

**Oral History Interview of  
Juan Francisco Fitz**

**Interviewed by: Daniel U. Sánchez  
May 21, 2014  
Lubbock, Texas**

**Part of the:  
*Hispanic Interview Project***

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## Interview Series Background:

The Hispanic Interview Project documents the diverse perspectives of the Hispanic people of Lubbock and the South Plains. These interviews and accompanying manuscript materials cover a myriad of topics including; early Lubbock, discrimination, politics, education, music, art, cultural celebrations, the May 11<sup>th</sup> 1970 tornado, commerce, and sport.

## Transcript Overview:

This interview features Juan Francisco Fitz, who discusses his experiences as a promoting the profession to others, his medical career in Lubbock, Texas and his involvement with the air ambulance industry.

**Length of Interview:** 00:35:13

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Religion and culture and being true to yourself	13	00:28:00

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**Daniel Sanchez (DS):**

My name is Daniel Sanchez, this is May 21, 2014, and this is interview number two with Dr. Fitz. Thank you for being with us again.

**Juan Francisco Fitz (JF):**

Hey Daniel, good morning—or good afternoon, one of those.

DS:

Yeah, I think we left off where you were talking about your career, and how you made it back to Lubbock and started with Covenant.

JF:

It's kind of a funny thing—I did my residency in Michigan, emergency medicine, went for Dallas for a year, and then came here, worked at UMC for a year there. And that's when my parents got sick, and I also had a daughter that needed my attention. So moved back to El Paso for those reasons, I was always taking care of family, so I moved back to El Paso. I was there for many years. Dad passed away, and then my mom lasted a long time, and she passed away here in Lubbock. And then we moved back to El Paso, so and Covenant was recruiting me for a long time to come back, and my brother had been here already. Established himself, and had gotten married to Dr. Ginter, and they developed their nice, very successful optometry practice. And so he kept saying, "Move back, there's no reason to stay in El Paso." So I moved here, and I mean like I said I like Lubbock, I'm a true Red Raider, and I'd become a Red Raider, all my family has a degree from the Double T, so very proud of that. So it's been good for me, Lubbock's been good for me, can't complain, it's been good, I've been able to increase my success, have an impact on students as I teach. So it's been good, it's been really good to be here.

DS:

And when you first came back in 1981, the med school was still fairly new at the time. Can you talk about the growth—not only as Tech as an educational, but as an overall medical center in Lubbock.

JF:

Well Lubbock is fortunate enough to great medical facilities here. I mean where I trained at, Grand Rapids, Lubbock and Grand Rapids are similar. Here it's Baptist, over there was the Christian Reformed Church, and a difference in population, like five or six people. It was a big referral center—the same thing here, Lubbock's a big referral center here. And the medical schools still was growing at that time, people didn't know much about Texas Tech when I came here. There was a lot of bad—what can I call it—Tech had a bad name, and Lubbock had a bad name. I mean especially among the Hispanos, that it was very racist, discriminatory against the Hispanos. Turned out, I never felt it—maybe from one person I did, but the rest I was very well

accepted. They were very supportive, the administration was very supportive in bringing in more Hispanos, which is something I'm not seeing now, not seeing many Hispanos in medical school and graduate school. I see them in undergraduate, but they drop off like flies. Why? They hang around the wrong group, they start hanging around partying. You got to make a determination—like I told some of the guys that are undergrads, I said, “You can party later on when you have money. Get your degree first, get that out of the way—then you can party as you want, and have the money.” And what happens is these kids just get involved in a different track. And I've seen a lot of kids not make it because of that, they get involved in the wrong group, the wrong crowd, start drinking—all of a sudden, they owe points on their GPA, and there's no way they can recover, there's no way they can get into medical school. You have to be dedicated, I mean you have to have your goals in mind. You got to make a choice—am I going to party, or am I going to go to school. And I made my choice—I sacrificed a lot, worked two jobs at a time, and went to school. And I didn't have time to party. I was too busy working and studying, there's no time. I did make my times every other summer I would take the summer off so I could work and have time off to enjoy myself and do stuff. But the rest of the time I was going to school full-time. And so here at Tech we're very supportive in recruiting Hispanos to come to school, and they allowed us a budget to be able to go out there and recruit for Hispanos. I don't see that recently, a lot of Hispanos that graduated basically are gone, and I don't see that activity any more, I'm not really sure why. But I'm not that close to the school anymore. I mean, I am faculty, but I'm not involved with their daily activities. But I wish there was more Hispanos applying to medical school. Because I've gone all over the country, I give talks, and I've been at conferences, and the Hispano population's not there. I'm seeing more Chinese, I'm seeing more Indian—very little African American or Hispanos—I'm not seeing them. So where'd they go?

DS:

Yeah, we'd hire a lot of undergraduate students, and we get a lot of them that are going into the medical field, but surprisingly most of them are going into the nursing field, or physical therapists.

JF:

(unintelligible). I'm not sure, maybe they say, “Oh I can't make it,” or “My grades aren't good enough,” or “Got a family to support.” I don't know. I'm just not seeing it, and if I am seeing it, they usually already come from a family who has careers. They come from a physician, or an attorney. I'm not seeing any more from the lower socioeconomic area that are set to go in. I've counseled some, and they lose their way, I'm not sure why. And the females, well the females I tell them very differently. So I tell them—ooh I hate to say it in this way, it's nasty—but I tell them to keep their legs closed, because they're going to end up getting pregnant, and a majority of the girls that I see come in that I advise, they wound up getting pregnant. And daddy runs off, and the girls left off on a track, and a promising career that you could have had is no longer there, unless they're very dedicated to finishing. I know that we had one in my class who was

Hispana, and had kids, divorced, and she did it. I mean she had three kids if I remember correctly, and she worked hard to put herself through school. Her family of course were very supportive, and she's now an anesthesiologist. But she worked hard, I mean she was dedicated to the grind. And she had three kids, so I mean that's dedication—you've got three kids that are growing up, you're in med school—it is rough when you're single. It's three times as rough with her, and she made. So my hat's off to her. So if you have the will, you can do it. And I just see these young kids, they just head off in the wrong direction, and they'll never recover. And I talk to a lot of the advisors at Tech, and they said they can tell right away when a person comes in if they're going to make it or not, that's what they usually said. Well that's what they said about me, they said that I wasn't going to make it—I did. So but you can't judge a book by its cover. But you got to be persistent on that though, so I wish there were more Hispanos in medical school. And I don't care what medical school, as long as there were, but a lot of these guys are going off to the Caribbean schools and stuff like that, which are paying more. But I'm not sure why we're not seeing enough. And I know the school's trying though, because I did a lot with Dr. Berk, he's very interested in supporting and stuff, so (unintelligible), but what can you do if the pool is in there? You can't go off and just get anybody, just get Hispanos and put them in, they got to show that they can do it. So I wish more would get into it though, and finish off. Again, you're probably right though, I mean I see more nurses and stuff like that, but there's more than that.

DS:

Yeah, so do we need an earlier intervention maybe to try to get them thinking about it?

JF:

Well, the AMA's [American Medical Association] trying that, I know there's other physicians in town that have tried to reach out. I'm not really sure where it comes in. I'm not sure if it's peer pressure that these kids are getting, or that they have a sense that if they become school-bound, they're going to get picked on by their friends. But you have to think, it's the most common thing is called peer pressure, and they don't succeed. And I think that's what's happening, and like with anything, with gang activity or something like that, you become involved with a gang because you're accepted. And you start to deviate from the norm, they pick on you, and at a certain point they ostracize you. So we've tried it, the AMA has had programs, the TMA [Texas Medical Association] has had a program to try to get people involved at a younger level, high school, grade school, to get involved in the medical career. And they got programs out there. The AMA has, that they call the Minority Affairs Consortium. And I was on a committee there to try to figure out how we could attract more Hispanos into the medical career—we had no answers, I mean the money and the budget, to try to take a look at the budget was just so diverse that where's it really coming from? Just a second—

[Dr. Fitz greets an early patient at the door and situates them before continuing interview]

DS:

Okay, are you ready? Okay.

JF:

Yeah like I said, the AMA had a consortium, basically it was a pilot program for we had a lot of Latino physicians from all over California, Michigan, Tejas, and there were like fifteen of us, and we were brought in for about two years to try to sort out what we could do to increase the minority students to be involved in the medical field. We just didn't get any specific answer—economics, fear, pressure—we just couldn't figure it out. But we did see that the trend was that those that did come from a family who had a higher level of education tend now to pursue careers. And we did find out—which kind of goes with what studies show—is that if you're in a welfare state, it's very rare that you'll get out of the welfare state. With kids having kids, they stay with them a Medicaid system, and they hardly ever will get out of it though. They more handouts you give, the more handouts they expect. Instead of trying to get out of there, they're just complacent, that's just what we noticed. And it kind of goes with some of the studies that are out there now. The more you give them, the more they're going to take, they're not going to try to get out of that circle.

DS:

And did y'all look into anything about the role of society now is more instant gratification, and the medical career is like the rewards are not immediate, they're off in the future.

JF:

No, it's complex, because it's one of the things, like I said, we discovered is that one thing is, a lot of kids want instant gratification. The other thing too is that they try to bring in this generation thing, you have Generation X, the Millennials, and all those. Which were big factors in that we'd try to figure out that in school nowadays, everybody has to get an award, because you can't feel rejected, because you don't want to hurt their feelings or whatever. Well, life is about life—you're going to stumble, you're going to have failures, and I think we're protecting our children too much from that, by being that way. They got to learn how to take their bumps, and it's like your dad told you, "Don't climb that tree, because you might fall." You climb the tree, you fall, what's your dad say? "What'd you climb it for?" So same thing here, we're finding out that there's just no drive to get out. You'll see the drive in some of those that are more affluent, like my brother told somebody who was giving him advice, and he says, "I'm going to give you just a couple of words, because no matter what I tell you, you've already made your choice. I'm going to tell you that it sucks to be poor. Period." And he was right, my brother's affluent, he's doing well, but he worked hard. I mean it wasn't just overnight, they've worked hard to get where they're at. I've worked hard to get where I'm at, so became very protective of that. So the other thing that we saw, other than the instant gratification was that, there's no role model, there's no role model at home. You see a mother with four, five different kids, different



fathers. There's no one father figure there, there's no grandfather there, there's nobody there. So who do they hang around with? There's nobody there to encourage them on. There's nobody to get them from one place or another. So those were big factors there, that we all saw. But we can't put it because we don't have the true statistics on everything, but there was one other thing we were seeing as to why they were not there. And fear, fear was another one—they were afraid to take that step further to go on in a career, which was surprising to us. If you see the majority of the Hispano physicians, or Latino physicians in the United States, they're basically really from another country. They're not from the United States, they're from another country, who moved here for whatever reason, to improve their lifestyle, or to gain more education. So they have a big difference there, but it's very complex. And I mean I wish we had a real answer for that to try to improve that, but like you said, it starts from the bottom. Our kids are coming out of school, they're not well-prepared for school. I've got a acquaintance who is a dean of an engineering school, he said the kids are coming out that are supposedly gifted, or top ten—need remedial work in math. Even though they're graduating with top ten or whatever, or with honors, they can't hack the engineering level, because they need remedial work in math. They're so far behind that even though they're top ten, or honor roll, they're still not honor. So I'm not sure, I think it's a complex situation. To succeed you need a good support group, you can't do it by yourself. You have a family that supports it, a family that pushes you on, somebody's that going to pick you up when you fall. I think that's very important, I think we're missing that—something that used to be so part of the Hispano family is missing. I think it's fading away for some odd reason, can't explain it.

DS:

Okay, and now that's, like you said, something we can't grasp our hands around, and our mind around what to do about that right now. Can we talk a little bit about your career as it developed, and organizations you were involved with? I know that you were president of Lubbock-Crosby-Garza—

JF:

County Medical Society.

DS:

Medical Society.

JF:

Yeah.

DS:

Could you talk about how you got into organizations like that?

JF:

Well it basically started—I mean I've always been involved in organizations, even in undergrad. Like I said I worked and was involved, there were groups—you had the pre-med group—you went there to get information, and to be able to get into medical school. Even though you're with these guys, you're competing against the spot against them. So you're going to develop friendships through there. But you belong to these groups, because number one, it's going to look good on your application that you're involved, not just in school, but you're involved. In Medical school, they want to see that you're active in other stuff, and not just working, or just going to school. For example, a kid that works full-time, has decent grades, and is active in other stuff stand a higher chance of getting into medical school than the kind of kid that doesn't work and just stays at home, because he's got all this time. So there's other people that are more social and stuff, so I always became involved. I thank my father for that, because I can say he was the president of the soccer association in Juarez, in Chihuahua, president of the referees. So I had that stimulus from my dad to become involved in it. So when I was in the military, I became involved in different organizations. There was a group called Contact, was a German-American group. It's one of the first groups I met, basically was introducing Americans to the German culture. And through them I got involved with a German family, learned language and lived with them. And then became involved with other activities from there too, and got involved in the soccer association. In fact we formed our own soccer association, the military formed our own soccer association, and we formed our own all-star, and we were competing against other teams across Europe. So we were traveling Europe playing soccer, and it was just all-stars from all over the place. So I became involved with that, that sense of leadership to lead people was a big factor there, and so when I got into medical school, the same thing too. One of the things one of the doctors once told me is that I should also give back, and you get to a certain place, you're a role model, you're supposed to exhibit certain patterns of behavior, and so you've got to give back to the community, and so that's what I've done. I've given back to the community, being involved with different organizations, education people, being advisors to undergrads, or high school students, medical students, being an advisor to them, being an example, a role model you could say to them. And so based on that, that's how I got involved in all these organizations—to lead, to be able to have an impact somewhere, so when you reach your zenith of life, you can actually say, "I was able to do something, I had an impact on somebody, or influenced somebody's life in one way or another." Then you feel like you've done good for society. Just being a physician, just being greedy trying to make money doesn't cut it. You've got to give back. In any sorts of career, or profession, you've got to give back to the community. Because we are the leaders—and that's my view—we are the leaders, so I'd rather lead than follow. That's why I get involved in those.

DS:

Okay, and can you talk about some of the specific projects that maybe you initiated, or were already going on, and that helped foster the feeling, that giving back?

JS:

One of the organizations we had, at IMPACT, was that grant that we had from the government. We were tracking high school students. That was a big factor there, to be able to go back and see some of these people who are now physicians, knowing that you impacted them. I've been a mentor for high school kids in my high school, where they were looking for someone to look forward to give advice. Same thing too with Thomas, who would go to high schools and talk to kids, how to prepare for medical school, how to get in to medical school—all those factors were there. And so I think those were the impacts that we were able to accomplish. And like I said, what can I say that I've done? Well, I was able to do that, I was able to establish within the American College of Emergency Physicians, a section called the air medical section, to developing better safety transportation for patients in air ambulances, because there's a lot of fly-by-night operations that were actually killing patients. I'm proud of the fact that I was on the council that developed the rules for Texas on how to regulate air ambulances. I was one of the founders of that committee. So I've been fortunate enough that I've been influential in those aspects though. Back in Michigan, I translated all the paperwork that they had—there was Hispanos, but not enough Hispanos—but what they had there was wrong, so worked on that, and so I was able to translate that, and have an impact there in Michigan. The American College of Emergency Physicians, I'm the go-to person for the Spanish Media, so when anything happens, Univision, Telemundo, and all those, have a source to go to, which is me. So they contact me, and I usually do the interviews, and been a factor among the College of Emergency Physicians, that we are a factor, we are important. And the same thing too with the Texas Medical Association, I was the chair of the EMS & Trauma, and was able to get a lot of this information out to the Hispanic population. Stroke prevention was a big factor there too that I felt—because a family member of mine had a stroke, and Hispanos have a tendency of delaying care for strokes. So the fact that we were able to get a program together through Genentech, which is a pharmaceutical company that makes the medications for this, we were able to hit over four hundred million people the media that we did for the prevention of strokes in the Hispanic population. And there were calls in that said, "I heard you on the radio, I heard the program. My mom was having a stroke and I remember your program." So all those are good that I feel that I have had an impact, on saving somebody's life, or helping them understand a stroke and stuff like that, so it's satisfaction. So those are the programs I feel—some of them, there's a bunch of them—but those are the more memorable ones.

DS:

As you were going through there, you reminded me that we didn't really talk about how you got involved with the air ambulance industry?

JF:

Well I was in the military.

DS:  
Okay.

JF:

I was in the military, and of course helicopter, what we called medevac, at that point. I mean, I was a medic in the military, and in ninety-one charlie in the military, and got involved with that. I mean, I just liked it. I wanted to be a pilot, but my eyesight was poor, and just loved the aspect of that. I mean I was one of the first EMTs in Texas, and that shows my age. And this week is EMS week, and so we had meetings with the people, but I just liked it. They say the Marines chose to be Marines because of the uniform, and in here the situation is that we're jocks in the sky. You're coming in, you're basically like airborne, you're coming in, there's nobody coming in behind you to rescue you—you're it. So when you go into a hospital that's rural, and you've got a very sick patient, you're it, you're the cavalry, you're coming in to help, and to get them in and out. And so you've got a lot of responsibility in that stuff, and I just enjoyed the fact of being able to come in, be able to stabilize somebody, and get them out of there. And to be able to develop protocols and procedures that are now standard is a big sense of worth that I can say that I helped develop a lot of these things, along with a lot of the physicians, who have an interest in aviation. For that though, I loved it, and I'm still involved with it. Lot of nurses like it, because of the excitement that goes with it, the trauma that you have to deal with, the adrenaline they say. There is, because you've got to think quick in those situations, you've got to improvise a lot of stuff. And that's a big factor now, that's how we're transporting a lot of our wounded. I mean they're getting hurt right in the front in Afghanistan, in Iraq, and they're secondary treatment is going to happen in Germany, or here. So there's no more first aid station, more or less it's quicker. Sometimes these guys go straight from the front line all the way back to get their definitive care. So all of that has developed—I mean some of the equipment that's out there is just tremendous what goes in those. So most of them are being staffed by emergency physicians, because we're the ones who improvise and develop a lot of these things.

DS:

And also, you're talking about being at the forefront there—you can't afford to second guess yourself, can you?

JF:

No, sometimes you've got to go with a gut feeling, or with intuition, or with your training that you have, to be able to do the right things at that time. And I mean yeah there's the adrenaline rush as they say, but it's exciting, but it's also scary. Because you really have to understand what goes on to be able to give the care that you need, especially if you don't have the equipment, you have to improvise a lot of times. So but yeah it's an adrenaline rush that you get with it, but it's also very satisfactory that you were able to save somebody. I know we had a case that when I was in Michigan on a helicopter, Butterworth Aero Med, that program runs physicians and a

nurse, and we went to a car scene. And I mean the car scene was just totaled, top had been peeled back through the jaws of life, and the patient was in the back of the ambulance, and they were having a tough time putting a tube into them so they could breathe. Their whole basically face was just cut off, and really traumatic injury to the face, and I had to put a tube to help him breathe, and was just lucky enough that I was able to get it in. Kind of put her face back together with bandages and stuff, and transferred her by helicopter. And I thought she was dead, and when we got back to the hangar, we got a phone call saying that she was awake, and she was moving and stuff. And she walked out of the hospital about a month later, and stopped by the hangar to say thank you.

DS:

Wow.

JF:

Yeah, those are the things.

DS:

And ultimately that's what a life of a physician is, right? Working to help somebody.

JF:

Yeah to save somebody. We have no intention to hurt anybody. Our intention is to do well, and that's our priority thing is to do well. "Do no harm" is our motto, and so when you're able to help somebody and I mean I get a lot of it. I'm blessed, I'm Catholic, I'm not devout Catholic, but I'm very Catholic, and one thing, I always say my rosary before I go to work. Guide me you know. I'm you know, and instrument of God so, and I ask him, guide me, allow me to do well. And even here when I do procedures on patients, I always pray that I do well for them, that everything goes well. And I've been blessed—but yeah there are going to be sometimes where things go wrong, which is out of control—but I've been blessed most of the time, and it's always nice to run into somebody that they say, "Thank you, you saved my life." Or, "Thank you, you saved my daughter." It's nice, it's nice to hear that, it is very satisfactory.

DS:

And so you started medical school in '81?

JF:

Mhmm.

DS:

So here we are thirty-three years later.

JF:

Yeah.

DS:

And so as you look back at your career, you think you made the right choices for yourself as far as the career path you sought?

JF:

Oh yeah we always second guess each other. Would I change it? Nah. Would I change anything different? Probably yes, maybe a different specialty-type thing. I'm very good at plastics, I love doing plastic work, and didn't go to plastics, I went to medical school kind of late though, but I still love it, I enjoy it though. But I liked emergency medicine, because it was a diverse thing. And initially I was going to become an OB/GYN, but I got introduced to emergency medicine in the military, and I just loved the fact I get to decide quick, you had to be quick on your feet, and intervene right away. And that's what attracted me to emergency medicine. And in emergency medicine I can still do aesthetic repair, still do a lot of repairs on people that come in, and I have done a lot of work on my family that have come in hurt, and I've put them back together with minimal scarring. And I enjoy that, that I can do good work, and I just put in my hands to God and say, "Guide me." I also wanted to be an airline pilot, as I worked for Lufthansa at one time, and that wasn't feasible, because my eyesight. But I'm glad where I'm at, I mean I'm very glad where I'm at. Very proud that I've been the first in a lot of things as an Hispano, to get there. I was driven, thanks to my parents, to become that. My dad always said, "Just keep on going." And like I said, my dad only had a sixth grade education, my mom only had one year of high school, and they were both very influential in my life, and I'm sure in my brother's life. And so I've got an award here from Lubbock, for influential person in the community, and along with Dr. Salem at the same time that I was honored and Covenant nominated me for that. I've been influential in other people that I've been able to save their families life from a stroke or suff, so it's got its goods. Not everything is rosy, but it's got its goods.

DS:

Okay, well I think we might be around time to go for some closing thoughts. I know you've got at least one patient waiting on you.

JF:

Yeah.

DS:

So I'm just going to leave it up to you, to talk about what you feel is important to get on the record?

JF:

Oh, one thing I can honestly tell, that my parents were a big influence, to understand who we were and our background, where we came from. And my combinations of German and Mexican, and my mom's French and Spanish, and understand who you are, where you come from. That's the basic thing, be proud of your heritage. Be proud of what we have to offer. One thing my dad always said, he said, "You look at it, the Aztecs and the Mayas has had a tremendous impact on us." And my dad always told me that, so I always grew with that, because I remember in high school we had a counselor—and I went to a private school—and one of the counselors asked me what I wanted to be in a career, and I said, "I'm going to be a doctor." And he looked at me and says Mexicans are good with their hands, why don't you become a bricklayer or something like that? And I got mad and I said, "Really?" So I went to the principal of the school and I said, "This is what this guy told me." So he was fired right then and there. Because this was a private school where you went onto college. And because of the way my father always felt that we can do better, do more—and we followed that. He says, "Always be part of your heritage, The Aztecs did this, the Mayans did this. We have a great heritage, be proud of your heritage—you are going to drive yourself forward." And so I have, based on the love that I had from my parents. And I think that's the most important part—your love from your parents, and support from the parents, that drives you to become better. Because my dad said, "Nothing is more honor than your family name. You tarnish your family name, it is not good. Always remember—honor your family name." and I go by that. My family name is very important. And that's the way I feel, so does my brother. Just not anybody can be Fitz, we're proud of that, we're proud of the last name. Some people have cause to, say different to that. But I'm very proud of that, and I'm very proud of my parents, that they were very influential in where I am at. And I'm very appreciative of all the other people I ran into in my life, who helped me along. Brother Emitty Long. I was with a brother in high school, seven degrees, and he knew everything. I mean, he was strict and I learned a lot from him. I mean, he made college easy, and that's what I thank him for. He was tough. We all hated him, because he was tough. But you know what? When I talk, I'm tough too, because that's what it came from. So you got to suffer to get better is my opinion, and I just tell people keep in there. Life is not always a bowlful of cherries as they say—you're going to stumble. Like Mark Twain said, "If you're going to fall, fall forward, at least you're a few inches ahead." And just keep on going, if you have a goal, don't give up. There's always ways around it, you're always going to be surrounded by tragedy, you're going to be surrounded by other stuff, just to continue on, [secretary comes in briefly] and to just continue going and be strong in that.

DS:

Alright, I think that's a good point to stop at, and you can—

JF:

Yeah, she's real good though.

DS:

Thank you so much.

JF:

No thank you for the interview.

DS:

I enjoyed it.

JF:

And I hope we can work together in trying to get the history of the Lubbock medicine, stuff like that been going on, I want to finish it. I mean we have some stuff that we want to—I mean we're—

*End of interview*



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