

# FischStanley\_2023-06-01

0:02

It's really quickly and Doctor Garcia, you're on camera.

0:08

Let me let me switch this over.

0:10

I apologize.

0:11

This was supposed to be a Zoom meeting.

0:13

And when I sent out the calendar invite, it kept it as a Teams meeting.

0:18

And so I apologize for the confusion on my end.

0:21

This is the first time this has happened to me.

0:23

Good morning.

0:25

Hi.

0:25

Good morning.

0:26

Thank you for taking time to to join us for a pleasure brief interview.

0:31

Sure.

0:33

I had a chance to.

0:35

Can you give me a better view here?

0:38

Can you zoom in on me and not the whole classroom?

0:44

I don't think that camera is going to allow me to do it.

0:47

And the same thing for Doctor Fish.

0:49

If you can do that, let me move this over here, OK, And just put him back up and just get started with this, OK.

1:04

Doctor Fish, this is Julieta Garcia.

1:07

It's good to see you again.

1:08

Yes, ma'am, For sure.

1:10

Yes, it was a it was a real pleasure to get to meet you at the at the medical school commencement.

1:16

That was really quite an extraordinary event, wasn't it?

1:20

It was.

1:21

And thanks to you more so.

1:22

And yes, we, well, that was our fourth class.

1:27

It's still relatively new, but our 4th class, our very first class, which that was the class of 2020.

1:37

Now some of them are actually graduating from their residencies at the end of this month.

1:44

Those who are doing internal medicine, family medicine or Pediatrics may be finishing up.

1:50

So our first real graduates, you know, graduate medical school, you're only about halfway there.

1:56

So once you finish residency, then you're ready to go out and cure all, the, all the ills of the world.

2:03

So some of them will be coming out, you know, at the end of this month.

2:06

And we hope to catch a few of them, bring them back here to the valley.

2:09

So that's when we begin to see the return on our investment.

2:14

And that's, that's a wonderful way to think about it because so now they have a choice about their next after residency.

2:23

Are they finished?

2:26

They can do depending on no.

2:28

So for example, somebody wanting to go into one of the primary care specialties, three years is usually the length of the residency.

2:35

And so yes, then they go out and they can practice in any, any number of ways.

2:40

And those who want to go on and specialize, you know, somebody who, for example, wants to become a, an adult cardiologist has to do a fellowship and that's another three years.

2:53

So for some of them, you know, at this point, they're halfway through residency and fellowship training.

3:00

If they want to be cardiologist, gastroenterologist, some of the surgical specialties take 5-6 or seven years of residency training.

3:11

So we're not going to see them come come through quite yet.

3:15

Psychiatrist, their residencies are four years, so we have a few psychiatrists in that first class, but they won't be finished until next year.

3:27

But once they finish residency, yes, then they can be licensed in whatever state they choose to practice in and they can go practice, you know, join private practice or group practice, become part of a university faculty, public health department, you know, go into the military.

3:52

Some of them have military obligations.

3:54

So there are a variety of ways that they go out and practice afterwards.

3:57

Is there is there a, an organized effort to try to recruit them back to the Valley?

4:04

Yes, we are here in the medical school, you know, creating A and we have created it, an alumni services office.

4:13

It's linked to the alumni affairs group here on campus for the larger campus.

4:21

But because of the various timelines that our graduates are on with all these, you know, variations in, you know, their their training obligations of following them, monitoring them is a little bit different from what, you know, alumni relations normally does for, you know, graduates from the various undergraduate and graduate graduate schools here on campus.

4:45

So yes, we will put out a, you know, a net to try to capture as many of these folks who are about to graduate.

4:54

Many of them expressed an interest in coming back to the Valley.

4:58

So we want to see if they're ready to, you know, really commit.

5:02

So, yeah, our faculty recruitment team is out there.

5:06

But even if they don't join the faculty, if they come to the Valley, start practicing, we can still engage them as volunteer faculty.

5:15

Some of them will serve, you know, they'll mentor some students, they'll provide career advising.

5:22

They may work with the admissions committee, do some interviews, serve on our scholarship committee to help us distribute scholarships appropriately, things like that.

5:33

They can do a number of things with us.

5:36

That's got a whole other job, isn't it?

5:38

I mean, creating a welcome mat and a recruitment may as you as you describe it, it would be just a really important thing to kind of top this all this work off that you all have done now through the medical school.

5:57

Yes, absolutely.

5:59

Sure.

5:59

And is that something the Dean is is has on his radar screen?

6:05

He does, yes.

6:07

I've been pushing it now for about two years trying to get them, you know, to gear up not quite there yet.

6:14

I'm, you know, well, we've been through the, the trials of accreditation this past year.

6:21

So that's been this, well, not distracting.

6:24

That's been our total focus.

6:25

And so a lot of these other things have been pushed aside, but we're now past past that.

6:32

And I'm a record of the Dean to really get with it.

6:38

We're, you know, in the new budget cycle, so planning for the next fiscal year.

6:43

So it's on my wish list.

6:45

And but yeah, in in principle, the Dean is obviously very much committed to doing this.

6:51

He realizes, you know, as we all do, that we know we need to be out there staying connected to our graduates and they need to stay correct, connected to us all throughout their careers.

7:04

They're going to be doing various credentialing and re credentialing, you know, for example, to get hospital privileges, you have to apply.

7:13

Usually they'll have to get a transcript or certificate of completion from the medical school.

7:21

When they apply to take their specialty board examination, they have to have all that information.

7:28

So we, our registrar's office continues to serve them well beyond graduation for licensing, hospital credentialing, board certification, recertification, and then of course, the alumni relations activities, maintaining, you know, an affinity with our graduates so that we can lure them back.

7:55

And even if they don't come back, at least virtually, they can participate in admissions committee work, career advising, coaching our students, mentoring, lots of ways they can help out.

8:07

Is, is this one of the areas?

8:10

Thank you for for that explanation.

8:12

It occurs to me that no other college or school at a university follows up quite the same way with their students.

8:22

And it is, it's a, it's a problem.

8:24

You know, many teachers are lost to the profession because we cut them off, right.

8:29

Just when they need us the most, when they're in the classroom trying out all the theories they learned their, their, their lifeline, their lifeline to their professors is cut off.

8:42

And there's many studies show that if we could stay with them for the first five years, they're likely to stay in teaching much longer.

8:49

And and so I imagine that's that would be the same case in many professions, but you all have really a very unique relationship to maintain.

9:00

And I hadn't thought about it quite the way you just described it.

9:05

Very important to maintain.

9:07

Yeah, Yes, yeah.

9:09

Let me ask you so, So remember that I know very little about what I'm talking about.

9:16

That's a very terrible thing to have to admit, but it is that's a good, good, good way to start.

9:22

OK, yeah.

9:23

And so, and when I ask what will appear to be very naive questions is because that's all I got underneath is.

9:30

And as a, as a matter of fact, Randy and I went, when I told him what I was doing, he said, he said, I, I, he looked at me kind of funny and I said, I know you're looking at me like, why are you doing this?

9:41

Because you don't know what you're talking about.

9:43

And I said, I know Randy.

9:44

I don't know.

9:45

I, they just needed someone to, and I was available for an assignment.

9:49

But, but, but Tanya, my research associate, and I have learned a great deal from our time working on this topic.

9:58

And, and you're, you all have been our teachers.

10:02

So forgive me if my question to sound very naive along the way, but I'm our task really is to try and, and tell a little bit more of the story of how we came to be here with the medical school and what were the, the moments along the way that were most impactful to the journey.

10:23

And we can only discover that from interviews like like these with you.

10:28

So if I asked the wrong question, don't, don't feel obliged to answer my question.

10:35

Tell me what I should be asking you and then we'll get further in the conversation.

10:40

But, but let me go way back to your own involvement in this and and then and then start from there.

10:49

So, so I have the benefit of, of a book that you know, of the, this the book for the good of my patients and, and this you in the book here, I'm assuming is yes, that's me, yes.

11:05

And so of course we have, we have been trying to figure out all of the characters involved.

11:13

How is it that you came down to the valley in the 1st place and then stayed for the for your life's work?



11:21

Wow.

11:21

OK, so my wife and I came here in 1973.

11:26

We were in the public health service assigned to the National Health Service Corps.

11:34

The NHSC had started one year before in 1972, and its mission was to help address the the physician shortage in underserved areas.

11:46

And the way initially the the plan was constructed was to send physicians out to the communities that had no doctors or very few doctors and place them into practices very much like the prevailing mode of practice, you know, private practice, a community clinic, something like that.

12:08

My wife and I though, were given an opportunity to to go to Sioux Clinica.

12:14

So Clinica familiar and we and we didn't realize at the time, but we were the first NHSC assignees to be assigned to a federally funded program.

12:29

So I'm not quite the model of, you know, supporting private practice, but it turned out to be for us at least it was exactly what we wanted.

12:40

So, so Clinica had started a year before we got to Harlingen in July of 73.

12:48

We had a two year obligation to serve as a public health service officers and we stayed with SU Clinica for 10 years and then we stayed here in the valley.

13:02

I started my own practice and Nuvia, she was a nurse midwife, so she joined a pair of newly graduated obstetrician gynecologist who are starting their own practice.

13:14

She became, you know, their first and for a long time only nurse midwife ended up in her career, delivering 7000 babies along the way.

13:28

Wow.

13:28

So going shopping with her was an experience, I'll tell you, couldn't walk through HEB or JC Penney's without being stopped at least three times by somebody who either she had delivered or she had delivered their child or grandchild.

13:47

It was fascinating.

13:50

But anyway, so that's how we got to the Valley, OK.

13:53

And yeah, it worked out great for us.

13:57

And we, we came here, you know, we were children of the 60s.

14:00

We wanted to do something, you know, very constructive and very helpful.

14:07

I did not particularly want to go to Vietnam, to be a pediatrician in Vietnam.

14:12

It didn't seem to be, you know, a great way for me to spend my time as a practical matter.

14:17

And then philosophically, morally, I was opposed to the war in Vietnam.

14:21

And so the but I, but I wanted to serve.

14:26

So I, I applied and was accepted into the public health service.

14:32

It was a good decision for us.

14:35

Worked out.

14:35

It worked out very well.

14:38

Yeah, Yeah, though thank you for that.

14:40

You know, at one point we we were when I was, we were still UT Brownsville.

14:45

We were having a late afternoon conversation, those wonderful ones where no one listens to to it but us.

14:52

And, and we were talking about how many Peace Corps volunteers were among our faculty.

14:58

And so we decided because the more we talked, the more we discovered.

15:01

So we decided to put out an invitation for faculty.

15:06

And we just said if you served in the Peace Corps and would like to reconnect with others like you, join us for cocktails at some little restaurant here in Brownsville.

15:17

Well, you know, I mean, 10s of people came out of the woodwork.

15:22

So after that afternoon, we we decided that we were their next Peace Corps mission, that they had seen our, you know, bumbling first years as their place to be, to make a difference, not to not to find the corner office, but to build a program, invent one and then build it.

15:43

And and many stayed.

15:46

So we were all kids of the 60s.

15:48

I guess there were interesting intersections.

15:51

So SU Clinica started in 1972 as a project of Catholic charity.

15:56

Bishop Fitzpatrick was, Oh my was our Bishop at the time in the valley and he had Catholic Charities had arranged to have a Vista volunteer the the domestic Peace Corps program assigned to them.

16:15

And that was Dan Hawkins.

16:19

And Dan was a blue eyed, red haired gringo from Connecticut who was assigned to the Diocese of Brownsville Catholic Charities to do something about healthcare in the valley.

16:32

The Bishop was rather expansive, but not specific in his request.

16:39

So Dan came to the valley and got involved in immediately recognized, you know, where do you start?

16:47

You know, Healthcare is so especially for migrant farm workers.

16:51

And, and and so he at first recruited a group of doctors and they happened to be doctors in Harlingen led by doctor John Farris.

17:01

And I'm sure he's described in that book you have in front of you.

17:04

But John was a devout Catholic, very close to the Bishop and John pull together small group of physicians.

17:14

They use some borrowed office space behind Macpherson's Pharmacy in Harlingen, downtown Harlingen, thinking that a couple of evenings a week they could do a, you know, sort of a volunteer clinic, take care of migrant farm workers and and help out in that way.

17:29

Well, they were quickly overwhelmed, many, many people screaming in for care and they recruited more doctors.

17:39

They opened up more clinic hours.

17:44

Dan became the Bishop put Dan together with Doctor Ferris, and they wrote a grant application to the.

17:55

Let's see at the time the Migrant Health program was under was within the what was the agency.

18:04

It wasn't Hersa at the time, it was the Department of Health and Human Services or something.

18:09

Yes, somewhere in there, yes.

18:13

And and and got a grant for two casket charities as a nonprofit sponsoring agency.

18:20

And with that Sue Clinica was established.

18:24

They hired 1 physician, and by the time I came along, I was their second full time physician.

18:31

And so the volunteer group gave way to a full time group of people.

18:38

Dan stayed with the project until the late 1970s, and then he went to Washington, went to work for the National Center, National Association for Community Health Centers, and he's still there, I believe.

18:52

I don't think he's retired yet.

18:53

He's the senior vice president for legislative affairs.

18:57

He's their lobbyist for the national, Yeah, for the National Association.

19:04

And anyway, so, so Clinica, as you know, grew from basically a storefront to the enterprise.

19:12

It is today, has clinics in Brownsville, Harlingen, Santa Rosa, Raymondville.

19:19

Yeah.

19:20

So it has several locations now.

19:23

It's very interesting.

19:24

And so you, I don't know if you knew a pharmacist, a hospital pharmacist named Olga Lozano.

19:35

Yes, I did.

19:36

OK.

19:38

So Olga Lozano is my mother's youngest sister.

19:41

Oh, wow.

19:42

And was the pharmacist there at Valley Baptist, at Valley Baptist years?

19:46

Yes, Yes, sure.

19:49

And he worked at Mcpherson's pharmacy at some point of her, you know, early years of her career, she went to UT Austin and then came back home.

20:01

But anytime I talk to someone in that field and I mention her name, everybody knew Algitta and, and of her work there at the hospital.

20:10

Interesting that it, it connected the IT connected those dots.

20:16

Now MacPherson is also the name of of OH in Harlingen on our board.

20:27

School board and Harlingen.

20:28

What's her name?

20:32

Randy.

20:35

Oh, I'm sorry, I'm blanking on the name of of a wonderful lady who also is connected to Mcpherson's pharmacy from Harlingen and serves on your school board.

20:46

Just just got off the school board there from Flurier.

20:49

Flurier.

20:50

Oh, flurier, Of course.

20:51

Sorry.

20:51

Yes, Yes, yes, yes.

20:52

She's part of that family.

20:53

Yes.

20:53

Right.

20:54

Yeah, she's part of the McPherson family.

20:55

So yes.

20:57

Yeah, Yeah.

20:57

How interesting.

20:58

How about how that all I'll tell you about O Lozano.

21:01

Back in 1974, this was not part of my life plan, but by necessity I became a neonatologist.

21:12

We had a lot of sick babies.

21:13

You know that back then a third of all babies just born in Cameron County were born outside of hospitals, delivered by Barthezas.

21:22

And most of them did fine.

21:24

But when they didn't do well, they did very poorly because there is often a delay in getting care and you know, all the other factors that place in that great risk.

21:36

So I, I began to being the youngest and most foolish, I guess, pediatrician around at the time, I took on the job of let's figure out a way to take care of these babies.

21:50

And Valley Baptist, again, generously and surprisingly gave me, you know, a space to work in.

21:56

We created the first newborn ICU in the Valley and I had to go to Olga at one point to talk about, you know, we needed to, you know, we were ordering, you know, medicines for two and 3 LB babies and these were being delivered to our nursery, you know, the adult versions of these.

22:15

And so we would have to extract, you know, minute amounts of medicine from these big vials of medicine.

22:22

It was very wasteful and was sometimes very hard to, you know, dilute the medicine accurately to give the right dose.

22:31

So I remember having a conversation with Olga that, you know, how do we, and that was at a time when, you know, there were no medicines made.

22:39

There were there, we were pioneers.

22:42

So nobody was packaging medicines, you know, for 2 LB babies.

22:48

So, and every conversation with her about how do we, how do we, we fix this?



22:52

We don't want to waste a lot of medicine, but the same time we have to, you know, administer these things to these tiny babies.

22:59

So we we we figured out ways she was able to split doses and packages probably tell you that's not allowed.

23:05

But back then it was fine.

23:07

And she we we got it worked out.

23:10

Isn't that amazing?

23:11

Yeah, that's a wonderful connect to know about.

23:14

Thank you for that story.

23:16

And we we did record my aunt many years ago and we have an audio, a video actually of her telling some of her stories.

23:26

But, you know, she was so straight laced and and so I couldn't get her to tell any personal stories.

23:33

She was just always about the work and always about the medicine and always about everything.

23:37

But anyway, just that's a wonderful connection for me to to make.

23:42

Now your wife is named Nivea.

23:44

Is that right, Nivea?

23:46

Yes.

23:46

I'm sorry.

23:47

Nivea of Nivea.

23:48

Yeah.

23:49

Nivea.

23:49

And.

23:50

And you all came to know each other at school or Yes, back in New York.

23:56

We were.

23:57

I was a medical student at Albert Einstein in the Bronx.

24:00

And Nivea was a nursing student literally across the street at Bronx Community College.

24:06

That's where we met.

24:07

Yes.

24:08

OK.

24:08

All right.

24:09

And your entire career then has been spent in the Valley?

24:12

Yes.

24:14  
OK.

24:14  
So.

24:15  
So now you end up at the medical school as a faculty member, Right?

24:20  
Yes.

24:21  
And is, is, did you ever imagine that that would be the culmination of your life's work?

24:28  
Well, it, it, it became something imaginable a few years ago when we were, you know, developing the rack.

24:37  
And, and, and of course, at the time we developed the rack, the, the plan was that the rack would be the starting point for a medical school, that the rack eventually would become a full four year medical school separated from U Tesca.

24:55  
U Tesca sponsored the RAC.

24:57  
We were a regional campus of for the medical school in San Antonio, the regional academic Health Center.

25:07  
And and so that the RAC opened its doors in 2002 and we culminated perminated that relationship in 2018 when our first class, the class of 2020 began their third year and so had to step into the spaces where the students from San Antonio had been occupying to get their clinical experience.

25:32  
And so that was, you know, that that was by design and everything.

25:36  
You know, it was a very amicable separation then.

25:40  
But for all those years, and you had when we talked at the graduation, you mentioned John Howe.

25:45

You know, he was brilliant in his leadership, you know, aligning all of his forces.

25:53

And I'm sure it took a lot of arm twisting and, you know, cajoling or whatever to get that alignment.

26:00

But he did it.

26:02

And we had department chairs pretty much across the board, crucially supporting the development of our teaching programs here in the Valley.

26:14

And I became involved in that.

26:16

I was involved earlier planning it back in the 80s.

26:20

I remember going to meetings in Brownsville and and the auditorium on your campus there in Brownsville and all around the Valley have meetings.

26:28

Bill Card, our mayor at the time, was brutally important, masterful in the way he all together the various interest certainly in the Arlington area.

26:44

But you know, for me personally, you know, I mean, I, I, I was looking forward to the time when, yeah, maybe I could do more teaching and not, well, I, I didn't have a precise timeline as far as, you know, giving up practice and doing more teaching and, and such.

27:07

My, unfortunately, my wife developed cancer in 2013 and then she died in 2016.

27:16

And during that time I cut back a lot of my, my clinical practice and some of the work I was doing as a teacher.

27:27

And, and then 2018, that's when I became involved here at the, at the medical school.

27:33

Well, lucky for a lot.

27:35  
Yeah.

27:35  
Yeah.

27:36  
So that that was that was the big change for me.

27:39  
But.

27:40  
But yeah, no, I, I, I I think I saw a day when, you know, I could become a professor or, you know, do some teaching.

27:48  
Yeah, well, we're lucky.

27:50  
We're very fortunate that you and your wife were able to play such an important role during so many years for the Valley.

27:57  
And I thank you personally, along with all the people that thank your wife when she went up and down the aisles of HEB.

28:05  
I'm sure they they would have.

28:08  
So let me ask you a couple of questions about the time of the wreck.

28:12  
And in your recording that you did with what is her name the the lady that did the audio history, Elaine McKay.

28:25  
Elaine McKay McKay.

28:29  
I was get her name wrong.

28:31  
But in that in that video you mentioned the support of doctors and then the doctors who did not support the the the work at the time.

28:43

Did you have any allies in the doctor sector in the McAllen area, in the Hidalgo area, or was it pretty much with folks against it?

28:56

I among the my fellow pediatricians there was support.

29:00

I remember the Joe and Frank McDonald, the McDonald brothers who were one of the original pediatricians.

29:08

I'm, I'm not sure the very first, but certainly, you know, when I came to the Valley, they were already in practice as young men at the time, but they had been in practice for several years.

29:19

They had a very busy, well established practice in McAllen, highly regarded, very much respected, and they were very much supportive.

29:31

Who else at the time can't recall?

29:37

Really.

29:37

Doctor Ramiro Ocaso.

29:39

Ramiro.

29:39

Oh, yeah.

29:40

Ramiro Ocaso, of course.

29:44

And Doctor Mario Ramirez.

29:49

Mario Ramirez would have been this from from Star County.

29:54

Yes, they were.

29:55

They were.

29:55

Yeah, certainly stalwart champions of it all.

29:58

But you know, my, my, my recollection of dealings with McAllen was I'm never going to a meeting of the Hidalgo Star Medical Society to try to get them to pass a resolution of support for the development of medical education already kind of a generic statement of support.

30:22

And they wouldn't do that.

30:24

I had I had gone to the executive committee of the Cameron Willacy Medical Society about a month before going up to Hidalgo County.

30:34

And the Cameron Willacy Society did pass a resolution stating their support for the development of of a regional academic Health Center, but Hidalgo Star did not.

30:48

And in fact, at at some point, once the grant proposal had been written and Randy Whittington was the key guy there in pulling all the information together, packaging it, that's when he created the South Texas Medical Foundation as a container for and as a locus, we're providing, you know, writing a grant.

31:14

The hope was that we in the Valley could submit one proposal to the UT Regents rather than allowing the competition to take over and have them have the Regents, you know, act as arbiters.

31:31

We wanted to present a a sort of consolidate a unified proposal with each, you know, Brownsville, Harlingen, McAllen having chapters within that proposal highlighting their certain advantages, you know, that they or you know, assets that they could lend to the project.

31:51

And when when that was being finalized, the Hidalgo cart star medical side, and not only did they not OfferUp a resolution of support, they took out a full page ad in the McAllen monitor opposing it and 300.

32:10

And so, you know, physicians names were listed.

32:13

Yeah.

32:15

Fast forward to a couple years ago here at the medical school.

32:20

Doctor Krause was still here at the time and there was some type of an event at the in our auditorium here on campus.

32:30

It was a faculty meeting, some it was a community event.

32:36

Quite a few people there from outside the school as well as our faculty.

32:41

I think it was, I think it was something along the lines of the Dean's report to the community about the, you know, progress we were making in developing the medical school.

32:53

And I saw Doctor Carlos Cardenas sitting across the room and the fact that one point toward the end of the evening, he stood up and, you know, expressed no great support and admiration.

33:06

He was, you know, he had been the, I think he was at that point immediate past president of the Texas Medical Association.

33:17

And so he got up and he expressed, you know, support and admiration for the work that had been done to bring the medical school along to that point.

33:28

And I, I looked across the room at Randy because he was the third name on that list of doctors signing that petition way back in the late 1990s opposing, you know, the advent of a regional academic Health Center.

33:45

But yeah, so the so the communities, you know, had the Brownsville physicians were, were, were fairly supportive.

33:52

Harlingen physicians were very supportive.

33:54



We had about 85 physicians who wrote their own individual letters of support to the the UT chancellor at the time and collectively the medical staff at Valley Baptist Medical Center.

34:12

And in addition to the County Medical Society, Cameron Willacy, expressing support for the development of the RAC, the Valley Baptist Medical staff, which was the largest hospital, largest medical staff in the county at the time, also collectively expressed support.

34:33

So that went to the Regents.

34:35

And then Tony Sanchez from Laredo didn't like the idea of having one proposal, so he sent it back or the Regent sent it back and wanted three individual proposals from Brownsville, Harlingen and McAllen.

34:49

So I mean, they, you know, under undermined, you know, the effort that we had made that Randy had had pulled off to get all this tied together anyway.

35:03

It was, you know, redone repackaged, sent back to the Regents and and then they they approved it.

35:09

And at that point, some people in the gallon.

35:12

Well, the the city was in a bind in the hospitals because without the doctors supporting it, they they really couldn't move forward.

35:19

One of the things here, well, in, in Harlingen, and this is Bill cards you know, genius as a leader, he made sure he, you know, there were numerous meetings, discussions and planning sessions and, and you know, bringing in people from UTESCO to talk to us.

35:38

Doctor Howe himself made numerous trips to the Valley, meeting with various groups.

35:44

The Bill cards genius was to make sure that every chance he had, almost every meeting he would, he would ask the question is everybody OK moving forward?

35:55

And the, everybody he was talking about was he had hospital people, he had the civic leaders, our mayor and city, City Council members.

36:04

He had, he had physicians, members of the medical staff or the county society.

36:10

So he, he wanted to be sure that as we progressed each step along the way that everybody was on board.

36:17

And he said very clearly, it's several times, you know, if, if anybody feels that we should not proceed, say so because obviously this will not work unless all three, you know, interest groups, the hospital, the business community and the civic leadership and and the physicians, you know, if all three groups aren't together on this, we're not going to be able to move forward.

36:40

So here in Harlingen, everybody was fine right up to the point of submitting the the final proposal.

36:47

We had a solid base of support.

36:51

McAllen didn't have that.

36:52

The doctors were opposed.

36:53

They were placing ads in the paper saying they were opposed the hospitals would wanted to be involved by main medical education, supporting residency training.

37:03

You know, good thing for hospitals, especially we're, you know, we're in a region facing, you know, significant physician shortages, specialist shortages.

37:14

You know, hospitals were eager to have residency training programs, you know, on site and that gave them a chance to, you know, capture these new doctors to join their medical Staffs.

37:26

The city of McAllen, obviously, you know, for all the reasons that they would want to have medical school enterprise in their in their town, but without the doctor supporting them, they can only, you know, very timidly, in a very lukewarm way, offer any support.

37:46

What seemed to be the reason?

37:48

Thank you for that explanation.

37:49

That's very, very helpful.

37:53

What seemed to be the reason for the Hidalgo County doctors to be so adamant in their opposition?

38:05

It was fear of competition around that time.

38:10

This was now late 1990s Galveston.

38:16

UTMB Galveston had begun to set up clinics in the Galveston community to get, you know, their faculty out serving patients and creating channels through which patients needing specialty care would come into the UTMB teaching hospitals.

38:36

You know, John Seeley, rather than going into some of the community's private hospitals.

38:42

And so that caused a huge uproar in Galveston at the time.

38:47

The Texas Medical Association got involved trying to mediate things, but it was quite contentious at the time.

38:56

And there were a group of physicians in Hidalgo County, the leadership, kind of the core leadership group within the medical community there, who we're very fearful that the same thing would happen in the Valley and in Hidalgo County, particularly if a medical school took root and grew.

39:19

And then of course, the faculty would establish faculty practices.

39:24

And before you knew it, there, there they would be out there competing with all the physicians in private practice.

39:32

So it was fundamentally, you know, economics.

39:35

They were afraid of competition, afraid of losing patients, afraid of being crowded out of, you know, hospital, you know, access to the hospitals for the surgeons, the other docs who do a lot of procedures, having to compete with medical school faculty for operating room time.

39:54

You know, some very practical, you know, concrete, you know, concerns overwrought for sure, but that's what they were afraid of.

40:02

And and you know, when when the basis for the fear was well, Galveston, look what's happening in Galveston and other kind of horror stories around the country, you know, town gown, you know, issues all over the place.

40:14

That's nothing new in the life of of a medical school.

40:18

But, but particularly it was crystallized in their minds with.

40:21

What happened in Galveston?

40:23

Yes.

40:24

You mentioned Carlos Cardenas, and he plays a very key role today, doesn't he, in the medical community?

40:34

Is it the DHR?

40:35

Yes, he.

40:36

Yes, right.

40:36

He's what is he board chair?

40:39

I believe he's yes.

40:40

He's in the upper echelons of leadership at DHR, interestingly.

40:46

And yeah, DHR and our School of Medicine have undergone a divorce as of October this past few months ago.

41:00

And I, I don't know, well, I'm sure he had some role in it as a member of the board and serving at A at a high level.

41:12

But anyway, his he's, he's not really been involved.

41:18

He, he's not one of our faculty, I don't believe.

41:23

And you know, as as the when he was in his year of service as TMA president, of course, he was very proud of and would often point to the advent of the medical school in the Valley as a great sign of progress.

41:43

Good for the valley, great for meeting the the needs for more physicians in an area historically, you know, under served by, you know under resourced with healthcare personnel.

41:57

Interesting.

41:58

OK.

41:58

And are you are you able to tell me a little bit about the divorce now of of DHR?

42:07

Yeah, from what I understand and and I, I think going back to the beginning of the medical school, we all had misgivings about partnering with DHR DHR is, is a for profit and and really quite aggressively for profit enterprise.

42:30

It has how many now, 350 at least, maybe more physician shareholders.

42:39

A hospital could not be organized that way today.

42:42

It's against the law.

42:44

In fact, I think in part the Stark, when Congressman Pete Stark wrote his laws against, you know, kickbacks and these kinds of arrangements, self dealing arrangements, he may have had DHR in mind.

42:58

But so, you know, we had great misgivings.

43:02

I remember I I went to a meeting in McAllen.

43:07

It was dinner with Alonso Cantu and Randy Whittington.

43:16

Chris Boswell, I think was mayor at the time, and several other City Council people from Harlingen.

43:25

And I think maybe Leo Vela was there, maybe not.

43:30

It might have been before his appointment as our regional Dean.

43:33

But we were invited.

43:35

Kantu wanted to learn about, you know, our plans to develop the regional academic Health Center ultimately, you know, medical school residency programs.

43:47

And I thought, OK, well, this is great.

43:49

We'll have an opportunity to meet with Kantu.

43:51

And he would he would probably bring, you know, the medical staff leadership from DHR with him to dinner.

43:57

So we arrived at his restaurant here in McAllen, and Noah was just Alonso Cantu, nobody else.

44:05

And so we started talking about residency programs and medical students, and I realized he really knew nothing about how well the difference between medical school and residencies.

44:18

He didn't understand the difference between undergraduate medical education and graduate medical education.

44:24

He had no idea who paid for medical education, whether for medical students or residents.

44:31

Groupfully.

44:32

He didn't understand that a hospital that sponsored a residency program would be obligated to pay salaries of residents, right?

44:45

That this was not a freebie.

44:47

This was an investment on their part.

44:49

Of course, the ultimate return was that some of those residents would stay in the community, stay at that hospital, offer services and be, you know, value added for the hospital.

45:01

But that was a long term prospect and that that short term, you know, return on investment.

45:08

And, you know, as we began to explain that to them, you visibly kind of, you know, pull back, become became, you know, much less enthusiastic.

45:18

And so we finished that meeting.

45:20

We're driving back to Harlingen.

45:21

I, I, I think we all voice the same thing.

45:24

You know, he's not going to go for it.

45:26

You know, they're not going to be partners with the medical school in developing, you know, residencies or participating in any aspect of medical education.

45:37

And so we wrote, kind of wrote them off and thought in terms of, all right, we'll talk with we of course, we already had good relationship with Valley Baptist McAllen Medical Center.

45:48

We'd be working with other hospitals.

45:50

Well, oh, I think one of the one of the the sweeteners to the deal was when Texas Medicaid, they developed the dispro program and rather than paying hospitals to make up the differences for uncompensated care, the money went into this sort of fund.

46:13

And then hospitals and communities would apply for special projects to to serve the community well.

46:22

Among the projects that hospitals could apply for would be the start up to fund the start up cost of residency.

46:29

So the DHR went ahead and did that surprisingly and they were given funding to start 4 residency programs and and that was OB Gen.

46:43

internal medicine surgery.

46:44

And what else?

46:49

Internal medicine, surgery, OB Gen.

46:52

and family medicine, I guess.

46:54

Yeah, family medicine.

46:57

So that, so that was at the very beginning back around 2014, 2015 I believe.

47:06

So those monies have dried up to a great extent.

47:13

It was those were monies were supposed to be transitional, isn't that right?



47:17

Yes, a startup and then the hospitals would build capacity to replace them.

47:23

Yes, exactly.

47:25

So so were they at the end of their startup?

47:27

They were at the end of their startup.

47:30

And they were facing the prospect of transitioning.

47:33

So that was one concern.

47:35

And then the other concern was they were very concerned that the medical school was becoming going into direct competition with them.

47:45

And in October we had the groundbreaking for the Cancer and surgery Hospital in McAllen with lots of fanfare.

47:55

It involved a partnership with MD Anderson.

48:00

And of course that was, you know, that was not a secret that had been on the works for quite a while, planning and so on.

48:05

But the groundbreaking itself took place in October.

48:08

And I think, you know, there the letter from DHR to us announcing this, their desire to sever their affiliation agreement came about a week or so after the groundbreaking.

48:20

And I think that, you know, that represented to them kind of the last, the last straw that, you know, they had their own aspirations of developing, you know, specialized surgical, surgical care, cancer care, other types of specialized surgery on the DH, which our campus and here in the medical school was, you know, doing the same, you know, a lot of land, you know, a few blocks away virtually.

48:51

So I think all that kind of came to a head.

48:53

And so they they dropped the bomb and said, you know, we're done.

48:57

We're not going to continue to work with you.

49:01

The affiliation agreement has had a provision in it, You know that once that decision had been made, there was a three-year wind down.

49:12

Our Dean decided that no, we're not going to wait three years.

49:14

We're going to get our residents and our students out of there as as quickly and in as orderly a way as possible.

49:22

And, and that has been done.

49:27

Thank you for for your candor in that description because from afar that's what it felt like was happening, but I had not heard anyone I would describe it so clearly as you just did.

49:39

Thank you very much.

49:40

So.

49:41

So now Driscoll is part of this picture.

49:48

How does Driscoll fit in to this and their plans in McAllen?

49:53

OK, I'm laughing because, you know, you know, I and others had been lobbying Driscoll for years and years to come to the Valley establishment, a bigger footprint.

50:08

You know, they had their clinic in Brownsville, their clinic in McAllen.

50:13

Anytime you drop by those clinics, they were usually empty.

50:17

You know, big, big buildings, very nice buildings, but you know, no one there.

50:24

Their doctors would come down from time to time and have clinics, you know, for a few hours and then go back to Corpus.

50:31

When they saw children who needed procedures, the children would have to go to Corpus Christi.

50:37

Their doctors did not join our local medical Staffs and create the capacity, you know, locally to take care of those kids.

50:48

That model had worked for Driscoll for many years and to the point where they realized a few years ago that the majority of their patients actually came from the Valley.

50:59

Their primary service area was the valley.

51:02

So they were in the very odd position of being 120 miles away from their primary service area.

51:10

And so I know we've been talking to them about, you know, you really need to come down and set up a hospital here in the Valley.

51:17

Valley needed to have a, a really good, you know, Children's Hospital.

51:23

For a while, there was a partnership between Valley Baptist and Driscoll to develop pediatric services at Valley Baptist at least.

51:30

And that was, that was it.

51:32

That was done with the understanding that would be an interim, you know, a bridging kind of a program, you know, get, get Driscoll established more firmly, get them better known in the Valley, although certainly among pediatricians, they were very well known.

51:47

We've been referring patients to them for years and knew all their doctors quite well.

51:52

So we didn't need any introduction to Driscoll, but for the community at large.

51:58

So that that partnership continued for a few years and then it unraveled.

52:04

There were, I think, administrative strains between Driscoll and Valley Baptist.

52:12

At one point, that Valley Baptist Driscoll partnership had been asked to go to Edinburgh Children's Hospital when it was just starting out to help them get off the ground.

52:25

That didn't work out and so that partnership dissolved.

52:32

So in the meantime, Driscoll then continued with its, you know, helicoptering in their doctors, see some patients, scoop them out of the valley when they needed to have special care and then you'll follow them up in their clinics.

52:47

So finally, well, so before I get to the finally Driscoll, in the meanwhile, when we began the medical school, we had medical students now in their third year, their clinical training year, who needed to have an experience in Pediatrics.

53:05

Driscoll very graciously said, sure, you know, send them up to Corpus Christi for two weeks or three weeks actually.

53:12

Now they do three weeks of inpatient Pediatrics at Driscoll.

53:18

And Driscoll provides them housing and they get free food in the hospital cafeteria at a wonderful learning experience.

53:28

And Driscoll has been very gracious about doing that.

53:31

And now they're building a hospital and it's, and they've been very clear and very emphatic that although their hospital is being built on DHR property, it's their relationship to DHR is as a tenant.

53:47

DHR does not own or control or have a controlling interest in the operation of the hospital.

53:53

It's Driscoll Children's Hospital, it's Driscoll Foundation.

53:57

DHR is merely the landlord.

54:00

So that's what that's what they've been saying and insisting upon.

54:04

And, and of course, we at the medical school, our department of Pediatrics wants to work very closely with Driscoll.

54:11

And, you know, there are discussions going on right now about, you know, how that's going to look in the future.

54:16

The, the Driscoll plans, I believe by the end of the year, if not early next year.

54:23

But their aim is to do it by the end of this year to actually start admitting patients.

54:27

The construction will be done sometime late this summer.

54:31

If they stay on track.

54:33

It'll take them a few months to get everything wired and furnished and everything like that, but they expect to have their first patients rolling in, you know, by the end of the year.

54:43

So eventually those students who go to Driscoll in Corpus will be able to come to Driscoll in Edinburgh and do their clinical experiences, their electives.

54:57

Some may still go to Corpus.

54:58

We'll see.

54:59

You know, that's, that's remains to be discussed.

55:02

And eventually we want to have a pediatric residency, a long dream that I and others have had for a long time to be able to train, you know, physicians to become pediatricians here in the Valley.

55:18

Driscoll has a residency program in Corpus Christi, has been well established for many years, and they will establish another one here in Edinburgh once they get the hospital up and rolling.

55:33

It'll take a year or two to once they open the doors to get to that point.

55:38

And we'll want to do that in partnership.

55:41

You know, Driscoll and the School of Medicine do that together in partnership so that it's, you know, academically anchored in a Children's Hospital, you know, the ideal way to create a, of a pediatric residency.

55:55

So discussions have been good.

55:57

Driscoll, they've been very, very interested.

56:01

I don't know that anything has been finalized yet in terms of any agreements, but I know at higher levels than mine, those discussions are going on.

56:12

Thank you for that.

56:14

I was there the other day and I, I saw the new Driscoll hospital going up and then I heard Alonso was the construction guy building the hospital and that, oh, coincidentally, the Women's Hospital is right next door and it's connecting.

56:29

And, and I was, I was trying to make to decipher.

56:33

Yeah, yeah, it is a little strange.

56:36

I, I remember when I first heard the plan that they were going to build on their property.

56:41

I, I was talking to Ernest Buck, Ernie Buck, Doctor Buck, who was one of their, what's his job, COO of Driscoll Health Plan, I think at the time.

56:53

Now he's, he has another, another administrative position, but Ernie's a old friend and we'd work together on a number of projects here in the Valley related to, for example, the Driscoll Health Plan and Medicaid.

57:09

And we'd worked together in the TMA on several, several committees.

57:14

And I talked to Ernie about about at the time and also Fred McCurdy, who is also at Driscoll.

57:22

Fred had been here in the Valley on our faculty actually, when we first established the rack, very, very distinguished academic pediatrician.

57:33

But but I said to them, you know, strategically it's a mistake for you all to get into DH, Rs business, whatever way you you frame it.

57:45

There's in the community at large and among other hospitals particularly so much antipathy towards DHR.

57:51

I mean, that's beyond competition.

57:53

It's just they, they, there's real dislike for the way they do business, their aggressiveness.

58:02

You know, it was just, you know, it was just not, you know, the climate around DHR is not, not pleasant.

58:10

And for, for Driscoll to be able to set up a hospital and, you know, create the relationships it needs to get referrals and work with practicing pediatricians and other agencies and so and so on, You know, DHR would be very, very weighty baggage, unpleasant baggage.

58:31

So anyway, they didn't take my advice and they're, they're building away.

58:38

So yes.

58:40

And was there ever any talk of DH of Driscoll building any place else in the valley?

58:47

Well, yes.

58:48

Well, I, I had talked to them and I know there were discussions about, you know, I had suggested like a mid valley, you know, Mercedes Weslaco area and there were lots of lots of land where they can do that, you know, a central location.

59:07

And but anyway, they didn't take my advice.

59:11

So OK, all right.

59:12

OK, Well, well, thank you very much for that.

59:16

That helps, helps me understand a bit more.

59:22

I'm going to to it was one more question that I really wanted to add.

59:27

Let me go back because I well, let me jump in while Doctor Garcia is is reviewing her notes and apologies that I'm not in the camera.

59:40

I'm usually in the background with, with cue cards sometimes.

59:43

But when you were with the with Valley Baptist.

59:46

Can you share I, I, I, we, I saw the interview with Bill Adams.



59:51

Can you share a little bit about their Bill Adams, the CEO, Ben Mckibbens, a little bit more about what their role was?

59:59

I had read and heard somewhere that Ben Mckibbens was kind of the vision, but then Bill Adams was the one that kind of executed the things that he was called the workforce.

1:00:11

Do you remember that, you know your experiences with them at the time?

1:00:13

Oh, yeah, sure.

1:00:14

Yeah.

1:00:14

I mean, that's to some extent that's true.

1:00:16

I mean, Bill had a lot of vision also.

1:00:18

But certainly, Ben, you know, Ben like like Bill Card, our mayor at the time.

1:00:26

You know, was very, you know, very insightful and I think foresighted in supporting the the project of developing, you know, the regional academic Health Center.

1:00:38

And so to the extent that Ben, you know, committed his own resources, like Bill, assigning Bill, one of his top administrators, to devote almost all of his time really as, as, as this project developed, I think Bill actually spent all his time working with with Randy and other people, you know, writing proposals, doing research, recruitment.

1:01:05

Yeah, Bill was the go to guy at Valley Baptist for all things related to medical education.

1:01:11

And that became pretty much his full time job.

1:01:13

And Ben supported that fully.

1:01:17

And, and, and crucially, Ben worked closely with the as he always did.

1:01:23

And that was his, his style, working closely.

1:01:26

Remember that Valley Baptist was a nonprofit hospital at that time up until 2008 or so.

1:01:34

So back in the 90s and earlier, Valley Baptist was a nonprofit.

1:01:38

It had a governing board of local Baptist businessmen and women.

1:01:44

And Ben was a master of working, guiding, steering the board, presenting, you know, issues to them, teaching, you know, bringing in speakers and such.

1:01:56

And he certainly, you know, developed that board's interest in supporting medical education, mapping out for them what investments the hospital would need to make in terms of, like, space for a library, maybe some personnel, you know, decisions about, you know, assigning people to work full time on, you know, academics, you know, people like Bill, administrative people would be spending a lot of their time.

1:02:28

And he brought the board along.

1:02:30

So there were no surprises.

1:02:32

And when he decisions had to be made, the board was able to make those decisions and support Ben.

1:02:39

And he in turn, you know, Bill, you know, was wonderful.

1:02:44

You know, he, he, he rose out very quickly on the learning curve, learned all about medical education, became, you know, worked closely with people in San Antonio and the faculty and the administration there.

1:03:00

Yeah, we had, we had some wonderful, you know, Ben and and Bill together with they were, they were great.

1:03:07

Thank you.

1:03:08

Thank you for that.

1:03:08

Thank you.

1:03:09

Tanya, I have one more question.

1:03:11

I realize we're at the very end of our time, but I wanted to ask you about Doctor George Gallagher.

1:03:17

George Gallagher.

1:03:20

He he was, he ends up being Tudor Yohorn's grandfather.

1:03:26

Oh, OK.

1:03:28

Yeah.

1:03:29

And he apparently was instrumental in giving or selling some of his property to SU Clinica for their first sight.

1:03:39

And I thought you might know something about that arrangement.

1:03:44

I don't.

1:03:49

SU Clinica's first.

1:03:50

Well, after they grew out of the storefront behind Mcpherson's, they occupied an office on F St.

1:04:00

in Harlingen.

1:04:01

And that's when I arrived in 73.

1:04:03

That's where I first worked in Clinica.

1:04:06

It had been an off a doctor's office for eye doctor and an ear, nose and throat doctor in partnership.

1:04:14

But then I think one retired and one joined another group and something.

1:04:19

So it's new clinical, I believe, or Catholic Charities actually was probably the party involved in the transaction.

1:04:28

I think they were leasing that property.

1:04:32

Gallagher may have been the landlord, I don't recall.

1:04:35

OK, but I I'm not familiar with that really.

1:04:38

That's OK.

1:04:38

All right.

1:04:39

I just was wondering if if that was partnered to Suklinika or not.

1:04:43

OK, Tanya, you have anything else that.

1:04:47

No, you have been wonderful to get to know.

1:04:51

I thank you.

1:04:51

I'm sorry it took me so long, so many years to get to know you.

1:04:55

But I appreciate your patience with yet another novice trying to learn what you do in a medical school and trying to tell a little bit of the story.

1:05:07

So please know how much I appreciate your candor and your kind.

1:05:13

Glad to help.

1:05:13

Glad to see that this is getting done.

1:05:15

It's that passed through a number of hands and I know finally it's in good hands.

1:05:19

So well, we'll see.

1:05:22

It's not going to be a best seller, but it it'll it'll try to add a little bit of of information to the story.

1:05:29

Thank you again, doctor.

1:05:30

All right.

1:05:31

And thank you for your good work all these years.

1:05:33

We all right as a community.

1:05:34

I thank you.

1:05:35

Sincere thanks.

1:05:36

All right, thanks, doctor Garcia.

1:05:37

Tonya.

1:05:38

Good luck to you, Tonya.

1:05:39

What are you?

1:05:39

What are you studying, Tonya?

1:05:41

Well, I actually.

1:05:42

There you go.

1:05:45

There you go.

1:05:47

I actually graduated in May last month.

1:05:50

Yeah, time's playing by.

1:05:52

So I, I graduated with my masters in communication, but we, we're so far into it and we've, you know, started to write it that we asked for an extension.

1:06:01

So my goal is to have this written and done by August 31st.

1:06:06

I do have one more request for now.

1:06:08

I know, and it's a very ambitious goal, But I, I joked with Doctor Garcia and I said, you know, when I was a child, my mom used to read all these books.

1:06:16

And I would say, how can you read these books?

1:06:17

They don't have pictures, you know, and I'm just, I'm a visual person.

1:06:21

If you have, and I have an appointment with the in the library in Harlingen with Doctor, the Doctor Ramita's library, and I'll be reading with them, meeting with them shortly.

1:06:31

But if you have any photos, personal photos of yours that you want us to consider and put in the book, because I do think it's important to show action photos of people during doing that work and getting us to where we're at.

1:06:45

You know, my, my, my deadline's June 30th, but I'm probably pushing it till till mid-july.

1:06:51

So, you know, to give, to give people time.

1:06:53

But if you have any personal photos that you want to consider us putting in the book, I would be indebted to you for that.

1:07:00

Because I do think you, I know it's a big ask.

1:07:03

It's a big ask and it's a it's, it's kind of a mom, but I would be very appreciative if you're able to, to include yourself in that.

1:07:11

Most people are hesitant about it, but I think this is very important.

1:07:18

Let me do some rummaging and see what I have.

1:07:20

OK, I appreciate that.

1:07:22

I appreciate that so much.

1:07:23

Thank you.

1:07:23

Thank you so much, and thank you for going over time with us.

1:07:26

Yes, thank you.

1:07:27

Have a good day.