

**Oral History Interview of  
Jose Manuel De La Rosa**

**Interviewed by: Curtis Peoples  
July 23, 2013  
El Paso, Texas**

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## Transcript Overview:

This interview features Jose Manuel de la Rosa, an El Paso native and dean at the Texas Tech Medical School in El Paso. He talks about his life, his experiences in the health field, his career and about music.

**Length of Interview:** 0:45:12

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### Keywords

Health Sciences, Texas Tech, pediatrics, Lubbock, Bruce Nehring

**Curtis Peoples (CP):**

This is an interview with Jose Manuel De La Rosa in El Paso, Texas, in his office at the Texas Tech Health Science Center medical school, on July 23rd, 2013. This is Curtis Peoples interviewing Jose Manuel De La Rosa.

**Jose Manuel De La Rosa (JD):**

--our history. Um, and we've asked somebody to begin to help us with our history. We've been in El Paso for 40 years. Texas Tech started in El Paso in '73.

CP:

Um-hm.

JD:

Um, and we literally have (laughs) boxes and boxes of everything from oral histories at UTEP [University of Texas at El Paso] to newspaper articles from defunct newspapers to personal handwritten notes from the original founding dean of the regional campus, and we've asked this person to kind of begin to do that. I didn't know if you were affiliated with that or you were on a separate project with that—

CP:

Um, I am not familiar with that, but being the Special Collections Library of Texas Tech University we would love to help you with that in any way that we can.

JD:

I think that would be very helpful because one of the things that we've also asked this person to do is to go up and have a conversation with Richard Wood on the TTU library side to see what they have about our history, since we were originally one institution.

CP:

At the Health Sciences Center there in Lubbock?

JD:

Yeah, yeah, yeah.

CP:

Well, in the Special Collections Library we do have the University Archives, which is all kinds of things.

JD:

Sure.

CP:

The Southwest Collections itself, which is very cultural, you know, from agriculture aspects, ranching to just general histories with people and contributions. Like I said, I started this music archive that focuses on music in Texas and the Southwest. So, are you looking to house the records here, or would you need a place to maybe house those? Cause we have, like—

JD:

Good question.

CP:

The Special Collections Library that we have is environmentally-controlled with a temperature, humidity and air-handling system.

JD:

I think a combination of both. One of the things that we—and I don't know if this is germane to it—but as you wander this building, you'll notice display cabinets which are hermetically sealed, controlled. The original concept was that this building would be an educational building, not only for the medical students, but also for the community.

CP:

Um-hm.

JD:

And when we first, literally, designed the building, we had access to a handshake agreement for the El Paso Heritage Collection, which is a county medical society collection of medical artifacts in El Paso going back to the early 1800's, actually, before the Civil War. They—and I'm pausing because they have them on display. They're not a museum. They're not a licensed museum. They're a collection, and the reason for that is they don't want the liability and to meet all the regulatory restrictions. But the collection was to be transferred to us, and that fell by the wayside, but Richard was able to catalog the collection. We built this building to house the collection. We know what kind of an investment it is to house the archives, so we really appreciate your offer to—

CP:

Yeah, whatever we can do to help, yeah.

JD:

--maybe look at that, and that would be useful. So, and now I know you're on the TTU [Texas Tech University] side. You're looking at the history. How do you want to structure the interview?

CP:

Well, uh—

JD:

Where do you want me to start [and] where do you want me to end? (laughs)

CP:

And trying to do that all in about thirty minutes, is—You know, and this could be just sort of an introductory thing.

JD:

Okay.

CP:

And more than anything is just, I wanted to be able to meet you, but maybe if you could just start with when you were born, where you were born, and just talk a little bit about—

JD:

Me?

CP:

Yeah, a little bit of early life, yeah, about you.

JD:

Uh, ok. Um, I was born at—here—in 1958, at Hotel Dieu Hospital. That was a hospital run by the Daughters of Charity. Um, I was immediately transported across this border, right over there—

CP:

Um-hm.

JD:

--to my maternal grandmother's house. My mother and father were living there. My dad was a schoolteacher at E.B. Jones Elementary. E.B. Jones Elementary was a school literally under the smokestacks of the ASARCO [American Smelting and Refining Company] refinery. It was one of the first environmental cleanups that was done by the EPA [Environmental Protection Agency]. My dad taught there for many, many years. Couldn't understand why he couldn't get kids to learn until he actually found out that those kids were suffering from lead intoxication. Interesting.

CP:

What was he teaching?

JD:

Second grade.

CP:

Second grade? Just general studies?

JD:

Well he, you know, sort of like all young families, he was the football coach, he was the student choir—although he didn't have a music degree, you know—

CP:

Um-hm.

JD:

He was the student choir coordinator. Anything that he could do to get a little extra money. But that was my dad. We lived in Mexico until I was seven, in my grandmother's house. She passed away when I was in first grade, and then we moved over here to my other grandmother's house—my father's grandmother's house, to take care of her, who was ailing. So I went to kindergarten and part of first grade in Ciudad Juarez.

My native language is Spanish, but from the very, very, very beginning my dad told us directly, "You will not speak with an accent," and it was sort of one of these discussions we had throughout his life. We'd say, "Dad, everybody has an accent." [And he'd say], "You will not have a Mexican accent." So every night we would be seated in front of Walter Cronkite, and we were told we would speak that way. Midwestern, no California accent. Just sort of this mish-mash. That was because there was this feeling in my family that there was segregation in El Paso. If you had an accent you were seen as uneducated and, by God, we were going to be educated in the best and the brightest schools that my parents could afford. That's how my learning was. When we came to El Paso, I was enrolled at St. Joseph's Elementary School, a private Catholic parochial school. I went through St. Joe's through eighth grade, went to Cathedral High School, went away to University of Notre Dame—

CP:

For your bachelor's degree?

JD:

For my bachelor's degree. That's the only time I've been away from El Paso and Tech, for those four years. So I'm literally as inbred as they come.

CP:

And so then for your medical degree you said you went to Texas Tech?

JD:

Yeah. I was at Notre Dame, met my wife there, we got married at Notre Dame, but interviewed at all the Texas schools. I actually got into UT Southwestern, was planning to go to UT [University of Texas] Southwestern. It was winter of '79, '80, something like that, and I had to return my letter, and there was this snowstorm that just shut the campus down, shut down the Midwest, and my dad had a heart attack.

CP:

Mmm.

JD:

Big quotes, a heart attack. Probably was indigestion, but he got taken to the hospital on an emergency basis and the family called the oldest son. And I had to get home, and I couldn't get out of South Bend.

CP:

Yeah.

JD:

It was one of those, Oh my gosh, I couldn't get out of South Bend, I couldn't catch a plane, I couldn't drive. That's what made me go to [Texas] Tech, believe it or not. Because in the worst-case scenario, I could jump in a car and be home in five and a half hours—

CP:

Sure.

JD:

--you know. So I turned UT Southwestern down and said, "I'm going to that new med school in Lubbock because in the worst-case scenario, in five hours I could be home, and in eighteen months I will be home." And sure enough, I took my new bride and—actually we moved to El Paso first. We moved—my poor wife. She had never been east of the Mississippi.

CP:

And what's your wife's name?

JD:

Maureen.

CP:

Maureen?

JD:

Yeah, yeah. She grew up in a suburb of Boston. She kids me quite a bit that, you know, her parents had never met anybody that was Mexican before. And we courted through college and got married in my senior year of college. She comes to the wilds of West Texas—literally the wilds of West Texas. Somewhere along the line there's a family history that—and I can't get it straight whether it's her great aunt or her step-grandmother who told her, "Watch out, there's horses in the streets of El Paso." (laughs) So anyway, she came to El Paso. She absolutely loved El Paso. I was 1980, one of the hottest years on record. I think we had, like, thirty days of over 110-degree heat.

CP:

Mmm.

JD:

You know, and she was expecting our first baby. Trooper, came to El Paso, loved it. Lived in my mother's house for four months, and then we moved to Lubbock. We went up to Lubbock, and we lived in Lubbock for two years. Took my first two years of medical school there and then came back to El Paso. Got our own little apartment and I did third and fourth year here at what was then Thomason Hospital.

CP:

Thom-a-son?

JD:

Thomason Hospital, yeah. Yeah. Mr. R.E. Thomason was a county judge and a county politician that worked to improve the county hospital, and they named the hospital after him. [It] subsequently became University Medical Center about six years ago. So I did my medical school training there, or here—whatever it is. I paid for my medical school through the National Health Service Corps. The first year of medical school I got an exceptional financial needs scholarship that was given to those who had exceptional financial need. And then I promised, for three years, to go to whatever National Health Service Corps site I was assigned to. I tell you that so that you can see how, in my mind, I was going to leave El Paso, because I thought I was going to be in Chicago, or New York, or Miami. Multiple areas. But I finished my four years of medical school, graduated in '84, and went to interview for pediatrics sub-specialty. Went to Denver, went to other places, but the then-chair of residency created a special program here for me, because I thought I wanted to do and be all things to all people. (laughs) And he created a med peds program where I was supposed to do a year of pediatrics, a year of

internal medicine, six months-six months, three months-three months, for a total of four years and I would be eligible for two boards— (Train in background) –the adult boards and the children's boards. Great program. The only problem with it was, you were on call for two years in a row—

CP:

Wow.

JD:

And I wimped out. I make no bones about it. I got tired. I couldn't hack it. I went to my chairman after probably about ten months and told him, "Sir, I can't do this. I'm just going to stay in pediatrics." And he kind of winked at me and he said, "I know." (laughs) "I know." And actually what drove me one day is that those were the old days where adults and children we in the same ICU.

CP:

Hmm.

JD:

And I had been assigned a seventy-year-old with diabetes. In the previous months, I had been assigned a seven-year-old with diabetes. And I kept comparing the experience. You know, the seventy-year-old was just as sick as the seven-year-old—and this sounds terrible—but I could see myself investing so much more time and effort in the seven-year-old.

CP:

Yeah.

JD:

And I thought, That's what I want to do. I want to take care of kids and watch them develop, and watch them grow, and help them. Help them—guide—because kids get better in spite of what you do.

CP:

Yeah.

JD:

You know, you just sort of let them develop, help them through certain stages, nurture them and grow them. That's really neat. There's nothing better than a four-year-old sitting on a table looking up at you. So I became pediatrician. Interviewed for jobs everywhere. National Health Service Corps had me interviewing in Chicago, had me interviewing in Minot, North Dakota.

And, just to give you a glimpse, [in] inner-city Chicago, I had probably seven interviews at six different National Health Service Corps sites. And I walked into one of them, and the lady looked at me and said, "Do you speak Romanian?" And I said, "No, I'm sorry, I don't." "Thank you very much." That was the interview. That was the entire interview.

CP:

Wow.

JD:

(Laughs) That afternoon I had another interview, and same kind of situation. Walked in, the lady asked me, "Hablas español?" And I said, "Claro que si, (Of course I do)" and we had a wonderful conversation for three hours, you know. And [I] probably would have ended up there. Came back, I was excited. This was a nice little neighborhood health center. It was growing. I went to talk to one of my mentors, Maria Elena Flood, who was actually Texas Tech's first employee in '73 in El Paso.

CP:

Oh, okay.

JD:

You'll have to talk to her one of these days. Or, actually, I think we have her oral history. She talks about coming to work with two pencils and a rented desk. (CP laughs) But anyway, that's-

CP:

But she's still around?

JD:

Oh yeah, she's still around. She's awesome. She's incredible. I talked to her and I said, "You know, Maria Elena, you've known me and the family for years, and it looks like I finally have a position. I'm going to accept a National Health Service Corps assignment in Chicago at this neighborhood health center." And she goes, "Chicago?" "Maria Elena, I went to Notre Dame, I know a lot of people in Chicago. It's about time I got out of here." "What are you doing interviewing in Chicago?" "Well, it's a little neighborhood health center. You know, they really need me there." "There's a neighborhood health center downtown. Go talk to the people at La Fe Health Center." "Well, okay, but—"

CP:

La Fe?

JD:

La Fe, yeah. Centro Medico de Salud Familiar La Fe, which is a federally qualified health center. It's a national health center site.

CP:

Um-hm.

JD:

So I did. I went downtown and I talked to them. Pete Duarte was the director—sort of a very spiritual presence, I guess is the words I've heard. But very focused and devoted to taking care of people. I thought, you know, I could do that. So I said, "Pete, do you have a position?" He said, "No, no, I don't have—I have all the pediatricians I can use." I said, "Why did you talk to me for two hours?" "Because there's a new National Health Service Corps site being opened out in Fabens, Texas, which is thirty miles east of here, and they need a pediatrician." "Okay." I ended up in Fabens, Texas. [I] had to call the people in Chicago. [The] National Health Service Corps site hadn't quite come into being, so I had to convince the Public Health Service. Maria Elena Flood helped with that. And that's how I ended up in a position thirty miles from home. And I literally commuted every day. So I was in Fabens, Texas.

CP:

Um-hm.

JD:

My assignment was to Centro de Salud—Centro Medico. Centro Medico was the name of the clinic. It was an interesting assignment. I set up a program because there was no building, there was no clinic structure in Fabens, and I said, "Well, I can see runny noses and runny bottoms anywhere." There were two drivers at the time that were seeing patients. There were school nurses—

CP:

Um-hm.

JD:

--and this little program called Project Verdad with the Presbyterian Church. Another one of my mentors, Dr. Brown, the guy who had looked at me and said, "I know you're going to be a pediatrician," was running Project Verdad. And so he set up a program where I could work for Centro Medico del Valle, get my salary from the National Health Service Corps, have a faculty appointment at Texas Tech, which gave him a free faculty member—

CP:

Um-hm.

JD:

--and see patients at all these faith-based healthcare providers. I set up a parallel program with the school districts where I would go every day to a different school and see runny noses and runny bottoms. We had to convince the National Health Service Corps that this was a viable model. They couldn't understand how I could be teaching and still seeing patients, and I told them, "Very easy. You don't teach. You're not at a blackboard, you know, with your acetates with an overhead projector all day. You're out in the field and you have a student at your side and you see patients." "Well, you have to see fifty to a hundred patients a year." "Not a problem. We'll take care of that." Did that for three years.

CP:

So how large was the population in that area?

JD:

The population in Fabens was about 5,000, but adjacent to Fabens were all these little community sites, like little pearls on a string, all along the river. So there's El Paso, there's Clint, there's Fabens, there's La Jolla, there's—I mean, each little farming community has the central site. They all have a school. All the kids go to school. And so, at each site, I would go one day a week. So in the morning I'd go to Clint, and to Fabens, to San Eli[zario], to La Jolla, and see runny noses and runny bottoms. You notice, I haven't said anything about a billing system.

CP:

Right.

JD:

It was absolutely for free for a full year. We never billed anybody. It was part of my obligation to the National Health Service Corps. It wasn't until a year later that the infrastructure for Centro Medico del Valle came up, and they started saying, You got to bill. You got to create some income. We set up a billing program, then we got a grant to run these school-based health centers, and part of the grant was to send medical students—residents—and then we started working with UT El Paso to send nursing students. And that's how the Kellogg clinics were born. The W.K. Kellogg foundation gave us a beautiful grant for educating nurses and medical students, side-by-side in community-based sites. You can't get any more community-based than the school district.

CP:

Right.

JD:

It was like it was written for us. It actually turned into a fifty million dollar project for Kellogg across the country, with ten different sites, five million dollars per side. It worked very, very nicely. That became my entrance into academics. I wrote about school-based health centers. I wrote about community involvement. I wrote about nursing and medical students working together—what became known as interdisciplinary education, and suddenly I was an academician. I ended up developing an academic career, got promoted from instructor to an assistant professor, from an assistant professor to an associate professor, over the period of about six years. Met my obligation for National Health Service Corps, met my obligations to the university, and then Desert Storm came along. Desert Storm took everybody who had a military obligation off of the campus. In El Paso, I think it was the 504—don't quote me on that one, I can't remember now—but it was a military reserve hospital. They activated it and sent them to Iraq.

CP:

Mmm.

JD:

About a quarter of the pediatrics department had military obligations. Another quarter had reserve obligations, so half the department was gone. And suddenly they called all of these people who had—Oh, I didn't have a military obligation. I was through the National Health Service Corps. All of the people who had no military obligations were put in situations where they had to run programs where everybody who had military obligations got pulled out. So I got pulled out of the outlying clinics and got put into a position where I was the residency program director. So that was my introduction—baptism by fire—to running a residency program. Desert Storm was supposed to be a short-term; it turned out to be about twenty-six months. And so I was the program director for twenty-six months, and I thought I had great ideas, and I cobbled together these great programs and thought, You know, this is the way to teach. I know all about teaching interdisciplinary education and I can do this and I can do that. When Desert Storm was over, people came back and a couple of the programs that I had put together, were—not being on this side of the administration—I'm sure raised a couple of eyebrows. I remember sitting with the chair, him saying, "You did what?" (laughs) I thought it was great. I thought it was wonderful.

CP:

Was it about funding, or—?

JD:

It was about the funding, it was about residency program supervision, making sure that you adhere to some of the criteria. At the time I thought most pediatric education should be done on an ambulatory basis, so I pulled residents out of inpatient rotations and put them on ambulatory

rotations. Um, that wasn't quite correct. You have to have a certain number of inpatient rotations and a certain number of outpatient rotations. I met the letter of the law, but not really the spirit of the law. And I can see that, coming from my later years in life. But I was so full of myself back then, I thought, Well, if you don't like what I did, to hell with you guys, and threw sort of an adolescent temper tantrum, and left Texas Tech.

CP:

Mmm.

JD:

And I quit Texas Tech and went to work as the medical director for Centro Medico, which was up and running now and, you know, opening new clinics, et cetera. It was an eye-opening experience. I literally threw a temper tantrum, and said, "You can't fire me! I quit!" kind of thing. Went to work for them, doubled my salary, but got introduced to the politics outside of academia. Began to work with some real activist-grassroots-community groups. Got into the Chicano power thing. Worked with the county, worked with a lot of people. Got a new county judge elected, those kinds of things. But then I found out that the money wasn't being used correctly, and I had a real crisis of conscience, and I called the feds to audit the clinic and sure enough, the money wasn't being used correctly. It was being misappropriated. I don't think anybody was embezzling, but the letter of the law in terms of how appropriations were made and how contracts were awarded weren't followed. We ended up closing Centro Medico, and I ended up coming back to Texas Tech. At the time, a new—

CP:

Did that hurt the communities?

JD:

It did. It did. But I think Tech stepped in very nicely to help that out. We cobbled together a program where—I talked about the Kellogg programs—

CP:

Um-hm.

JD:

--and I talked about the community-based programs. The Kellogg programs went through another iteration, and there was more money allocated, and this was now graduate medical education, which are residencies and graduate nursing education programs to be placed in community-based centers. It was sort of the next iteration. If you noticed, the first iteration was undergraduate nursing programs and undergraduate medical students. That didn't work so well because undergraduate nurses are eighteen, nineteen-year-olds. What we call undergraduate

medical education is really a graduate program. You're in a doctoral program and doctors and bachelor's-prepared nurses didn't interact that well. The faculty kind of went this way. The second iteration kind of worked a little bit better. But I was asked to help write the second grant, and the second grant worked well. Again, we took over those clinics, took over Centro Medico del Valle, and that became the Kellogg partnership. And a partnership between UT El Paso and Texas Tech was established. We continued to see patients. All of the patients that were Centro Medico patients became Kellogg partnerships' patients. We put adult doctors into the schools, and we continued to fulfill the programs of the grants, so the biggest difficulty was who was going to inherit those clinics after the grant went away. We ended up getting into the politics as well, and asked Thomason Hospital to open up outpatient clinics in those communities, and they took over those outpatient clinics. And to this day, those clinics are now University Medical Center ambulatory clinic sites.

CP:

I know in west Texas we've lost—or, really northwest Texas—a lot of little small community clinics have kind of gone away these days.

JD:

Um-hm.

CP:

So these are still staying pretty strong or have you lost a few?

JD:

Yeah, these actually—Well, we've lost a few. The school-based health centers kind of petered out.

CP:

Um-hm.

JD:

There were some payment changes. In those days, a school district could bill Medicaid for providing services to a child who had a need. So for example, if a child needed a wheelchair, the school district could bill not only for the wheelchair and providing those services, but also for the doctor that saw that patient, the nurse that saw that patient. And so those school-based health centers were really up and going, and under the commissioner of health in Texas at that point, there was a parallel effort to grow a grant for school-based health centers, because Texas really saw that as an opportunity to grow really rural healthcare—

CP:

Um-hm.

JD:

--needs. School-based health centers have a history unto themselves because they got lost in the contraception issue. In a school-based health center, as a physician, do you teach contraception? Do you not teach contraception? Is it between you and your patient? Is it between you and the school district? Is it is school district policy? Et cetera et cetera. And so school health-based health centers kind of went off the track. But during that era, these school-based health centers were very well-funded, and then little by little they petered out. But back to the two sides that are still open. They got usurped by the county and these are the county's outreach clinics. Those are the same way they are in Lubbock with the Combest Center and the East Lubbock Community Health Center. They were underwritten by the county and by the medical school. And we actually began having those conversations, recognizing that the medical school couldn't run it by themselves, the nursing school couldn't run it by itself. We needed some help and we ended up turning those over, but that—that's how I ended up becoming (knock on door)—Just a sec. Yes, ma'am?

Woman:

We're going downstairs, okay?

JD:

Okay. --becoming the go-to person for these community-based experiences. When the director of graduate medical education stepped down, the dean asked me to step into graduate medical education, and I pulled out of the Kellogg partnership and became sort of mainstream, all-education, all-the-time dean, and was the GME [Graduate Medical Education] dean—became the GME dean at that point. And the rest is pretty straightforward, I mean--

CP:

Um-hm.

JD:

After being the GME dean I took on medical education dean, and then was asked in '96 by David Smith to be the regional dean of medical school here. And then in '98, the community really started talking about an independent school and all sorts of interesting discussions between El Paso Tech and Lubbock Tech occurred. And in '99, Chancellor Montford said, "You know, it's not a bad idea. Let's look at letting El Paso be sufficiently different from Lubbock, to have its own med school." And that's how the Paul L. Foster School of Medicine was first imagined. It took us ten years. We knew it was going to take us ten years, but we opened up the school of medicine—El Paso's Medical School is what we were going to call it. EPSM, like Epsom salts.

CP:

Um-hm.

JD:

EPSM. And we planned for it for five years and actually got the funding. The first building was built in 2007—was appropriated in 2005. [It] was a research building, because at that time we really didn't know whether we were going to be a truly independent school or were going to continue to be a regional campus. Because up until 2005—no, 2003, up until 2003—Texas had a policy against new medical schools. The Texas Medical Association actually had a lobbying effort against new medical schools. And taking on that policy change was a major task for El Paso.

CP:

Mmm.

JD:

We had to change the department of health policy. We had to change educational policy. Most importantly we had to change TMA policy to begin to have that discussion. But really it was the vision in 1999 by Chancellor Montford, listening to all of the differences of what made El Paso, and seeing that as an opportunity for Texas Tech Health Sciences Center to have a foot both in sort of the I-27 corridor and the border. That really was visionary, and I give a lot of credit to his nimble ability to play some of the political jiu-jitsu. Because in '98, it was ugly. It was a very difficult discussion about, you know, what authorities? Who should we have? The community was talking to other systems about building a medical school here, and I was in the middle of all of that. But in '99 when the chancellor stepped up and said, "Yes, let's build a medical school," the city just rallied around that, and we began to identify step by step by step, you know, What do we need to do? Well, guys, the first step is, we need to get legislative appropriations for this. Okay, what do we need to do to get that? Well, first of all, we have to say that Texas is going to change its policy on new medical schools. Okay, what do we need to do that? Well first of all, we need to sidestep TMA because the lobbying group that they have is going change anybody's mind. Okay, how do we do that? Well, you start working with our local County Medical Society. Okay, how do we do that? Well, they're really kind of upset with us because we compete with them on the private side. Okay, how do we not compete with them? Well, we have a closed-door meeting to agree to close some of our most competitive clinics, and in turn they go through the County Medical Society process of endorsing a new medical school in El Paso. Okay. When you do you want to do that? –Sort of step by step by step, and it's been an interesting process.

CP:

And that's sort of the creative process? To create all of this that I was talking about, it—

JD:

It's like jazz.

CP:

Yeah.

JD:

You kind of improvise. (CP laughs.) You know where you want to get to, you know where you're beginning, you know, but you kind of make it up as you go along.

CP:

Yeah, it is. Well, I know you've got to be somewhere, but I want to thank you for spending a little bit of time with me, and I look forward to getting down here and working some more. We're real interested in El Paso and, I mean, the music history of this town itself has always intrigued me, and so--

JD:

Well, you might look up something called the El Paso Choir of the Southwest.

CP:

Okay.

JD:

Bruce Nehring was the music director at First Presbyterian Church, and he had a huge love for classical music, and always always sort of bemoaned the fact that El Paso's music program was very good, but it was more of a pop kind of program geared towards pleasing the parents and et cetera. And so he launched an initiative out of First Presbyterian to put together a touring group of El Paso high schools and young people from El Paso to tour Europe as a three-year endeavor, and he fundraised everything from car washes—you know, the classic thing. But he took a group of young people—I think the youngest was 15—no, I know the youngest was 15. And he took them from public high schools, private high schools, young people who had just gone away from college—an early form of the Bruce Nehring Consort which was the forerunner to Pro Musica, which was the forerunner to—Well, anyway, there's a whole history there with Bruce Nehring—

CP:

Oh, yeah. I'll look-

JD:

--that you can look up. But that was my first introduction to leaving El Paso. Um, I've played the violin since the third grade.

CP:

Do you still play?

JD:

No.

CP:

No?

JD:

I would never call it playing. (Laughter.) Um, I've played the violin since third grade, and I took lessons both here and on the other side of the border. But when I was in eighth grade, I heard about this little article, and I showed it to my parents and I told them, "I'm going to Europe." [They were] like, Yeah, right. No, no, I am. So I went and I talked to Bruce and he heard me play, and he thought I could do that but I needed to learn how to sing. So for a year and a half, I gave my mother Angela—a solid, devoted Catholic mom—but I was practicing with a Presbyterian church, and every Saturday morning I would perform at their ten o'clock service. [I] took free voice lessons from Bruce and little bit by little bit I ended up seeing the way to music. Bruce was also the reason I didn't become a musician. It was in Europe—I'll never forget this one. I was going to be a musician; I was going to be a concert violinist. I took lessons from the best and the brightest. Dr. [\[Milan\] Svambera](#) at Jefferson High School,<sup>1</sup> Maestro [Abraham] Chavez—they all took me under their wings.

CP:

Um-hm.

JD:

I did very well. But we were in Paris, and I was one of the members of the orchestra, and this new sheet music got given out, and we going to perform it the next week. And there were a couple of runs there that I couldn't get. I'm sixteen, I'm in Paris, and I remember it was given out on a Friday and we were going to perform on a Tuesday. And everybody was going to go out on Friday night, but I stayed in because I had to get this right.

CP:

Um-hm.

JD:

And I struggled through it, and I struggled through it, you know. I stayed through Saturday, struggled through it on Saturday, went to mass on Sunday, and Sunday afternoon rehearsal was

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<sup>1</sup> [Orchestra director from 1955-1977.](#)

that afternoon around one o'clock, one-thirty. And we were in Notre Dame Cathedral. What a great setting. That was like, ahhh. I'm ready for this, you know. I've done my work. I've done my homework. I'm ready for this. And Bruce says, "Okay, third chair, play it," so I started to play it. And then the first chair—I'll never forget—Joe Querto. Joe went to Jefferson High School. He was fifteen. Gifted violinist. Absolutely talented. He was fifteen, we were in Paris, okay? I could still smell the wine on him. (laughs) He was so hungover. And he could barely open his eyes, and he looks at it, and he plays it. You could tell it was his first run-through.

CP:

Um-hm.

JD:

And I was like, I'm better. And Joe says, "No, that's not right." And he plays it again—absolutely beautiful. Perfect pitch, perfect tone. It's his second run-through. I've been working on it for twenty-four hours. And really working on it. And Joe says, "That's still not right." And he plays it, and the author stands up and says, "Joe, that's what I meant to write." And I just sat there and I said, damn. I'm a good violinist—

CP:

Um-hm.

JD:

--but I got there because of work. And I worked through it, and I would struggle through it. The light dawned on me. I'm a journeyman musician. I'm not inspired.

CP:

And that's when you changed your path, and eventually, I guess, into—

JD:

That's where the seed—I came back from Europe, you know, and I thought, "I need to do something else. I need to find a talent." Still looking. (laughs)

CP:

Well, with that, we will leave. Okay—

*End of interview.*



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