

**Oral History Interview of
Robert Salem**

**Interviewed by: Fred Allison
April 30, 1998
Lubbock, Texas**

**Part of the:
*South Plains Healthcare Interviews***

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Transcript Overview:

This interview features Robert Salem, who discusses what it was like to work under the world renowned surgeon, Dr. DeBakey, why it was his curiosity, love for science, and passion for helping people that interested his interest in medicine, and the impressive growth of Lubbock's medical field since the 1960s.

Length of Interview: 1:04:17

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Keywords

Methodist Hospital Lubbock

Fred Allison (FA):

This is an oral history interview with Dr. Robert Salem on April 30, 1998. My name is Fred Allison. I'll be conducting the interview. And it's conducted at Methodist Hospital in Lubbock, Texas.

[Pause in recording]

FA:

There you go. Okay, Dr. Salem. I would like to start by just getting some background information on yourself. Recite your childhood, and where you were raised, and all.

Robert Salem (RS):

Well, I'm an old West Texas native. I was raised in Sudan. My father had a department store in Sudan, which is fifty miles west of Lubbock, here. I went through all of my education there in Sudan, through high school, and then after that, came onto Texas Tech, and spent that period of time I got a degree in Chemistry and minor in Biology, and developed an interest in medicine during that time I was in college. And then following that time at Texas Tech, I went onto medical school at Southwestern Medical School in Dallas. And during that—the latter part of that time, I was drafted during the Korean War, but I would've deferred to finish medical school, but I had an obligation to serve in the military after that. So as soon as I got my M.D. degree [Doctor of Medicine] from Southwestern, I went right on into the Air Force and spent three years—the next three years in the Air Force. I spent a year at an internship at Fitzsimons Army Hospital in Denver, and then had an assignment at an Air Force hospital in Paris, France for the next two years. It was during that time that I decided I wanted to specialize in surgery, so when I got out of the Air Force I accepted a surgical residency in Houston at Baylor with Dr. DeBakey and spent the next four years specializing in general and vascular surgery with Dr. DeBakey in that program. When I left Texas Tech, I really didn't think I'd ever be back to West Texas. I had eaten all the sand and picked all the cotton. [Laughs]

FA:

I know the feeling.

RS:

hoeing all the cotton, which is about all I remember of my childhood. But at any rate, after really going all over the world and seeing large cities and other cultures and so forth, I decided that West Texas could not be beat, as far as the character of the people, and the lifestyle, and just the general atmosphere of West Texas. I really couldn't wait to get back. So I returned in '62 to start my own general surgical practice, primarily at Methodist Hospital, in 1962. And I was in a solo practice for several years and then as my practice enlarged, I added a partner every few years, up until now, where we have eight members in our surgical group. My—early on, when the medical

school came into being and it looked like it was going to be a reality, I was involved in some of the political activities, related to the acquisition of the medical school here. I was president of the Crosby County Medical Center at that time, and helped to—participate in the senate and house hearings on the bill. And when it looked like there was definitely going to be a medical school in West Texas, I thought, certainly, I wanted to be sure to get as close to Lubbock because I thought it was it was going to help medicine, in general. Lubbock, at that time, was still—was already a regional referral center, but I think the medical school was to enhance that visibility in Lubbock, and hospitals in Lubbock in being a major medical center. So then, I was asked, when the school became a reality, if I would serve as temporary chairman of the first surgical department in the medical school. What happened was that the school, when it was first—first beginning, was going to just accept a two-year class. And they had the basic science faculty pretty well in place for the first two years. But before the school actually got open, they decided to start a third year class, and they didn't have the clinical faculty in place, at the time, so they asked me if I would serve as chairman of the Department of Surgery. And, really, I had no expertise in that area. I really was real busy and didn't have the time to do it, but, again, I had a commitment to seeing a school that started right, and participate and be supportive. So I accepted that position thinking it would be maybe a three or maximum of a six month job, and it turned into a three-year job before we found somebody to take that job as full-time. I had continued on with my relationship with the school for years, and am still a clinical professor of surgery at the medical school, and still participate in residency training [inaudible]. Anything else specifically I can expand on?

FA:

Sure. You mentioned Dr. DeBakey.

RS:

Yes.

FA:

—that you studied under him. I was wondering when this was and what he was—of course, he became a world-renowned—

RS:

He is.

FA:

What was he doing when you—

RS:

He was beginning—I started with Dr. DeBakey. If you'll notice, there's his picture when I finished, and one behind him just a few months ago. That's my granddaughter. He was beginning

pioneer work in vascular and heart surgery. And I spent—the period of time I spent with him was from 1958 to 1962. Just a few years prior to my arrival in '58—in 1954, he put in the first synthetic artery graft, and he made this out of nylon material, and he sewed two strips of nylon material, on his wife's sewing machine, on either side to make a tube out of it. And he sterilized that and put it in the abdomen as a bypass graft in the abdomen, bypassing the obstructed artery. So this was the stage of vascular surgery and synthetic grafts in the world, at that time. He has a picture that I saw recently, of him actually sewing that first nylon graft together. So four years later, I arrived on the scene when vascular grafts were just in their infancy. Over the next four years, I came to work with him in hundreds of cases when we put these grafts into humans. Over that period of time, and since that time, the grafts have been steadily improved where they're more pliable; they're softer; they're more like a normal artery; and they don't leak. Now, one of the major problems we had in those days was that you put a synthetic graft in and it was really porous, and blood poured through the graft, temporarily, and blood transfusions were the norm in those cases. Back then, eight or ten units of blood were give during the operation. And nowadays, the grafts have been developed, technically, to where you rarely have to do a blood transfusion. So the evolution of those grafts have been really astounding. So I got to work with him on those types of things, and also the beginning of the era when open heart surgery was coming in. The bypass graft is so common today it was just [inaudible 00:08:41]. He was probably the most demanding, driven person I've ever met. His work day was always twenty hours. He never slept more than four hours. Frequently, didn't sleep at all. From the next day up, he'd sleep just as if he'd slept all night and he expected everyone around him to do the same thing. I'll never forget the first day I arrived at Methodist Hospital as a third-year resident. One goes to Methodist Hospital in Houston, where he does his Friday cases, and you had to serve as assistant. You started to run his service. You'd make rounds on all his patients. You'd sit in on his surgeries. You'd admit his new patients. You helped schedule the next surgery for them. I walked into that hospital at five o'clock one morning, and he wanted to know where I'd been. He was—I should've been there at 4 a.m. And I left that hospital three months later. I did not set foot in another hospital for three solid months.

FA:

For three months?

RS:

Three solid months. If I slept more than two hours a night, I'd thought I had a good night's sleep. And after the first week of that schedule, I thought, My gosh, I can't do this any longer, physically or mentally. Everybody around me would say, "Salem, just hang in there. Dr. DeBakey can't keep this up either. He'll probably drop dead tomorrow." That's all what kept me going, was, "This guy's going to drop dead tomorrow then I can go home and go to sleep." [Laughs] But here he is, you know, forty years later. He's now ninety. He still works eighty or ninety hours a week. And I had the opportunity to visit him in Dallas just a few months ago, and

that's the picture you see there behind you there with my granddaughter. And my granddaughter lives in Dallas and she wants to be—she's twelve, but she thinks she wants be a heart surgeon. She called me up to say that Dr. DeBakey was going to deliver an address in Houston—I mean, in Dallas at SMU [**Southern Methodist University**], which is near their home. Wanted to know if I would come down and take her to hear the lecture, and I told her I would like to do so, and I did. In the meantime, I called Dr. DeBakey and asked him if he had the opportunity—I'd liked for him to meet my granddaughter. And he said he was flying in on a jet before the meeting and he wasn't going to be around afterwards, but there was an opportunity to do that. So a few minutes before the program, he came down and took us backstage and that's the picture you see. But the man is ninety years old now. He's still—he delivered a one-hour address. Didn't stutter or stammer. Fielded questions for another thirty minutes [inaudible 00:11:32]. And, you know, he hasn't aged, and he still works incredible hours. I guess I get inspiration from him all the time, because when I get run down and have to be up all night working, I think, Man, how can I do this? Here's a guy much older than I am still doing it. I guess I've had inspiration from him all my life because of his work ethic and his commitment to excellency. He's a professional. He doesn't stand for any mistakes or errors. I certainly agree with that, of course, when you're dealing with human life, you have to be as professional as you can. So he's been an inspiration to me all my life. Ironically, you'd think somebody at ninety—you would wonder what they're thinking about the future, and just hope they live another day. Well, he's already planning on what he's going to do next year in the area of artificial hearts. He's been working with NASA for twenty-five years perfecting the artificial heart to do clinical trials this year, so it'll be exciting to watch what comes from that.

FA:

Yeah. Excuse me. [brief tape break] Okay, Dr. Salem. I was wondering—in your estimation, what do you think Dr. DeBakey's greatest contribution is to—is to medicine? In sort of a summary—

RS:

Well, I think—I think, across the world—and he has an International Cardiovascular Society that is—which I'm a member—that is composed of surgeons all over the world. I do not know any other single person in medicine who has the international recognition and stature that this person has done—or has. And I think—so I would say one of his major attributes is he has, literally, formed a collegial environment for education, and teaching, and vision for surgeons all over the world because of his pioneering work that he did in cardiovascular surgery. He's recognized as an outstanding teacher. As I said, he's been very innovative in his work in the area of blood vessels and heart surgery that is unique in getting a lot of time in pioneering this effort. And the challenges, particularly related to the blood clotting and bleeding. From anybody else, will say of him that he was a very disciplined person, would accept the challenge, and has persevered in his area, to the point that [inaudible]. So all those things make him the world's most [inaudible].

FA:

Great. I haven't heard—it used to be in the news a lot about him doing an artificial heart transplant.

RS:

Yes.

FA:

Is that something that's on hold until he can—

RS:

I think so. The problem—and as you know, the heart transplants are done, still, across the country, because, really, there's no other alternative for patients who have end stage cardiac disease. He, from the very beginning, was never enthusiastic about heart transplants for two reasons. And one is the limited supply. There's much more demand than there is of hearts available for people that need them. And the other big reason is the common logic and rejection phenomenon. He just never felt that—because of those two factors, that heart transplantation, in particular, would ever been in widespread use. Now, that is contrary to kidney transplants, and even to liver, and other transplants. We are now transplanting lungs, and pancreases and other organs. And heart transplantation is still appropriate for some people because there's no other alternative. In his view—the reason I mentioned that it would never be widespread was his interest had been the development of some type of mechanical device that would be available to everybody on demand. Now, those things have problems, too. So there's no—there's no panacea, or no single thing that's going to be ideal—as ideal as a normal human one. On the other hand, I think that a hundred years in the future, I'm optimistic about what the status of artificial heart might be.

FA:

Backing up a little bit. When did you first get interested in medicine?

RS:

Actually—I guess it was all my days growing up in a farm in Sudan. I always had an interest in—I was in the Boy Scouts, and always seemed to bore my lot [?] [0:17:01]. If somebody needed some first aid, I was called on. I had an interest in helping people and also a love of science. Those were the two things that I remember that drew me into medicine: being a service to people, in general, and then a love of science. So I put those two things together. I remember always being very—I had a curious mentality. I remember working on the farm and seeing frogs jumping around as I was irrigating the cotton. I'd always grab a frog and wanted to know what they looked like on the inside. [Laughs] So I would dissect a frog out there, just to look at the inside. So I had that curiosity about me as well. So all those things led me into medicine.

FA:

So you were raised on a farm there, then?

RS:

I was raised, actually, in town, but my family had a farm.

FA:

They had a farm, too?

RS:

I worked on the farm a lot during my high school and junior high school days.

FA:

And they had a department store?

RS:

That's right. That's correct.

FA:

What was Sudan like in those days?

RS:

Sudan was a very progressive little town. It was hopping and popping. Back in those days, we had a large labor force to gather the crops. There was no mechanized equipment for, like, crop gathering and cotton pickers. This was all done by hand. On a Saturday night, the population in the town was about a thousand. On a Saturday night, all stores all up and down the streets were lined with people all crowded—there were two or three thousand people just doing shopping. Cars were packed all the way up and down the main street. And then, over time, as mechanization occurred in the farming industry, it reduced the labor force. And then, towns like Lubbock developed supermarkets and things of that nature, so then people then began to come to Lubbock, and other areas, to purchase their goods, so the work force gradually dwindled, and smaller businesses couldn't survive. And now, the town looks like a ghost town when you drive up and down the street.

FA:

Yeah. It's kind of a shame.

RS:

It is. It really is. That's happened to a lot of these rural West Texas towns.

FA:

Were these migrant workers—were they Hispanic or were they other—?

RS:

A lot of them were Hispanic. In fact, probably most of them were Hispanic. That's correct.

FA:

Okay. We're talking—you're talking—this was probably in the forties?

RS:

This is the late forties and early fifties.

FA:

Okay. Do you know how it got the name—I've always wondered this. How did Sudan get that name?

RS:

It's named after a grass.

FA:

Oh, it is?

RS:

There is a grass. They call it the Sudan grass.

FA:

I didn't know if it was named after that or the country in Africa.

RS:

No. A lot of people think—there is a country in Africa by that same name, but there was a grass. Before it became farmland, it was grassy, unirrigated land. Really, that's when West Texas, in general, began to become a major farming community and area. There was water under there all along, but in the forties—rather, the fifties, is when they began to know you could drill a well and pump water out of it and irrigate your land with it. So in the fifties and sixties, in particular, this whole area began to prosper as an agricultural area because of the underground water.

FA:

Yeah, that's amazing.

RS:

Prior to that time, everything was dryland, back in the thirties and forties.

FA:

But there was a lot of water underground?

RS:

That's right.

FA:

A lot of water.

RS:

This is been a very rich and fertile agricultural area because of the soil and also because of the abundant water supply underground. I understand that that water supply is not—is gradually diminishing. And I still have a little farm near Sudan, and I believe that the water supply is still good. We have to draw up our wells every few years to a deeper level. So the supply is going down, and I'm sure, at some point in time, we may run out unless it's replenished somehow. So I—anyway, that's an area where I don't have any expertise in, but I do know the water level table, at least in my part of the country in Lamb County is regularly high [?] [0:21:40].

FA:

Yeah, I guess it's limited.

RS:

Yes.

FA:

Maybe it won't completely run out.

RS:

I hope not.

FA:

Okay. Let's see. You went to medical school at—

RS:

Southwestern in Dallas.

FA:

—Southwestern in Dallas.

RS:

And that was, like, from '50 to '55. No, wait, '51 to '55. Then I went into the Air Force.

FA:

What did you do in the Air Force?

RS:

I was a General Medical Officer. I had—I was—I interned at Fitzsimons Army Hospital in Denver. An interesting part of that year was the fact that President Eisenhower was president at that time. And his wife was Mamie Dowd—D-o-w-d—and her family lived in Denver. And Fitzsimons Army Hospital had a great golf course out there on its grounds. President Eisenhower was in town with his wife because she was visiting her family, and he was playing golf and had his first heart attack in Fitzsimmons Army Hospital.

FA:

Oh really?

RS:

And I was on duty in the emergency room.

FA:

Really?

RS:

Really.

FA:

Wow.

RS:

So they brought him in and I got to see him as an intern on internal medicine. And that whole hospital—it's very much like Methodist. I have pictures of it, but it looks similar to Methodist. So he was immediately admitted to the hospital intensive care cardiac unit. Immediately, the top two floors of the hospital were evacuated, and all of the various personnel required to run the country were put into place in the hospital. Of course, security was immediately an issue. And all the elevators and entrances and exits were secured, and everybody had to have an extra clearance and all that. And he was there for about six weeks. Then, subsequently, I was stationed—after I

left Denver, I was stationed at the U.S. Air Force hospital in Paris, France, for two years, from '56 to '58. And Paris, at that time, was the headquarters of the SHAPE [**Supreme Headquarters Allied Powers Europe**] and NATO [**North Atlantic Treaty Organization**] nations. So President Eisenhower came to Paris in '57 and again in '58 to attend the SHAPE and NATO conferences. Because of our hospital's strategic location, we had the responsibility for providing the medical backup for him while he was in France, and that's a very detailed process. He has to have an ambulance with him or following him twenty-four hours a day. And I also had a responsibility for securing various types of specialists that he might need in the event of a heart attack or trauma. So we had to import a surgeon. I was a General Medical Officer at the time. I helped coordinate all this medical backup and activities for him: bringing a surgeon, cardiologist. [inaudible 00:25:00] Fortunately, we didn't need [inaudible 00:25:15]. So that tenure over there was characterized by [inaudible 00:25:22]. John Foster Dulles, I remember, was Secretary of State. [inaudible 00:25:29] with him. General Curtis LeMay was a five-star general of the strategic air command. [inaudible 00:25:37] He came to on a hunting trip to Africa. We went down to his hotel and took care of him. Senator Estes Kefauver was [inaudible 00:25:53]. Those types of experiences during those two years were exciting. Plus, I traveled all over—all over Europe. Actually, I arrived in France about, really, twelve years after—eleven years after the end of World War II. I got to see all the devastation and destruction of World War II throughout France, Germany, Belgium, Berlin. I got to see the concentration camps in Auschwitz. Stood at the Berlin Wall. Had an uncle killed in the Battle of the Bulge, which was the largest battle in the European community during World War II. A hundred and eighty thousand American and German soldiers were killed in that battle over a six month period of time, one of which was my uncle. He was buried in the U.S. military cemetery in Belgium. Henri-Chapelle, Belgium. I found his gravesite and took some pictures of that, which was just absolutely incredible. You saw hundreds and hundreds and hundreds of American graves, crosses, and the impact of this—it's still quite vivid in my memory. So I got to see all those things at an early age in my life. I guess that experience has sort of carried through my life, and among other things, made me grateful for, you know, the opportunity to live in this country. All the many opportunities and freedoms we have, I think, are magnified in my mind because I had an early experience seeing those things over there during and after World War II.

FA:

The sheer magnitude of it.

RS:

Oh yeah.

FA:

And that was just one cemetery.

RS:

Yeah, just one small segment of that one. It was a global war. This was just the European part of that. It was just part of the European one. So anyway—and then after that is when I came back to—in '62 and started—I mean in '58, I started residency in [inaudible 00:28:16].

FA:

Do you have any—did you have much chance to rub shoulders or talk to President Eisenhower during that time? Or any general impressions of him?

RS:

I had—during the—well, he was one of my all-time presidential heroes, partly, I guess because of his military experience, which I shared. I didn't—I had contact with him in Fitzsimons Army Hospital on occasion, in a medical sense. But I found him to be an extremely warm, congenial type of person, I think, which is sort of the impression that most people, I think, had of him as being a warm, friendly, kind, and caring type guy. Not aloof or, you know, way out. Anyway, he's that kind of guy. Like I said, I think because of the military background—or least, I shared some of those things in the military.

FA:

What about John Foster Dulles or Curtis LeMay? Any comments on those guys?

RS:

Well, I remember—there's a church in Paris that's called the American Church in Paris. And it's a non-denominational Protestant church. I, during the time I was there, served on the board of—I was a member of the Board of Deacons. And what I remember about John Foster Dulles is on Sunday, he and I both participated in saying the church program. In fact, I introduced him. He, you know, read the scripture. So that's the event I remember about him. Curtis LeMay was just as he's characterized in movies and other things about him. He's the guy that flew into these SAC [**Strategic Air Command**] air bases unannounced to see how ready they were for a strategic airstrike or an advanced formation. He had the cigar in his mouth. He was short in stature, but driven and very five-star-general-like, in terms of his military discipline. So I remember that about him. Those were interesting times.

FA:

Yeah. So you got out of the Air Force, then you had your residency with Dr. DeBakey?

RS:

That's correct.

FA:

And decided to come to Lubbock?

RS:

That's correct.

FA:

You made up your mind, at some point, in medical school to do that?

RS:

Actually, I—probably, during my surgical residency, wasn't sure where I was going to go, or wanted to go. But after—as I neared completion of my residency, I thought, Well, I'm thirty-three years old, and I've gotten through with all of my training and all of my military experience, and I've got to go somewhere—[audio cuts out 00:31:58]—place where I could get started quickly. I had a lot of friends and relatives in this area. I had a lot of doctor friends who had come back and started practicing in this area. Plus, as I mentioned earlier, I always wanted to come back to West Texas because of good old friendly West Texas culture, and I had, plus, all the other contacts. My father was a Methodist, and he was on the original executive committee of the Northwest Texas Conference of the Methodist Church, which purchased, or took acquisition of the hospital in 1954, from the original proprietary owners and builders of the _____ Overton [0:32:52]. These three gentleman were the old pioneer surgeons and doctors of Lubbock, and they started out at the old Lubbock Memorial Hospital downtown. Actually, it was built in 1918. And they built the new facility, here on 19th Street, in 1953. And then after—then the next year is when the Methodist church took acquisition of the hospital. So my father was involved with that transaction, so I guess that's one of the reasons why I ended up at Methodist Hospital. Although, I did a lot of surgery at St. Mary, and as well as the West Texas Hospital, which was in existence then. So, at any rate, that's one of the reasons, I guess, I was attracted back to this area. Plus, because of family and personal relationships.

FA:

Okay. Could you talk about the—how the Methodist church became involved with the hospital and how that all transpired?

RS:

Well, I think the Methodist church—the Methodist church, I think—you know, part of its vision and mission in life is to be of service to people. I think that they felt that this was—the acquisition and the management of the hospital was an extension of those types of services. They saw this as an opportunity to expand their mission in helping people, and to the healthcare area. And this was a new, modern facility that had just been built. The doctors that built it at that time were getting to such an age that they probably wanted to invest themselves without

responsibility. So it seemed like a natural marriage for the Methodist church to expand its mission in healing ministry to the healthcare industry. And at the same time, afford the doctors a way to continue their last few years of working and not feeling responsible of running the hospital and all the administrative situations related to that, too. That's how that evolved. And to this day, it's been a good thing, I think, for the church, as well as for the people of this community and all the people that work here.

FA:

Were there any financial considerations involved in that?

RS:

Yes. Methodist assumed—well, first of all, part of this was funded by foundation grants. And I don't know the exact particulars of those. They did assume the indebtedness of—seems to me—for a couple million dollars.

FA:

That Memorial Hospital was in debt?

RS:

Yes. It was a several million dollar project. As I said, part of that had been capitalized by [inaudible] [0:36:07] and capitalized by foundation grants. The total cost was not excessive for the church to assume.

FA:

Do you have any memories of those pioneer doctors?

RS:

One in particular, and that's Dr. J.T. Krueger. When I arrived in 1962—first of all, Dr. Krueger was trained at the University of Texas in Galveston, and came to Lubbock in about 1918, 1919, and ultimately, established a partnership with doctors Overton and Hutchinson. Dr. Hutchinson primarily specialized in eye, ear, nose and throat. Dr. Overton specialized primarily in pediatrics. Dr. Krueger, probably the best known of the three, was around for surgical [inaudible] [0:37:10]. He—because of his name and his German heritage, during the world war—World War II—was the subject of some threats because of the German-American conflict of World War II. But I remember him as sort of—in fact, I had the opportunity to come in with him and practice, but I kind of wanted to just do my own thing. And so when I arrived in '62, he was still active in surgery. He was, like, about sixty—in his mid-sixties then. He died two years later in the operating room. He didn't die in the operating—he had a stroke in the operating room while he was in surgery. I happened to be operating near him. And he died a few weeks later from a couple of complications from the stroke. He had a son, Tommy Krueger Jr., who trained at Mayo

[?] [0:38:19], who was a graduate union [?] [0:38:21] at the time. Dr. Krueger Jr. and I met in Houston. When I was finishing my residency, he was doing a fellowship—doing some additional training in vascular surgery and all that sort of thing. So I met Dr. Krueger Jr. then. The other interesting fact about that family is that Dr. Krueger Sr.'s daughter, Carol is married to Bobby Layne, who was an All-American quarterback at the University of Texas, and subsequently, an All-American—I mean, an All-Pro quarterback for the Detroit Lions for many years. And Bobby Layne had a long history of excellence in football, but he probably received as much notoriety for his exploits off the field as on the field. He liked to—he liked to have a good time and liked to party a lot. At any rate, I ended up, in 1986, operating on Bobby Layne, here at Methodist Hospital. He had a—he developed cirrhosis of the liver. He developed bleeding and esophageal varices. Those are veins in the esophagus that cause hemorrhage and rupture and vomiting blood. I had to do an emergency operation on him to stop that bleeding in 1986. He died a few weeks later. He had progressive liver disease. So I had a long-time relationship with that family, I guess. Dr. Krueger Sr. had the reputation that he was—when I came—even before I came to Lubbock, his name was revered by everybody I knew. I suppose, he was probably best-known of all the early pioneer doctors, probably.

FA:

Yeah, I know his name comes up a lot in various interviews that we've done. What was Lubbock medicine like when you got here in 1962?

RS:

Lubbock was just—was really on the—was really booming. It really—I think what started the boom was when the Methodist church took over ownership of running the Methodist Hospital in 1954. They made it an open staffed hospital. Set up the type of credentialing and granting of privileges that we see today. Prior to that time, prior to 1954, Lubbock doctors came to work here around the hospital. This was true to the West Texas hospitals. Dr. Krueger, Hutchinson, and Overton Memorial Hospital. You had—you came to work for the doctors, and that's the only way you could get privileges to work in the hospital. So in '54, when Methodist took it over, they opened the staff. So then is when we began to see the influence of modern-day specialty training positions. So I arrived in a period of time when—let's see. The hospital took it over in '54. So I arrived just a few years after—in '62, eight years after it became an open staff hospital. And I was one among many modern-day trained doctors coming into Lubbock, and I think, I attribute a big part of that to the open staff hospital for the first time in Lubbock during these last few years. At that point in time, there were a great influence of specialists coming in that hadn't had the opportunity to practice here before.

FA:

Yeah. Did West Texas ever go open staff? Or did—

RS:

Yes, they did. They did, ultimately. They went open staff as well. And same here.

FA:

Do you think those pioneer doctors, like Overton and Hutchinson and Krueger and, I guess, Dr. Dunn over at West Texas Hospital—

RS:

Sam Dunn. I've got an interesting story about him.

FA:

Do you?

RS:

Yeah. [Laughter] This was in 1964 or '63. I hadn't been in town maybe a year. Dr. Sam Dunn called me up about midnight one Saturday night and said, "Dr. Salem." I know—Dr. Krueger's a pioneer in vascular surgery in this area. [Inaudible 00:43:10]

FA:

Dr. Tom Krueger?

RS:

Tommy Krueger Jr.

FA:

His son?

RS:

His son.

FA:

Okay.

RS:

Anyway, Dr. Sam Dunn called me up about midnight one night and said, "Dr. Salem, I think got this man down here in West Texas Hospital in an emergency room with a ruptured aneurysm in his abdomen. I'd like you to come down and take care of him." He said, "I'm fixing to go make ward rounds in my oil wells."

FA:

[Laughs] His oil wells?

RS:

He had a lot—he, along with some of the other people in this area, when they came in, bought up a lot of land. Some of them were lucky enough to have oil under them, and he was one of them. So he was going to go make ward rounds on his oil wells, as I knew, with his description, they would score. At any rate, I went on down and took care of the patient. Sure enough, he did have an _____ [0:44:10]. I did transfer him out to Methodist and operated on him successfully. He was a businessman from Idalou. We got through that surgery. We started about two o'clock Sunday morning and ended six or eight hours later. The gentleman went on to live a normal lifespan. That was my first encounter with major vascular procedure, and Dr. Dunn [inaudible 00:44:40].

FA:

That was the first that you did?

RS:

The first emergency big case. I had done a few lesser cases, but this was big. This was a big operation. A ruptured abdominal aneurysm still is a major case today. In fact, in '64, thirty-five years ago, no one had done much of that surgery out there, so it was really a big deal back then.

FA:

You had to bring him to Methodist hospital?

RS:

Yes.

FA:

The facilities were better here?

RS:

Facilities and the equipment. You have to use specialized clamps to clamp off a blood vessel without destroying the wall or damaging the wall. You have to have specialized stitching material and specialized instruments to do that type of surgery, and those weren't available in West Texas, at that time.

FA:

Do you think these original—the pioneer doctors that we've been talking about—do you think they had an idea of making Lubbock into a big-time medical center?

RS:

Yeah, I really think they did. I think that they were very visionary. And I have pictures of the first major facility constructed in 1918. And it is a very, very—Lubbock Memorial Hospital. And it's a very formidable-looking structure. And I think they sort of set the tone. I think they—had this not been done—had they not been as visionary as they were, that maybe medicine would have not have developed like it has. But they set the tone early. They developed the facilities early that attracted other doctors. This sort of compounded. And then Dr. Krueger, Hutchinson and Overton were developing the Lubbock Memorial Hospital on 19th Street, which is the west tower of Methodist. This is—their hospital they built is the west tower that faces 19th Street. And to develop a modern facility like that, attracted other doctors. So I think they were visionary, and they set the tone and really, you have to give them credit for their early work in establishing Lubbock as a major medical center. Because of that, we draw patients and have drawn patients from eastern New Mexico all through the years and from this whole area. So I give them credit for laying the groundwork for what we see today.

FA:

Is this—does Lubbock's reputation as a medical center—is its reputation known around the nation, or?

RS:

I think it is. And I would say, additionally, I think the other big thing that happened to make medicine renowned in Lubbock is the medical school. I think the medical school has added—lent additional prestige and recognition to Lubbock as a major medical center. UMC Hospital and medical school, in addition to the other hospitals that are here now, collectively, have established Lubbock as a major medical center.

FA:

Could you talk about how the medical school was brought here and the events surrounding that? That there was opposition to it or—?

RS:

Yes. In the early days, in the late sixties, there was talk about a medical school in West Texas, the reason being that the West Texas population was underserved in terms of patient-to-doctor ratio. I forget the exact numbers, but as I recall, it was something like one doctor for every fifteen or sixteen hundred people, whereas in metropolitan areas, it was about half that. There was one doctor for eight hundred or so, and those figures are rough. Basically, there was a general perception that this area was underserved. The best way to get the patient population served more is to have a medical school in the area, because it's a known fact that if doctors train that area, a good percentage of them tend to stay in the area. So we felt like if we had a training facility that this would be the best way to give the area a supply of doctors. Now, early on, there

was talk of Amarillo wanted the school and El Paso wanted the school. So there was competition, politically, from those two cities as well. So Methodist—I mean, Lubbock mounted a combined effort to secure the school here, which consisted of Texas Tech, the city of Lubbock, and a local medical community. We had meetings. It was a combined community, university, medical society, ever, to collaborate to see what we could do to secure the school here, in Lubbock, rather than see it go to Amarillo or El Paso. And, of course, I think the key in all that was the fact that Preston Smith happened to be Governor at the time. Now, the first time around—the first time there was a bill to create the school, it passed the Senate; it passed the House; it was vetoed by John Connally, who was Governor at the time. And then the next time it came around, Governor Smith was Governor and, of course, then it passed. So that's a little of the history of that.

FA:

What is—I guess some of it had something to do with politics: Connally being a Democrat. I guess Lubbock was more Republican in those days?

RS:

Well, no. Actually, no. I think it—it was political, for sure. What happened was that the University of Texas wanted another medical school.

FA:

Another one?

RS:

And this is the one that's bigger than Houston. So the next time it came around, there was a parallel bill creating a University of Texas medical school in Houston. There was no opposition then. They wanted time, I think, to get their school in Houston created. I think—and I'm not really involved in those discussions—but I suspect that there was an agreement, "We want to close your bill if you want to close ours." So they were both created at the same time.

FA:

Oh. So Texas got two medical schools that year?

RS:

Exactly, they did.

FA:

Oh. Well, I guess that's the way politics work.

RS:

Yes, it is.

FA:

That's the way it works. Was there any opposition in town? Any conflict of the doctors?

RS:

Actually, we had—the Lubbock, Crosby, Garza County Medical Society was polled prior to the collaborative efforts. There wasn't 100 percent agreement, but there was, like, 95 percent doctors in this area were very, very supportive of bringing the medical school here. And the Lubbock, Crosby, Garza County Medical Society—and I was President in 1965 of that organization. We were very, very supportive in helping the city council, and the mayor, and other people [inaudible 00:52:55]. Leaders at Texas Tech—Grover Murray was President of Texas Tech in those days. It came together, like I said, earlier, as a very heavily supported effort by the university, and by the city, and by the physician population.

FA:

What about the people in general? Do you think the people were behind it?

RS:

Yes, I really do. I think that this was—and I think it's been a great thing for this community for a lot of reasons. It has a very positive economical impact. It provided a steady stream of physicians that are qualified [inaudible 00:53:35].

FA:

And made Lubbock a medical center.

RS:

It made—it put the finishing touches on Lubbock as a medical center, absolutely.

FA:

Do you think that Lubbock is the most important medical center between what two areas would you say?

RS:

Well, you know, obviously Dallas—

FA:

Yeah, on the east.

RS:

East. Albuquerque and Phoenix.

FA:

So Albuquerque might not even measure up to Lubbock?

RS:

Albuquerque, I would say, is a competitor. I think we're competing for some of the same markets in eastern New Mexico. They view us and we view them as, you know—they have a medical school there. They have a population greater, certainly, than ours. And they have a great medical center out there. In fact, we're sort of tug-of-war with eastern New Mexico right now. They want all those patients. Actually, traditionally, most of those places in eastern New Mexico have come here. They always have. And I think part of that is due to the fact that we were very progressive in the early days.

FA:

Even back then?

RS:

Yeah. We established ourselves by the efforts of the early pioneers and the facilities were more modern, that attracted both doctors and patients.

FA:

You've been involved in—would you consider yourself a pioneer in heart surgery in Lubbock?

RS:

Well, I don't—I didn't—I don't do any heart surgery, per say, although I was trained under Dr. DeBakey. I did help pioneer vascular surgery, which is everything but the heart. However, I did help get heart surgery started by bringing in, with me, a guy that started heart surgery and did the first heart procedure in 1970.

FA:

Who was that?

RS:

Dr. Donald Bricker. I was his chief resident in Houston. He trained with Dr. DeBakey three years behind me. And then, he stayed on in Houston as—on the staff at Baylor Medical Center in Houston, and was doing heart surgery down there. I was his chief resident down there, and he and I were good friends. When we started doing cardiac catheterizations and coronary angiograms, pictures of the heart arteries—the first one done was in 1970, here at Methodist.

And on the heels of that, then—actually—yeah, the first one was done in 1970. So when we started doing heart catheterizations and angiograms of the heart arteries, most patients that needed surgery were sent to Dallas or Denver. So we decided that we needed to get an open heart surgery program started in Lubbock. And I was instrumental in getting that done, in the sense that I contacted Dr. Bricker, who had some old—not West Texas roots, but he was raised in Wyoming—East Wyoming. He was—I felt like the climate out here and everything would be—he would like. Anyway, to make a long story short, he came out on my invitation, on several visits, and he decided to move to Lubbock and join me. At that time I partnered with Dr. Jerry Stirman, who had been one of the faculty at Southwestern Medical School in Dallas. He and I joined together in partnership in the late sixties. And he had had some heart experience, too, along with me. So he and I brought Dr. Bricker as our partner to help get the open heart surgery started. So he came in and joined me and Dr. Stirman, and he did the first open heart surgery in 1970.

FA:

That was done in 1970?

RS:

Yes sir. And it has just—last year, the year 1997, calendar year, there were a thousand open heart procedures done here at Methodist, and ten thousand cardiac catheterization procedures.

FA:

Wow. That's grown quite a bit.

RS:

That's big-time. Big volume.

FA:

That is. What is catheter—I've heard this, and I'm not really sure what it means. What is catheterization? What does that mean?

RS:

That's the passage of a little tiny tube, usually done on an artery in the groin, or an artery in the arm. The catheter is passed back up the artery into the heart, into the arteries that supply the heart muscles and everything. So you put dye in there and make visual images, usually a video, motion-type machine, shows the visualization of the arteries that supply the heart muscle itself. Those are all the coronary arteries. So heart catheterization means that you pass a catheter, a tiny tube, through, as I said, the arm or the groin and it goes into the heart, and then dye is injected directly into the arteries that supply the heart, the coronary arteries. And that's what causes a heart attack is that those coronary arteries get blocked off. This dye can identify—

FA:

The ones that are blocked?

RS:

The ones that are blocked. And another big innovation in that area, in addition to surgery, is the cardiologists now have techniques of putting—of opening up those arteries without surgery. That's called coronary angioplasty. Those little tubes that they pass on through there have a little balloon, dilators on them and they can inflate those little, tiny balloons on the end of those catheters and actually dilate those arteries. Now, they've been using lasers to dissolve some of the clot in there—microscopic laser machines that dissolve, sort of burn away, that clot that's inside the arteries. And also, now, they're putting in little stints. Little tiny tubes that they put inside the coronary arteries to keep the arteries from collapsing together. That's all being done here as well.

FA:

Would that be the leading edge of heart—

RS:

Leading edge.

FA:

—heart vascular surgery?

RS:

Absolutely.

FA:

Lubbock really doesn't take a second seat to anybody.

RS:

No. In fact, we've pioneered a lot of—our cardiologists have actually pioneered—we're really the site of clinical trials. Our cardiologists and manufacturers have been accredited to do the leading edge of technology in those areas.

FA:

Any specific one which was developed here?

RS:

Well, there are two large groups now. There used to be one large group. There are two large groups and some solo groups—some solo people as well. In fact, most of the cardiologists in this

area are very, very up to speed on the leading edge of technology. Not any one of them ____ [1:01:00], but they all do it all.

FA:

Is there any one type of surgery that was, more or less, developed solely here in Lubbock and was a result of someone's efforts that you can think of? That has gone and—

RS:

I don't know that anybody is—there are probably, in the area, cardiologists putting in some of these newer—they sort of have done, along with a lot of centers of the country. Some of the centers in the country are doing these things for the first time. I don't know anyone that's specifically doing anything. It's just that we've been on, from the beginning, you know, being involved with this type of surgery, and stayed current in all aspects.

FA:

Okay. What type of surgery do you do? Do you do vascular surgery—?

RS:

I started out doing what's called general surgery, which is—and peripheral vascular surgery. Over the years, the amount of peripheral vascular surgery I did declined because of cardiologists coming in and they do a lot of these things now with their stints and with their balloons that dilate up arteries that make surgery not necessary. Plus, the heart surgeons, as they—as they started the heart surgery, they also started doing and became experts in vascular surgery as well. So I would say the general surgeon's role in peripheral vascular surgeries has been gradually decreasing, so I've concentrated my efforts in the last part of my career into general surgery, which is primarily abdominal surgery. I do a lot of breast cancer—breast surgery. Head and neck thyroid surgery and intra-abdominal surgery is the bulk of my practice.

FA:

Dr. Salem, what would you consider this—what would you define as the golden age of medicine?

RS:

Well, I'm sure people would debate what that is. In my view—in my view, probably, the best, most enjoyable parts of my practice were the fifties and sixties. What happened in the seventies and what has continued on in the eighties is this progressive governmental and bureaucratic interference in the medicine, in terms of—Medicare is a great thing. I have it myself. But that's a government deal, and there are restrictions imposed on it—

End of Recording