downstairs administrative suite and moved upstairs to an office suite on the second floor and am the director of the area health education center program for Tech. In the years in between -- that's been seven years, now -- the federal dollars that has brought into the west Texas system and to El Paso in itself, has been close to three and-a-half million dollars of federal money here through my program. But totally, it's been seven million dollars that's come in through my project to west Texas and it's used to help expand faculty and to facilitate students and residents having clinical experiences in underserved areas. So we do things like qualify and train rural

practitioners on how to preceptor students and residents, then make arrangements for the residents to go and work for a month or two in different clinical settings, both urban impact underserved and rural areas and, thereby, hopefully, encouraging those young health professionals to work in those areas. And this project is not just school of medicine. This project encompasses nursing and allied health. I coordinate some outreach programs for the University of Texas School of El Paso School of Nursing with these funds, too. In fact, their nursing students will be leaving in just a few weeks from now in the month of June to go work in Presidio, Alpine, Pecos, Stockton, do community assessments. And it's been fascinating because all that experience -- we've had several school of nursing students, here, when they graduate, go into public health and go into rural public health so.

Q And that is rural.

A Yes. And so, it's been an interesting project to operate for the school. So I'm not responsible for the day-to-day administration of this center anymore, but rather a program that encompasses a lot of west Texas.

Q Who is the administrator?

A Dr. Brown selected a gentleman by the name of Bob Griffen. Bob Griffen has been with the school about a year. He was here originally with the Rio Vista Rehabilitation Hospital and he was recruited out of there to Tech. And actually, the job that I did, as happens, when you grow up from the job from nothing, you

do more than most folks and they now have about three different people doing pieces of what was my role. But, it's grown, of course. There's -- we started back -- when I went to for Texas Tech School of Medicine, there were 26 interns and residents at Thomason Tech. There are now 107 in nine disciplines. We were four disciplines, then. The students are, that come here, is one third of the medical school class. It varies depending on the size of the -- the class is 100 students, but sometimes it has got 103, 4, 5 from students have repeated a year. And so we have anywhere from 30 to 36, 38 students here in the third year and in the fourth year. Fourth year medicine is interesting. It's a lot of electives and students have the right to select their electives away from our campus and take some of it, you know, at Galveston or in Michigan or anywhere. And it is a time that students are looking at residency programs. They must be affiliated with another medical school, where they go to do these elective rotations. So, at any one day, you don't find 35 Sr. medical students in El Paso, but. We were lucky between Thomason and Tech to develop the only accredited residency in the state of Texas for emergency medicine, some years back and it's a highly demanding discipline that is begging for its graduate all across the country and we have been success full in maintaining our highest full accreditation while other health science centers struggled to get theirs approved. Dallas has applied twice and hasn't gotten approved, San Antonio, Houston. And so, I'm sure they will soon, but, so far for several years now, we've been the

only accredited emergency medicine residency in the state of Texas.

Q What is the affiliation with Beaumont?

A Well, Beaumont's really a very close affiliation. From early on, before we had strength of faculty in all disciplines, our medical students and residents would go for experiences to Beaumont. By the same token, Beaumont has always rotated residents to Thomason in OB and in general surgery, to gain some of the pathology and the experience that setting offers. We currently run, for example, a joint orthopedic residency. Neither institution had sufficient work in pathology to fully keep the high demands of accreditation for an orthopedic residency. So now, it's a joint residency program and by -- to help Beaumont and to also not super-saturate our part of the state with orthopedic surgeons, every resident in that program is a military obligated resident.

Q So, they don't have to be in the service while their going through, but they have to --

A But the minute they finish this orthopedic residency, their all going to serve their military responsibility. And then, maybe, if we impressed one of them sufficiently during training, they may return to practice in El Paso. But, it certainly helps to keep the economic stability of orthopedic practice in El Paso, because if we were spewing out six a year in to practice in El Paso, it would be chaotic. So, that's one that's a true joint residency. In fact -- yeah, time. OB\ GYN works very closely

together in that we do all our consultant visits jointly. Tech invites meritorious speakers and consultants, the military does and we share that. Each month we alternate and they spend part of their consultant visit at Beaumont, part with us. And we benefit from that interchange. Internal medicine does things together, family practice has in the past, and our medical students spend some time over their in their surgery rotation at Beaumont. So it's a -- it's been a close relationship and they are a teaching hospital. We give them backup of consultants and faculty. They do the same for us.

Q Now, do you have a radiology residency here?

A No. No. Our residencies are; family practice, pediatrics, basic internal medicine -- not any of the sub-specialties -- just internal medicine, general surgery -- a five year general surgery program -- we have anesthesiology, orthopedics, psychiatry, and - - what have I missed? Well, of course, the emergency medicine, but I'm missing one.

Q Family practice.

A I thought I started with family medicine.

Q Oh.

A Pedi, psychs, -- oh, OB\ GYN.

Q Oh, yeah.

A OB\ GYN, right. Tech and Thomason have-- are going to be have actively involved in the further expansion of outreach services, now. University of Texas at El Paso applied for a grant in conjunction Texas Tech School of Medicine to the Kellogg

Foundation. We were given one of only ten in the nation, that are developmental grants to do outreach teaching in primary care settings, community based. And they're going to develop a program where nursing students, medical students, and allied health students are trained from the ground up, all four years of their training, in a community-based setting, here, in the Lower Valley of El Paso. It's kind of exciting. Tech has become closely allied with University of Texas at El Paso in its health science center efforts and their school of nursing and allied health. They soon will have a masters program, there, in public health and their going to have a program in O.T. and P.T., rather than bring one all the way from the Health Science Center in Lubbock, Tech, U.T.E.P. will do that here. And we're closely aligned. It's an innovative thing. Tech and the U.T. system don't always work that closely together in other arenas. But here, we're so far from everybody else, that we have shown to way, how cooperation can take place between major educational institutions. We have a tremendous economic impact in the community. I don't think people have fully are realized. We build for professional services and collect wherever possible, build Medicare\ Medicaid\ third party pay. We're funded about 35, 40% by State dollars. The rest comes from our own earnings and those earnings all stay in El Paso and go for research, for facilities, maintenance, operation, and payroll, and get kicked back out to community. We have a direct cash impact of State appropriated dollars and spending of goods and services and

salaries of about \$25 million dollars a year and the Chamber and the economic development people say that spends out to seven times. So, I think -- that's just Tech, that's not Thomason. So, we didn't get our medical school, but what we got was a clinical setting that certainly is an asset to us and we have some excellent research being done there -- clinical, applied clinical research in orthopedics and in other disciplines. But, mostly, we're a patient care training sight and the research is related to that, like diabetes or, you know, these kinds of things

Q What about the medical school Juarez? Can you tell me anything about that?

A Well, it's come a long way. It's come a long way from its early beginnings. You know, we had a president in Mexico in the late 1960s that was just determined there was going to be a medical school everywhere throughout the republic, no one would be denied. And that's how Juarez started. But, now it has gained some credibility. It is working. We work with them in pediatrics and in other disciplines of interrelated consults and lectures, because if they've got problems, we've got problems. And they are developing residency programs, which is not usual in Mexico, family medicine, pediatrics.

(Interruption).

Q How did their faculty begin. Was it a --

A Well the faculty was fun. There were some El Paso docs that were part of their faculty. One was an interesting phenomenon



and that was Manuel Hernandez, Manuel Hernandez was a practicing psychiatrist -- native El Pasoan, Galevston graduate psychiatrist, who -- psychiatrist was not a very common discipline throughout the republic of Mexico. So, when they started the medical school, they asked him if he would be their consultant in psychiatry and neurology. And he started as a consultant and giving lectures to the program over there. There was a medical school in Florida, who began to give a PHD\ MD conversion degree and Juarez became interested in that, because it already had a lot of American applicants, students who had not made the grade for getting in to medical school in the late 1960s, early 1970s and through the 1970s and were applying to Mexican medical schools. And here it was wonderful. They didn't have to go to Guadalajara. They could live on the American side and commute every day. So now, they developed this PHD\ MD conversion. They started off with tight rules like Florida did. That it had to be a basic science to have a PHD and you had to have this and you have to have that. But it got very lax and pretty soon it was any kind of a PHD that went to Juarez. Well, this particular physician, the American physician that a mentioned, saw the beauty of that so he decided maybe he ought to open his own medical school. So he did, he chartered his medical school in the island of Granada. And he started off by calling the school the Spartan University Health Science Center, accept it was all located here in El Paso. He got all the right charters by, you know, taking care of officials in Grenada. And

then he decided to call it -- he had another name for it. He called it the Granada School of Medicine. And then another school was chartered in Granada, the one that we went to rescue the students from, and it was officially the Granada School of Medicine, so he had to ultimately go back to Spartan. And what he did was, he was offering four year program -- five year program, really, of medical education -- but, mostly he was trying to capitalize on this same concept of PHD\ MD conversion. So he took a lot of basic scientists and developed his own medical school here and, supposedly, one taught the other. And so you got paid for teaching while you were becoming an MD. The school did not survive, thank goodness, because it wasn't creditable. And a lot of money was made from the tuition fees that were charged to the students. But he, this doctor, was on of several El Pasoans who involved, as faculty, in the Juarez medical school. The evolution of politic took place and the embarrassment to the Republic that the medical school was not handling itself with proper process and credentialling (sic) of its faculty and punctuality and promptness of their faculty was pretty big. The Government decided that it had become sort of an embarrassment, what was happening with some of their new medical schools, so they sort of began to clamp down on them and the leadership at the medical school in Juarez changed. And so, they shifted, over the last few years into quite a creditable institution. And they are working, for the first time in the history of Juarez, and really true for most of the Republic, with

the other organized medicine groups Juarez; the Social Security, the Isste (for Federal), the Salubridad Public health, and doing community ambulatory care centers with consultant visits and then proper referral patterns. Before, if you were covered by Social Security, you could only go to Social Security; if you were covered Isste, which is for federal employees, you could only go there, and if you were poor, poor, you went to, you know, Salubridad Health Clinics. You could not go to the other ones. Well, these primary health care clinics the medical school is developing, everybody can go in and their sorting them out on paper, and not by cast system, and then they're referring. So the school has come along, its faculty is more credentialed. They relate to their counterparts in the interior. They have become involved with the America's graduate medical education association. In fact, I attended a meeting in Costa Rica of this type of medical school groups, where faculty from medical school throughout the Americas interchange ideas. Americans were there, Mexicans, Guatemaltecos -- all of the Americas. And so, Juarez's medical school is coming right along.

Q Do they still have the PHD\ MD --

A No. They do not.

Q So, they have the --

A They do not. And the Spartan Health Science Center does not function in El Paso any more.

Q Did he move somewhere?

A No. I don't think so. I think he, the doctor be, still

keeps an office in -- says he's in practice in general medicine here. I don't know. He ultimately was forced to open a building in Granada. The Granadan Government required him to. But he's -- the credentials were no longer recognized by any authority granting licenses in this country and that is what finally put a stop to it. Although, I will tell you, some of his early graduates are practicing medicine in the United States of America, not in El Paso county, but in other states. Yeah.

Q Who the dean? Do they have a deanship and that type thing in Juarez?

A Yes. They do. They certainly do.

Q And who is the dean now?

A Well, now, I'm sorry. I can't rattle off his name. I know it. I've now met with him. I've worked with him and I can't think of his name, right now. But, we've worked closely -- in fact, we have a -- Tech has another Kellogg grant for bi-national project through the department of pediatrics and Dr. Gilbert Handal, who is the associate chairman in pedi now, deals with Juarez all the time on this project. And what it was, we were trying capitalize on our know-how on how to sort, when people from multiple financial and support systems come into one clinic, how do you sort that Medicare\ Medicaid, referral patterns. All of that. And this was new to Mexico, you know. It just wasn't done. And so, we have served -- also we've computerized their operation. And the Kellogg Foundation provided the where-with-all to do this and to teach the personnel

to keep computerized records and to transmit records by computer and all of that's being managed through the department of pediatrics here in working with Juarez.

Q Well, I'm glad to hear about that?

A It's fun. Well, if we can improve the --

Q -- the health on that side --

A -- that's helping El Paso.

Q That's right.

A I know -- and we're not using any tax funds or local funds or federal funds. This is all private foundation monies of offering this effort of cooperation and coordination.

Q Well, that's good. I know you're tired and I know you have to get ready to go, so let's call it a day for today and I really thank you.

(end of tape one)

November the fourth, 1992. This is tape number two. I'm interviewing Maria Elena Flood at Texas Tech Medical School.

A These nine accredited residencies are training over one hundred physicians here on this campus in El Paso. We're still affiliated with William Beaumont Army Medical Center and, indeed, have a close relationship to that institution and assist them with a faculty and a residency programs where they lack strengths up there. One is a joint residency. The orthopedic residency is

a joint residency with the military here. And we still have affiliations other agencies and institutions in El Paso and today we have an affiliation with Providence and are strengthening our relationships there to expose our students and our residents to that private sector setting, which is very important for the training of doctors. As we evolved over the years, we developed a family practice center in northeast El Paso. The family practice residency require that family medicine have an independent site where the resident can get the experience of being responsible for his own minor laboratory and diagnostic procedures for his own staff, his own medical records and get the feel of private practice as he's trained. So, because northeast El Paso had a need for family medicine primary care docs, it was an ideal place. So, in 1980, we opened the off-campus family practice center in northeast El Paso. It flourishes as a busy practice up there and patients are followed down here. They are limited in their resources and even those who are fully able to pay or have insurance sometimes select coming here because of our joint efforts in other disciplines. But our family practice faculty does follow their patients into the private sector hospitals in El Paso.

Q How long are the students at the center -- or the residents at the center, Family Practice Center?

A In family medicine, it's a three year residency program and the first year is sort of like the old rotating internship was. It's more predominantly hospital-based experience, but still,

every week, even the first year resident in family medicine must begin to work with a panel of primary care families. So, even he has to report to the Northeast Center for his family practice clinic out patient work. It's a three year program, and so overall, the family practice residents are here for three years. In fact, as I go through those nine residencies in today's day, anesthesiology the three years. It has component of a possibility of a fourth year being required and that fourth year be one of research anesthesiology now, but that has not been finalized. Emergency medicine is a four year program, but we only operate three years of it in El Paso. We take residents into that program after one year of an internship somewhere else. We take three year program in internal medicine, the three in family medicine that I already, four years in O.B./ G.Y.N., five years in orthopedic surgery. We have three years in pediatrics, just general pediatrics, and psychiatry is four years here in El Paso and general surgery is a five year residency. So these physicians establish a lot of relationships in El Paso and along with they, who are now earning not great salaries, but they are earning income, are faculties income both from the base faculty rank pay from the state, which is quite limited for a physician. Full professor's base-pay is about \$49,000 a year. But the rest is earned from our billing and collecting our professional fees and the students who come here bring with them dollars to spend and live in the economy. We have quite economic impact in the community. This is direct dollars earned and brought in from

state, from grants spent back into the economy and goods and services and housing and vehicles and all of those issues from our payroll. Our employees number now well over three hundred because of, in addition to the Family Practice Center, we established an outside location for the department of psychiatry and that's located off of Executive Center Boulevard. Again, for the same type of requirements by the accreditors(sic) of residency programs that the psychiatric resident must be involved in private practice of psychiatry along with the traditional public psychiatric services in order to receive his certification. The last thing we have done more recently, was the opening in 1989 of our total ambulatory care center. Originally the clinics were within the walls of Thomason Hospital and their buildings. They were too small, overburdened for the now over 150,000 outpatient visits of ambulatory care. And so, we were able to garner state funds and build a fine ambulatory care center which serves El Paso very well and is an excellent teaching site for our residents and for our students to have experiences in.

Q There was -- in the beginning, you all had a local physician that was in charge or -- on the groundwork, in the groundwork of the school. Was it Manny Hernandez?

A Oh, no, no, no. Manny Hernandez's medical school was another medical school, not ours.

Q Wasn't he originally connected with the staff here?

A Well, yeah. I think at one time Manny Hernandez may have



had a -- he had staff privileges at Thomason hospital, that's for sure. And I think early on he may have had a clinical faculty appointment at Tech, because early on we gave a lot of faculty appointments to people that we would have hoped would become involved in teaching. But Manny never really, really got involved with us because -- about the time that we were developing the school, a brand new medical school was evolving in Ciudad, Juarez. It was the Universidad Autonomoma de Ciudad, Juarez. It was in an era when the president of Mexico swore that there wouldn't be a medical man-power shortage in the Republic and he opened medical schools throughout the Republic. When Manuel Hernandez was asked by the then dean of the school of medicine Juarez to help him direct a psychiatry and neurology service in the development of the teaching, over there. And so, Dr. Hernandez became a faculty member of the evolving school of medicine, government supported, Universidad Autonomama de Ciudad, Juarez. Well, then that school heard about a program Florida, where they took basic science physicians with PHDs, or anyone with a PHD in a science field and, on the very short track converted them to MDs. Well, Juarez thought that was a pretty good idea, so they developed that short-track program and Manuel Hernandez was involved in developing that program too. And, bear in mind that there were a lot of American medical school aspirants -- people trying to get in to medical school -- that were not getting in, in those days. I'm talking about from the late 1960s on through the mid-1980s. And so they were rushing

off, when they didn't get into American medical schools, to foreign medical schools and Juarez was a big target, because they could live in El Paso and go to school in Juarez. Well, then, when Juarez began to evolve this PHD\MD conversion, Dr. Hernandez decided that a fairly interesting concept. So he ran off and chartered a medical school on the island of Saint Lucio.

Q In Grenada.

A In Grenada. And he called it the -- let's see -- I guess, first he called it the Grenada Health Science Center -- or maybe it was Saint Lucia Health Sciences Center. I can't remember. I'll have to think about that. And then, later, he called it another name. He decided that was not a good name, so he changed it to the Spartan Health Sciences University School of Medicine. And he launched that school in El Paso and the federal laws, nor state laws, nor any city laws preclude a foreign chartered educational institution from setting up shop any where in this country. That's perfectly all right. At the time, if communist Russia had want today come and establish a branch campus of the Medical School of Moscow in El Paso, it would have been totally legal. And that's what Dr. Hernandez did. He developed this quick-track medical school. He then garnered a lot of candidates and they were paying fairly strong salaries to participate in his medical school. He -- since many of them were PHDs -- then he did a little funny thing -- is that he let them teach each other. So if you had a biochemist, he taught biochemistry and he got a stipend for that, but he paid tuition for his other classes. He

never -- well, ultimately, toward the end of his school, he did establish a campus on the island -- on the islands, and -- but he used to have a yacht off the Pacific Coast where his faculty and his students and he used to go to learn medicine. So, it was a real problem. We were concerned about the fraud component of the caliber of clinical education that these students were getting. Their classrooms were located in various buildings in El Paso, even on the second floor of the old Jesus and Mary High school over in Sunset Heights. And the materials that they advertised in undergraduate campuses throughout the country were fascinating. We had phoney students apply to them and we got their materials that way. We got copies of their curriculum plan and we looked at it. It was pretty frightening. It all looked pretty good on paper, but in reality, not much was happening. What finally closed this school down was that the licensure groups became aware that these were bright people who were fast-tracking by studying in the library and studying books. Therefore, in essence, if properly studied, they could pass the qualifying exams to certify they were well-trained physicians. And so, finally, because there were other medical schools cropping up in the Caribbean, on Granada and other places, state licensure boards began to say, "these are not recognized medical schools and we will not license graduates from these schools." And so, when that occurred, then residency programs couldn't take them anymore and so it died of its own free will. But, along the way, there are some graduates of the Saint Lucia "Spartan" Health

Science Center, University of Granada type of -- it was not the University of Grenada, but the Spartan thing with Saint Lucia attached that graduated, were accepted into residency programs and were in essence retrained by those residency programs enough to pass boards and all in this country and are practicing medicine -- not many, but a few.

Q Now, about the Juarez Medical School

A Well, over the years, it, in essence, discontinued taking just anyone into that PHD conversion program. They must have a PHD background in the sciences and in the health sciences and they must meet quite a few credentials. And so, the five year program has evolved into a excellent training sight. Yes. They have grained great strength in their five-year program and, in fact, they're trying to develop some true residency programs in Juarez similar to the American model. There are residency programs in the Republic of Mexico, but they hadn't been developed in Juarez. So they have a young family practice or family medicine residency they're working on and they're going to try to develop an internal medicine residency. The Republic of Mexico is now requiring entrance exams for medical students, where as, for many years you had a right and a privilege, without a any qualifying examination as a Mexican citizen, to enroll in medical school. The fees, of course, are still very low. The Republic of Mexico still gives free education. I don't know what it would be this year, but in the past years, to my knowledge, it was never over, you know, like the equivalent -- the equivalent

of \$200 a year to go to -- American dollars -- to go to medical school in the Republic of Mexico. And one of the dilemmas Mexico faces is that it produces a lot of clinicians, but then it doesn't have the infrastructure to give sophisticated medical care to its population as a whole. But it does a very good job of distributing just generalists, very basic primary care people out into the world. But, it is an evolving third world and here, on the border, we have a burgeoning modern community with third-world problems all around it. So, the -- when the Universidad de Automoma de Ciudad, Juarez has gained some regards and reputations. It has affiliations in certain programs and projects with the University of Texas at El Paso. Texas Tech School of Medicine works with them on a -- through the department of pediatrics on a new approach of teaching students and residents to use computers for computer-based record keeping. That's being handled through a Kellogg Foundation grant for a bi-national sharing of knowledge and expertise. And so, it's come from sort of a small time little school with a lot of tragic problems to a big-time school that still has a great deal of problems, but, is producing a different caliber of physician for the Republic of Mexico.

Q Now, do you know who the first dean was over there and what year did it start?

A Well, yes. I remember him. I can see his face. But, you know, I'd have to look in my records. I don't remember his name. But, I could dig it up for you, certainly.

Q Do you remember what year it started?

A Well, in Juarez it probably was -- first started in -- very first was probably in 1965. I think so. I think it was in 1965.

Q So it started before Texas Tech, then?

A Oh, yeah. Yeah. But it didn't really gain great, credibility or activity until much later and I'm not sure when -- I'd have to dig that out. I have some file on it somewhere.

Q And who's the present dean?

A I don't know. I've been out, you know, illness this year and so I don't know. I could get you a little facts sheet for the Juarez situation, I little historical prospective.

Q Okay. That'd be great.

A There are people on the campus, here, working with them all the time, all the time. I'm trying to see what I had here and this file says Universidad de Automoma de Ciudad, Juarez and really -- here's a letter from a Dr. Manuel del Finlion and he was a director with -- in December 18th, 1975, in which this particular gentleman was certifying which American medical students in Juarez were legally enrolled and he was requesting an opportunity for them to participate in some rounds or in some of the conferences here at Tech. And so, you see, by 1975, they were pretty well along.

Q But they were still on the PHD --

A No. They had the five-year program all along. It's just that all of the five-year program -- the majority of the five-year program enrollees(sic) were Mexican-Mexicans if you will,

Mexican nationals. There were some American citizens in there and that's what this particular letter deals with. They're asking that the students; Peter Trillolo, Robert Carry, Michael Booth and Joseph Hernandez, who are legally enrolled in our institution desire to have the opportunity to participating as observers on rounds or on conferences, on surgery or on other conferences that might be available to them. And, actually, in the early days, about 1975 through early 1980, we did permit American citizen students, who were legally enrolled Juarez Medical School, who were at least the eighth semester, to come and listen to some lectures with us. We did put a stop to it, though, because they became -- some of the characters became known and then people began to confuse them with El Paso Tech students and then we found them in areas that they really had no authority or trying to do things for which their training nor their credentials permitted them to. So we had to block that off. And we made a total block on it. No longer could they participate like that. They still use our library. To this day, any American students in Mexico, in Juarez, use our medical library and they use our environment. One of the reasons we don't see as many American medical students in foreign medical schools anymore, is because the qualifying exam to get back in this country has become very difficult to pass. My friend Gilbert Hadal in the department of pediatrics can tell us all about who's dean now, who was dean when he came and Dr. Handel, I recruited to this campus by late 1975, you know, Gilbert was

recruited here from -- he's a Chilino by birth from Chili, but he was Chilian -- he was educated in this country and he is now our chairman of pediatrics on this campus, known as an as associate chairman in the Tech system. And he has had close relationships with the faculty at the medical school in Juarez on this project that they're using -- doing bi-nationally.

Q Well, that would be great.

A So, interestingly enough, I think it'd be interesting for you to know that at one time there was also a practicing doctor that many people will remember among our more senior citizens, named Ralph Clayton. Ralph Clayton was a radiologist who practiced predominantly at Hotel Dieu Hospital, although he belonged to what we lovingly call the "Rainbow Boys" then, which was Black, White, Green, Clayton -- I guess -- McGee and, you know. And those were a pathology and radiology group in El Paso. And Dr. Clayton was a very far-visioned man who believed that someday, here on the border, we should have a bi-national medical school. And he felt that when we had the Chamizal Treaty signed, and that the Chamizal would be the perfect place, on the Chamizal land -- for example, about where the Chamizal, you know, center is now -- the park service -- that would have it's medical school with its doors open one side to one nation and the other side to another. And we could blend the best of both countries approach to the practice of medicine. The American method, which puts a great deal of emphasis on the basic sciences and the science of medicine with the Mexican method, which has its roots in French



medical practice and still, to this day, emphasizes the art of medicine. And he felt that this bi-national medical school would serve both countries well. It would help build better brotherhood between the two countries, that the border is not a border that controls one people from another and, therefore, how wonderful, if we could train jointly to better serve both populations. In fact, I have a copy of a letter that he wrote to our then Senators, which you might find interesting. And that letter was written in August the 18th of -- no he wrote it to Honorable Richard C. White, Congressman White, August the 18th, 1972, in which he described the potential for such a program and asked that Congressman White, perhaps, hold hands with our Senators and seek some federal planning dollar, was what he was asking for. He wanted Senator Tower and Senator Benson to help us obtain a planning grant and he thought the study could be carried out for around \$200,000 and he took this concept to the West Texas Council of Governments, then our C.O.G. He took it to City Council, County Commissioner's Court and we -- and he went all the way to Mexico City and presented a concept to the Minister of Health, there. And it was a wondrous thought and too early in time for the two nations. Still perhaps too progressive a concept for both countries. And certainly, it's a dilemma to believe that this couldn't have come to pass after 20 years, but it hasn't, so. I'll give you that.

Q Oh, thank you. That'd be great. Do you have another copy?

A No.

Q You want me to make you a copy?

A No. I'm not going to keep any of this when I quit. Here put it in there.

Q After this was -- about that time, he got real interested in the Cancer Treatment Center, too.

A It was about the same time. I think he was already in the Cancer Treatment Center, then. That may be on Cancer Treatment Center letterhead.

Q Yes. It is.

A So, we've had a lot dreamers and a lot of people who had the vision for El Paso and for Juarez and the difference, of course, to why, that may always be a dream, the bi-national school is that, the way we fund medical schools in both countries by State dollar in our case, not Federal, although, we get Federal grants for specific projects. And Federal funding in the Republic of Mexico, by the problems of immigration, and the problems of accreditation, it's -- many, many issues preclude that from happening, even today. But, it is a good thought.

Q Yeah. Kind of like the -- you remember the "Hospital" Ship Hope?

A Oh, yes.

Q And it became the medical school that went from country to country?

A You know, at the time this occurred, the Chamizal treaty had provoked a thing called, "the Chamizal Foundation," which had members on the Foundation board from both sides of the river. It

never was a foundation that had a lot of money and it really -- its role was more to provoke thought. But, he had always hoped that the Chamizal Foundation might continue to carry this forward. But the Chamizal Foundation is still chartered. It's still available to us, but it's very dormant, very dormant. Mr. Dick Azar, who was with -- owned the Dick Shire Coors Company, is the one who had helped provoke the formation of the Chamizal Foundation and I served on the board at one time and I think it's been several years since we've had a meeting. The last meeting we had we were trying to provoke the development of a greenbelt park on our side of the river, which we did commit to Mexico that we would do when we gave and got land from the Republic of Mexico in the Chamizal Treaty, which we wanted to name "the Omar Bradley Park" in honor of General Bradley, who had lived his last few years here, in El Paso and at Beaumont Hospital. But, the problem was that too much of our land base along the river is highly, highly prized commercial land and there was no way that we could do that, where there could be that land. But it's -- we've got materials on it, maybe it will be brought up another time.

Q Kind of like San Antonio's?

A Yes. Something like that, but I bi-national effort. You know, Mexico did promise at that time all the land they acquired in the Chamizal would be never be used for commercial purposes. It would always be used for public use and they have held to that word. I mean, the old riverbed is filled with old soccer fields

and baseball fields. The -- our old sanitary landfill is parks and recreation. They have schools, they have their fairgrounds, they have is soccer field on all the land they acquired. Nothing of the land transferred to the Republic of Mexico in the Chamizal Treaty has been co-opted into proprietary for profit for governmental profit use. It's all been left for use by the people. And, whereas we also in writing committed to those parks and that greenbelt, only the little piece that we acquired from Mexico, the Chamizal National Memorial Park, is all that is truly maintained with the way that we had said we would do.

Q Well, we have Bowie High School, I mean, now --

A Yes. We did acquire Bowie. That property that Bowie High School is on is the land that was never disputed. It was always Mexico's and United States never questioned it. But in order to channel the river more directly, Mexico gave us that land. But our belief was that we would do it all along the entire length of what was to Chamizal Treaty and, my goodness, that starts downtown El Paso and extends all the way here past the free bridge. So, way past. So it would be quite an undertaking to have the "Omar Bradley Greenbelt Park" along the river.

Q That's right. Well, I've kind of taken up a lot of your time, today.

A It's been a pleasure. I wish I, you know.

Q I'm glad we got the machine working.

A Yeah. And I always enjoy visit, too. You know one the things --

(End of side one)

A Here is the file. That another way that we were able to shut down a really, truly fraudulent medical school effort in that Spartan Health Sciences University is by using the coordinating board of the Texas Higher Education Coordinating Board, because, under state law, you can't use the term "university" in Texas unless you are accredited by the coordinating board. So, they wrote the Dr. Hernandez and had him -- told him he could no longer call it the Spartan Health Science Center University and that helped convince him that it was time that he had done enough with his medical school from the Caribbean in El Paso.

Q Where is he now? Did he leave town?

A No. It's my understanding he still practices medicine on Montana street in a private home. He still advertises.

Q Yeah. I saw that.

A He still advertises in newspapers and student magazines -- student newspapers, student magazines as providing information and counseling services for pre-medical students for foreign medical schools. I don't know what that means. I have not any further looked at it. Yep.

Q What about the World Health Organization? Are you involved in that?

A Yeah I know about -- yeah, sure. But recently, I haven't worked with them closely. They have a new director, which I'm

going to grope for his name. I believe his name is Jiminez, but I can't guarantee that. PAHO was originally known as the Pan-American Sanitary Bureau, here and that was many years ago. I'm gnaw talking back to early 1960s. And it's role in the world health structure was to help prevent communicable diseases from spreading from one country to another in the Americas. And they were very, very active in the "hoof and mouth" disease epidemics that occurred in south-central America and Mexico years ago. And they had big teams out in the hoof and mouth era in those countries. And then, as time went on and evolved, they are a true public health education and maintenance resource for the Americas. And, more recently, they also served as the bi-national and multi-national, from the United States south, for continuing education in all the health sciences and sponsors of the U.S.\ Mexico Public Health Association and they ran a lot of continuing education seminars and symposiums. They keep excellent data of both countries, and, for our benefit, they care data for all the states and counties on each side of the Rio Grande, from California to Brownsville, Texas. And so, it's a good asset to have. It has simultaneous translation capabilities in the medical and scientific technical arena that's available to us through their services for scientific presentations. They're involved with communicable diseases issues zoonosis like rabies. They're tuberculosis information and, of course, any kind of animal-born diseases, such as the hoof and mouth disease, which, thank God, is nonexistent. They work a lot with trying to spread

information and education about airborne diseases, pollution problems, mosquito contamination problems, etcetera -- public health. Larry Nickey, with the City\ County Health can tell you -- and the State Health Department -- about their relationships with them and we certainly work with them when we deal with the multiplicity of entities in the Republic of Mexico that are involved in health care, because it's not like just the private practice or just public health. We have a basic public health, and then you have the public health system for federal employees, and then you have the public health system that's the Social Security system for those who are employed and covered by Social Security, and then you have the local general public health department, and then you have the state people. And so, when you work in the Republic of Mexico in a community, you deal with many entities, dealing with the general health care delivery system and public health issues of the population. And PAHO and its leaders have always been helpful in linking all that for us and providing the forums to meet with them.

Q Getting back to Mexican Juarez Medical School, where do they do their clinical work, in which hospitals in Mexico or in Juarez?

A They do a lot of it at the General Hospital, which is terribly underfunded and always in need of support and help and you may even recall that, not too long ago, maybe in the last two years we had a big fund request in El Paso that we rallied to assist them. They also do certain rotations with private

clinical faculty, who take the students and their residents to the private sector in central Mexico Especialdades or other sites and then they work in the basic public health clinics, the Saluridad, that are out and around the community. And they work at the Social Security Hospital, under direction. So, they have various clinical sites where they are trained. The training is a little different and it's based a little differently than ours, but it's certainly grown and matured into a program that may not have the reputation of Universidad de Automoma de Guadalajara, nor that of Universidad de Nacional in Mexico City for the caliber of its graduates, but they certainly are gaining a credibility here with our American colleagues.

Q That's good. That's nice to know. All right. Thank you.

A Yeah. I guess I could talk forever about some things, couldn't I?