

**Oral History Interview of
Robert Salem**

**Interviewed by: Monte Monroe
July 3, 2019
Lubbock, Texas**

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

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Transcript Overview:

This interview features Robert Salem as he discusses the Lubbock Medical community and his career in medicine. In this interview, Salem describes how he helped with the creation of the Texas Tech Medical School and starting a heart surgery and cardiac program West Texas. He explains his commitment as a physician and as a mentor to aspiring doctors. He closes the interview by discussing his legacy and how he wants to be remembered.

Length of Interview: 00:35:50

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Keywords

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Monte Monroe (MM):

This is Monte Monroe, the Southwest Collection Archivist. I am at Covenant Hospital in the Heart—

Robert Salem (RS):

Center.

MM:

—Center room six, the office of Dr. Robert Salem, whose papers we hold at the Southwest Collection, who we have three other oral histories with. Bob is the distinguished physician here in Lubbock and on the South Plains, and we've had a delightful afternoon talking about a number of things, but right now he's going to talk to us a little bit about how the medical school got started and how his old Sudan friend Doc Blanchard helped with getting that legislation pushed through and everything like that. Go ahead, Bob.

RS:

Right, so I graduated from Sudan High School in 1946 and was on my way to Texas Tech in the fall, but the problem was I didn't have a car, and I had—I couldn't find a room to rent in Lubbock because after World War II ended in '46 the town and the University were flooded with veterans several years older than I, and they occupied all the rooms and the dormitories and all the rooms in town. So, I had to make my way back and forth from Sudan, and one of my salvations was my old buddy from Sudan, Doc Blanchard, who had just spent four years in the army. And he had a car, so I would ride back and forth with him when our schedules meshed, and when they didn't mesh I was on my own to get back and forth, and I did that by hitchhiking, by walking sometimes several miles. But after that first semester, rooms opened up and I was able to spend my time on the campus in the campus dormitory. But Doc later would become a state senator. And I worked with him in the late sixties as the bill was being proposed to create a medical school in Dallas—I mean in Lubbock. And the bill was passed one year when Connally was governor. Doc Blanchard had spearheaded it through the senate, and Delwin Jones had spearheaded it through the house. But Governor Connally vetoed the bill when it came for his signature because the University of Texas wanted a medical school also, and they hadn't had time to put the plans together. So the next year, of course, Governor Preston Smith was governor, and we had negotiations with the University of Texas that year. So voicing support for their bill if they would support ours. Bill Parsley was vice president of the development at that period of time, and was on point to run the political traps in Austin to get the bill signed and created. Bill and I were classmates in college, and when I came to Lubbock he contacted me to ask for my support along with Grover Murray who was president at the time. So I worked with president Murray and Bill Parsley in developing the guidelines for our proposal for the bill. And ultimately it was passed in 1969, the bill created a new medical school at Texas Tech, and also the University of Texas got theirs at Houston in that same year.

MM:

Dr. Salem, were there any controversial moments? I know about the thing with when Connally was governor, but as it proceeded through, were there any roadblocks or road bumps or anything like that that y'all had to face in getting it passed through the legislature before it got to governor Preston Smith?

RS:

Well I think just in general there was always resistance from some of the larger cities in Texas about funding anything out in West Texas. It was just kind of a given, it was always an uphill battle, and frankly, when one looked at the needs of the patients, the people, I think that ultimately prevailed because the physician-to-patient ratio was about half in Lubbock what it was in the metropolitan areas. There was like one doctor for every six hundred patients or people in Dallas and Houston and there was like one doctor for every fifteen or sixteen hundred people in West Texas, so there was a definite need for us to have a medical school in West Texas because it's been shown that doctors tend to locate wherever they've trained, so we knew that by training doctors in Lubbock a good percentage of them would stay in this area and provide healthcare for medically underserved people. And then of course the clout of the governor was paramount in getting that done.

MM:

We talked about a number of things today, and we may not go into your professional experiences with Dr. DeBakey and Dr. Cooley, as that road has been covered, but one of the things I'd like you talk about a little bit is what brought you back from that heady atmosphere in Houston after working as one of just a handful of people with those two top heart physicians, and then starting a program of heart surgery and cardiology out here in the West Texas region? How did that get going, and some of the issues that you had and some of the personalities that we talked about at lunch in terms of what really made it all work and brought it together to benefit the people of this region?

RS:

Right. Well I had had a—because of circumstances and timing, had an opportunity to see a lot of the world and a lot of people in the world after I left Texas Tech. Graduated from Texas Tech, went to medical school in Dallas and during medical school I was drafted during the Korean War, with the provision that as soon as I got out of medical school I'd have to go into the service. So I did, and I spent a year in Denver at an army hospital and then was subsequently assigned to a hospital in Paris, France, where I had a lot of opportunity to travel all over Europe in various capacities. So, and then back to Houston, where I finished my training with Dr. DeBakey and Dr. Cooley. So by my early thirties I had seen a lot of the world and a lot of the people in the world. And then I started my training with Dr. DeBakey at the beginning of the modern era of cardiovascular surgery. Dr. DeBakey was just beginning to do heart surgery utilizing the heart-

lung machine, and he had just developed the Dacron grafts to replace diseased arteries. So he pioneered that effort, and I was there during those several years I trained with him. So at the end of my training, I was one of the few cardiovascular trained people in the world, and I literally could have gone any place in the world. I had the opportunity to stay in Houston with him. But my West Texas roots just tugged at me, and the people of West Texas I found to be like no other people in the world. They're kind, they're considerate, they're God-fearing, they're loving, they're congenial. And I missed that, having been away from it for about fifteen years. So it was largely because of the type of culture and the type of people of West Texas that brought me back to Lubbock.

MM:

Well, and talk about that. Just a little bit about your parents and about growing up in Sudan, and then talk about how you brought that into creating this type of surgery here and some of the personalities such as Sam King and Don Bricker and some of those—even Jack Selby.

RS:

Right, well I grew up in a home with—my parents were very religious. We read a chapter in the Bible every night, we never had a meal without saying grace, and my father was a person who lived his life in helping other people. So I acquired, I'm sure, that aspect of my life from his persona and his demeanor and his life. But when we got ready, when I came out to Lubbock, the cardiologists weren't even doing heart casts [?] [00:09:37] at the time, but I was trained to do vascular surgery, so I did what was called peripheral vascular surgery, which is everything but the heart. And then Dr. Selby, I worked with him for a period of years. He was a thoracic-trained surgeon, and he did primarily thoracic and general surgery, but he also operated on the heart. In those days rheumatic fever in childhood caused a scarring of one of the valves of the heart. Dr. Selby was able to go in, and I helped him on several cases, with the heart beating without the use of the heart-lung machine, and through an opening in the right auricle was able to pass a little instrument on the figure to break out the scar tissue in the valve where the valve would function normally. So I give him credit for operating on—[coughs] pardon me. Operating on the heart first. But then in the early part of the seventies Dr. Joe Arrington and Sam King started doing heart casts for the first time. And they were finding lesions in the coronary arteries that needed surgical correction, so they came to me knowing I had trained with Dr. DeBakey, which at the time was the epicenter of cardiovascular surgery in the entire world, wanting to know how could we could get a heart surgical program started here in West Texas. And I was all over that because I felt like that if we could develop a heart surgical program here in Lubbock for all of West Texas, Eastern New Mexico, how many patients lives would be made easier if we could do that kind of surgery and do it well without having to go to Dallas or Houston or Denver, which was a tremendous financial and emotional sacrifice that patients and their families had to make. So I said, "Yeah, I think we can do that." So I first of all contacted a junior resident of mine who was still in Houston, Dr. Donald Bricker. I was his chief resident, and after he finished his

training with DeBakey he stayed on with DeBakey in Houston. So, he and I worked together very well though. I was his chief resident, he would help me on chief resident-type cases, and I would help him with junior resident cases, so I knew we worked well together in the operating room. He was intrigued with the possibility of coming out to West Texas and starting something from the ground floor up. But we had a lot of resistance from some of our medical staff as well as some of our administrative staff and board. They didn't feel like heart surgery, this complex type of surgery, could be done in a small community hospital. Lubbock at the time was about a hundred to a hundred and twenty thousand people and the only major hospital in town was the Methodist hospital, which was about two hundred beds. There was a lot of skepticism about whether or not we could do this type of heart surgery in this setting. So Dr. Bricker and I went to Houston to talk to Dr. DeBakey about it, and he said, "Of course you guys can do it, I've trained you to do it. You know how to do the surgical piece, but that's just one part of it. You've got to have a lot of other component parts to make it work and to be safe and to have good outcomes. That includes specialized anesthesia. You have to have a heart-lung machine specialist. You have to have a laboratory there in the operating room because you have to measure the blood elements, the blood thinning elements and the electrolytes. You have to have pulmonary support and post-op support and cardiac support from nurses and so forth." So we spent several months putting all those pieces together, and then Dr. King had a patient that he thought would be a candidate for the first procedure. She was a twenty-five year old lady who had a large hole in the heart called a atrial septal defect. And we approached her about being the first candidate, and she readily accepted that. We had several dry runs before we actually did the operation to make sure everyone in the operating room knew exactly what they were supposed to do and what they might do in the event of some untoward event. So we did a lot of preparation and prior to that first operation and that was in November of 1970. And she had an excellent result, we had no hiccups whatsoever during the surgery. The lady lives in a nearby town and is still alive today. She got married, had children, has grandchildren and has had a normal life following her surgery.

MM:

You were telling another wonderful story at lunch about here just a few weeks ago being out in San Diego and running into the child of one of your former patients. Why don't you tell a little bit about that?

RS:

Yes, my wife and I were attending the wedding of a great niece of ours. She was raised in Dallas but went to school out in San Diego and met this guy out there and they got married. We went down for the wedding, and at the wedding reception, I was introduced to this man who comes up to me and says, "Dr. Salem, I want you to know that you all did the first heart transplant on my father at Methodist Hospital in 1991." And I was just blown away. I said, "Yes, I remember that case very well, but I lost track of what happened to your father. And he went on to say that his father lived another twenty-five years following his heart transplant with no problems, died from

unrelated causes. And furthermore, he said, “My mother—” that would be the wife of the patient—“Is still alive, and she lives in Brownfield, and she has a taco restaurant. I’m coming out to Lubbock pretty soon.” And I gave him my card and we’re going to meet up, and he said he thought he had a video of that first operation.

MM:

Wow.

RS:

Which we have in our library. We did heart transplants here from '91 to '95. We did about forty-five heart transplants, had good outcomes. Unfortunately the lead cardiac surgeon, Dr. Ripman [?] [00:16:29] developed a very aggressive malignant brain tumor, and he died about a year after diagnosis, and no one was ever able to pick up that heart transplant lead program because it's so time consuming, it really requires one person just devoted to heart transplants. Dr. Bricker was really busy with his other type of surgery and didn't feel like he could commit to that, so we let that program go and now we send patients to Dallas and Houston for transplants.

MM:

As we have discussed, you were in on the founding of the Texas Tech Medical School. You've already talked about the importance of having young medical students trained out here so they can service the population of this underserved region of the world. You were the founding chair of the department of surgery. You served here as the chief of staff. Explain to posterity—that's who you're talking to here—the commitment that's needed on the part of a physician, the day to day kind of commitment that's needed to bring this sort of advanced medicine to a region like this, hospitals like the medical school and Covenant here.

RS:

Well I think first of all a person, a doctor needs to be committed to taking care of patients first and foremost. I mean, my desire to be a doctor I guess started way back in childhood when I was always as a boy scout interested in first aid and that sort of thing. And the influence of my early childhood seeing my father giving aid to underprivileged people and that sort of thing. So I had that inbred in me I guess from the very beginning. And I think it's important that we, as a generation of doctors today need to remain committed to taking care of people first and foremost. And in doing that, it requires a certain amount of time and effort and dedication to helping train those that will follow us. And that's one of the reasons I've been involved with the medical school is that I want to be able to impart some of the knowledge and skill and attitude I have toward patients and hoping some of those younger people will pick up from that and carry on the legacy.

MM:

As a matter of fact you had a whole passel of them over at your house last evening, didn't you?

RS:

As a matter of fact I did. Three—four years ago, Covenant agreed to be an official branch campus for the Texas Tech Medical School and assume the responsibility of training thirty additional third-year students and then thirty additional fourth year students. And I oversee that educational effort as vice dean of the medical school for the Covenant campus. So the current third year class of about thirty students had an orientation day yesterday at the hospital where they learned about Covenant and the ins and outs of getting in and out of here, and then we ended up the day with a little outdoor social our house last night.

MM:

Very good, very good. Let's talk about a component of your career that is important. And that is mentorship, and you've already touched on that a little bit, but especially in relation to mentoring people who may not have had an opportunity to go to medical school. I'm thinking in particular about Dr. Damon Hill, who I know that you've mentored and even knew before that time. Tell that little story there.

RS:

Okay. Well I first remember Damon when he was working at the Lubbock Country Club as a waiter out by the tennis courts. I used to play a lot of tennis in my day, and I remember him back—from back then when he was probably still in junior high or high school. I'd operated on some of his family members during that time. I lost contact with him after that though, and I didn't really recall what happened to him until one day I saw that right after I had arrived back in Lubbock in the early sixties I saw he was on my appointment schedule, and he came in and I learned at that time that he was a teacher there in the public schools here in Lubbock, but he said to me then he said, "You know I've always had a dream of being a doctor. I still would like to be a doctor. Could you help me?" And I said, "Of course I can. Let's start with looking at your grades." And so he gave me his composite scores of his academic achievements, and I recommended to him that he maybe spend a year and go back and try to get an uptick in those grades, and he did. He did that because he still wanted to follow through, and then the next year he applied for medical school. And I at that time was sitting as a member of the freshman admissions committee, and the competition for getting in a medical school was still quite keen, and I made a pitch to the admissions committee that I felt like that he had shown that he could do this academically by going back to pre-med requirements and did well. And prevailed upon the committee to let him be admitted, and they did. He struggled that first year, and repeated that year, but then after that he continued to get better academically each year, graduated just fine, went on and did a residency in family medicine. And I had pitched to the committee that one of the things that I had envisioned was that he would be able to serve an underserved population in

Lubbock, and parts of Lubbock that are medically underserved, and that's proved to be the case. So he has done well throughout his practice years and even raised a son who's now a practicing physician here in Lubbock.

MM:

So mentorship matters.

RS:

Mentorship matter, absolutely does.

MM:

Well you had other important students that you mentored over time. People like Dr. Wayne Isom, who's had a stellar career as well. Why don't you talk about people like him?

RS:

Yes, Wayne is a professor and chairman of the cardiovascular department at Cornell in New York. He was raised in Idalou, has a large family there, and went to Texas Tech. My first year in practice in Lubbock in '62, Dr. Isom was a senior at Texas Tech. And he used to work at Methodist Hospital then on the night shift, on the top floor. And he would draw blood on patients during the night. That was really my first encounter with him would be that as the new young surgeon in town most of the older guys let—were happy if I did all the nighttime emergency work. So I spent more hours up here from eleven p.m. to seven a.m. than I did from seven a.m. to eleven p.m. So I frequently had patients that had to have blood work drawn done during the night. Dr. Isom was the technician that was drawing blood, so I really didn't have any direct connection with him other than that. That particular year I had operated on some of his friends in Idalou, and he was aware of me and I was aware of him. And then the next year he was in medical school when I operated on a neighbor of theirs with a large ruptured abdominal aortic aneurism successfully. And he got his inspiration he told me later in New York from my being able to do that kind of surgery inspired him to go on and do the type of surgery he ultimately did, operating on Larry King and Walter Cronkite, Henry Kissinger and a lot of celebrities in New York. But he said to me one night in New York, he said, "That operation you did inspired me." And he said to himself, "If Bob Salem from Sudan, Texas can do that kind of surgery, then so can Wayne Isom from Idalou."

Paul Arrington (PA):

That's the other part too, you said from two or three in the morning you know who the good guys are. Who you could tell that part.

RS:

So one night in New York years later, I used to go up there once a year to a meeting in

December, and I'd always go over to visit with Wayne, make rounds with him and visit with him. And he was telling me the story one night at dinner, he said, "I used to draw blood on your patients at three o'clock in the morning. I ran into you nearly every night it seemed like. You know at three o'clock in the morning you find out real quick who the good guys are," And to quote him, "Who the assholes are." So he remembered me as one of the good guys.

MM:

[Laughter] That's a good story. That other voice was Paul Arrington, who's vice president here at Covenant for media and communications and marketing and things like that.

PA:

Sorry.

MM:

No that's fine, jump in there if I forget something. Bob, reflecting back on your long career, I want you to talk to posterity about how important you think it is to serve others in this capacity. And talk to young medical students who may be entering the profession. And what life lessons you think you have learned that they could benefit from, both in terms of their professional career and in terms of their commitment to their patients and to advancing medicine.

RS:

Well I think the most important thing for any physician is that they are willing to sacrifice, if you will, some part of their lives to benefit someone else. I mean I think that's the core foundation and belief that I have. And I guess I'm kind of like DeBakey in one respect. He was asked in this film that you've seen portions of earlier what regrets does he have in his life. And he said, "Well, not many, but if I had one it would be that I didn't spend as much time with my family as I could have, perhaps should have, or could have done. But in retrospect, they all turned out okay." And so I guess I know today's generation of physicians maybe sometimes don't have that total commitment of sacrifice, but I think most of them do. I don't think they would go into medicine if they didn't. And I think that probably is the most important thing that I would want to recommend, try to get aspiring physicians to emulate is the hard work ethic, the getting up in the middle of the night to take care of somebody that needs your help, and the reward is in seeing someone recover from an illness and you get just compensation for the realization that you've helped save a life or helped make a life better for someone.

MM:

Going back to your folks, and going back to the earlier iteration of what is today Covenant Hospital, and I'm talking about Methodist Hospital, your father was on the steps of Methodist Hospital when it was turned over to the Methodist—or Lubbock Hospital, when it was turned over to the Methodist Conference at that time. So he was involved, he was interested. Did any of

those things have an impact on you? And how does that make you feel now that you have served in every top capacity in this institution, to know that you're still following in your father's footsteps to a degree?

RS:

Well it's a very humbling and comfortable feel. You're right, my father was a small town layman, very devout Christian, and he was interested in helping people. And he saw the acquisition of the hospital that doctors Krueger, Hutchison and Overton built, to acquire that for the Methodist Church was an opportunity to serve the people in the medical field. And he thought that would be a good thing for the people of West Texas. So, he came over, he would drive about fifty miles over to board meetings and early morning meetings, and the day the Methodist Church assumed ownership he was one of the members of that executive committee that effected that transaction. And so I've always had an affinity for Methodist Hospital, way before I knew I'd be even coming back to Lubbock to practice there. But I also, the original Methodist Hospital has just been taken down. One of the things I told the building crew that I wanted to do, I wanted to get a picture of me out there by that sign. And they did. So we now have a photograph, a video, my father of the day it went up and a video of me the right before it comes down, you see. But it's been—his legacy has inspired me throughout my life and career.

MM:

Well and let's conclude here by talking about your legacy. You're not done yet. I know you intend to do like your mentor DeBakey did and be at your desk until the last moment. And if my memory serves me correct you'd visited with him on the phone that morning.

RS:

As a matter of fact I had. He was—well he was ninety-nine and six months of age when we met in Washington when he got the Congressional Medal. And then but prior to that I had been going down, I'd called him up to—I'd fly to Houston just to visit with him an hour and then fly back to Lubbock, because I was so inspired by the man, and his genius, and his drive, and everything about him, that I just liked to be in his presence for a period of time. So I would fly back and forth, and I did that for about ten years. And then we of course met in Washington when he got the Congressional gold medal. And I had called him just a couple of months after that to set up an appointment to see him the following week. And he was at his desk, he was ninety-nine and ten months of age, he was planning—at the time he was talking to me he was planning for his one hundredth birthday, and then that night he had a sudden cardiac event and expired at home that night. But his mind was just as sharp as yours and mine is today at ninety-nine and ten months, and like I say, just an inspiration to be around.

MM:

He was still contributing.

RS:

Yes he was.

MM:

He would still contribute every day. Everybody around here knows it, sees it. What would you like your epitaph to say, your legacy to say? What do you think you committed to the medical profession, to your community, to your region of West Texas?

RS:

[Laughter] I haven't really thought about what my epitaph would say. But I guess the thing for me is that I have rendered expert surgical care to the people of this area, for one thing. And I have hopefully inspired other people to follow in my footsteps.

MM:

Thank you sir. I think that's a good way to end that. And I think Paul and I are both humbled to be in your presence at all times. And it's always a joy just to visit with you. And we may tap into you again here later, but anyway, thanks for visiting with us here today.

RS:

Yeah, thank you.

MM:

And today is by the way July 3, 2019, and we are sitting here in Dr. Salem's office.

End of Recording

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