UNIVERSITY OF HOUSTON ORAL HISTORY OF HOUSTON PROJECT AND THE AFRICAN AMERICAN PHYSICIANS OF THE 20TH CENTURY HOUSTON PROJECT

Interview with: Dr. Michael Banfield
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RH: Today is August 28, 2007, and I am talking today with Dr. Michael Banfield for the African American Physicians Project. Thank you for having me today. Are you ready?

MB: Yes, it is nice to have you.

RH: All right. I would like to kind of start off a little bit about your background, about your family.

MB: I am one of four siblings. My parents had 3 boys and a girl. My older brother was a minister and my brother who is here in Houston is a physician. And then, I have a sister who is still living. She is in California. She is in the educational field.

RH: O.K., and what were your parents? What were their professions?

MB: My father was a minister. His home is from Barbados. He came over here when he was in his 20s and lived to be 93. He passed in 1985. My mother was also from Barbados and she lived to be 99. She passed in 1996.

RH: Do you know what year that it was that they ended up coming from Barbados to America?

MB: All I can say is it is probably in the early 1920s or it might be the late teens, 1918, or early 1920s.

RH: O.K.

MB: He went to school over here.

RH: Where did he go to school?

MB: He went to school in New England. They called it Lancaster Junior College. Atlantic Union. Well, Lancaster, too, I think.

RH: O.K., and he went to school to . . .

MB: Ministry. Theologian.

RH: Do you know what made them decide to come to America?

MB: Well, you know, at that time, they had a missionary endeavor in the Islands just like they have other places and I am sure one of the missionaries that was on the Island encouraged him to come over and get an education over here, which was very good.

RH: All right. So, he came over to be able to go to school.

MB: Yes.

RH: Now, I understand that you lived for a while in Maryland? That was where you lived for a little while?

MB: Yes, I was born in Baltimore, Maryland.

RH: O.K., and then you ended up moving . . . your family moved to Ohio, is that correct?

MB: What happened is just . . . my father was a minister and in his denomination, they do get around. So, we left Maryland, we went to Ohio, and I was in my early teens or elementary school in Ohio, then we went to New Jersey and at the age of 13, I cannot say what happened, but I decided then I was going to be a doctor. We had no close family members or friends that were physicians and I cannot tell you how - it just dawned

on me that I wanted to be a doctor. And that is what happened and I stuck with that. In fact, my father asked me, "What are you going to do when you grow up?" And I told him. So, I was more or less telling him what I was going to do. If I went to school or college, he would ask me, "Where are you going to college?" I would tell him. You don't usually see that. So, I have been to a few colleges and I picked each one of them.

As I said, at that time, I was 13 years old when I decided to be a doctor. After finishing high school, I was 16. Now, this was during World War II in the latter part of the war and at the time of graduation, I knew it would not be long before I would be inducted into the service. So, at the age of 16, I decided I would to go college at Huntsville, Alabama, Oakwood College, and I spent one year there.

RH: O.K., and that was in Alabama you said?

MB: I did not live there. I went from Jersey there just for one year. My older brother attended that college in Alabama, so I guess that is what more or less . . . After leaving that college, I knew it would not be long before I went in the service. So, I was drafted and went in the service in February of 1945. This was a few months before the cease fire in Europe. I did end up in Germany and spent approximately 9 months to 1 year in Germany. When I came out of the service, this was in 1946, August of 1946, my whole goal was to finish my education and to go to med school. So, in August of 1946, I did not know exactly where I was going but I was familiar with Pennsylvania so I decided I would go to Temple University. At that time, I still had GI benefits but I wanted to reserve those benefits for later since I knew I would have some more undergrad in

medical school, so I spent one year at Temple University, more or less part-time. And at that time, I knew it might be a little more difficult to get into Temple than some of the other universities and I decided I would try to enroll at Howard University, which I did, and in 1947, I began my studies at Howard University. I received credit for my studies at Oakwood College and also at Temple University. I spent 2 years at Howard University and graduated in 1949 cum laude. I was able to get in medical school right away.

RH: Did you apply to just Howard or did you apply to a few places?

MB: At the time, from what I recall, I applied at Howard. I may have applied at Temple also, but I think it was just Howard at the time. Actually, for undergrad in 1949, we had the president, Harry Truman, to give us the graduation address.

RH: Oh, really?

MB: Yes. After finishing medical school in 1953, you get your invitations for different hospitals as far as internship, and at that time, I was not sure where I was going to do a residency but I knew I wanted to do a rotating internship. And checking over the list, I noticed LA County Hospital, which was one of the largest hospitals in the country, and I felt like they would offer me the better internship, but before leaving Washington, right after graduation, I went over to Maryland to take the medical board exam and I got my license for Maryland. Then, as soon as I was accepted at LA County, I got reciprocity. You had to have your license in that state when you are an intern in order to practice

medicine. So, I had reciprocity for Maryland, therefore, I had a California license. I was there from 1953 to 1954 and still at that time, I did not know exactly what I was going to do after internship or where I was going to go to practice. I received a call . . . my internship would be over in June, but I received a call in April from a pharmacist in Wharton, Texas. I had not the slightest idea . . . well, in fact, I knew where Texas was . . . but I said, "Wharton, Texas? How in the world did this man/pharmacist get my name?" And on the phone, he said, "There was a doctor here who has an office, he is from Texas, and he had an office all set up and had a very good practice and he got killed in an automobile accident on New Year's Eve." And apparently he knew that I was in the class after this particular physician and that is where he got my name. So, I told him over the phone, "I don't know about that. I will have to think about it." One month later, the pharmacist showed up in person and we had a little discussion and he made it sound so inviting. And I was so broke and in debt that I said, maybe I need to do something like this.

So, when I finished my internship in 1954, I had my train ticket to go back to Pennsylvania where my parents were living and I said, it wouldn't hurt to stop through Houston and go to Wharton which was 50 miles from here. So, I rented a car and went to Wharton, went to this little office - the pharmacist was there - and there were about 10 patients around waiting there at the office. I could not believe it. One or two of them were more or less sticking out and there was also a nurse there, and this nurse had been there for the previous doctor. In fact, it was his sister. And I looked, and I just could not believe it. The pharmacist said, and I can understand why the pharmacist was anxious to have a doctor there, he said, "Well, you don't have any transportation, do you?" I said,

"No, I don't. I don't have any money." He said, "I will get you a car." I said to myself, I didn't tell him, no you won't. I am here in Texas. I don't know what is going to happen. So, he said, "Why don't you just go by the bank and you will be able to get a loan." And I thought about it. I went by the bank and sure enough, they were ready t loan me the money. Do you know, I bought that car, a 1954 brand new Oldsmobile, I cashed in my train ticket, I drove to Pennsylvania in that car and when I got to Pennsylvania at home, I said, "Now, you know I have to go back to Texas. I have this car!" So, I drove back to Texas and I started practicing in Wharton.

At that time, it was a practice in a rural area, as you know, in Wharton. They had two small hospitals there. But being African American, I was not allowed to practice in those hospitals, so I had to do my work out of the office. That included delivering babies. I had a little room there I used for labor. So, I would try to encourage the patients to come to the office for me to deliver them rather than deliver at home, although I did deliver quite a few at home. Fortunately, I had no problems and, on one or two cases, I did have to get the patient or rush the patient to the hospital, and everything worked out fine. There was also an x-ray machine in my office, so I was able to take x-rays and I took care of fractures and minor surgery and things of that nature.

After one year, I said, well, it is pretty difficult. It is not the best circumstance to have to practice without having a hospital available - not just to visit patients but to take care of patients. So, I had a Maryland license, I had a California license and I had a Texas license, and I decided to come to Houston because when I was in Wharton, I would travel back and forth to Houston and I had met a few colleagues here in Houston. To tell you the truth, when I got that car and was traveling one day on the highway

coming to Houston from Wharton, it was so hot - it was probably around this time of the year, July or August - and I said I don't know whether I can stay here in this hot climate or not. So, I talked to the dealer where I bought the car and he said, "We have put a few air-conditioners in cars like this." I said, "Well, if I am going to stay here, I will have to have that done." The car cost me $1,500, the air-conditioner cost me $600 to put in there. So, that is just like now, if you bought a car for $15,000, you would pay $6,000 to put the air-conditioner in. It was worth every penny.

So, after I was here, I decided I would go to the West Coast and I decided I would go to the East Coast to see how other physicians more or less in my category just starting off in practice or what have you, how they were doing. I found out that this was a very suitable place and the prospects looked pretty good, so I decided to come back here. California was beautiful, the climate was nice but in LA, I had a problem with the smog. My eyes used to burn all the time. And that was a major factor. It is not as bad now as it was then. So anyway, I was here in Houston in 1955.

I spent one year or two working out of the hospitals and working with different doctors, and working in clinics. At that time, when you worked in a clinic, you worked there for two or three hours maybe two or three times a week and we were not concerned about pay. We did not get paid because we knew if we had a practice later on, we would get potential patients from the clinic. I attempted to join the Harris County Medical Society because it was important then to belong to that society. There were only one or two other African Americans that belonged and I needed to get two or three references so I approached one and he said there would not be any problem. But then I decided I needed to get someone else out in the Medical Center. This doctor, who used to read the

x-rays at the Houston Negro Hospital where I practiced, he would read the x-rays after the x-ray technician would take the x-rays out to him, so I had a chance to talk to him on several occasions about the diagnosis or the x-rays or what have you. I felt like he would be a good physician to go and explain what I had to do to join the Medical Society. So, I asked him if I could come and talk with him. I went out to talk to this doctor, spent 10 or 15 minutes with him, explained my situation and asked if he would give me a reference or a recommendation. He said, "I am afraid, at this time, it is a little early yet. I don't know whether I can do that or not." Now, this was someone that I had talked to on numerous occasions and who was reading the x-rays, getting paid by Houston Negro Hospital for his work. So, as I left, I went out the office and in the Medical Center there, I saw this fellow who I thought may be a doctor, and I just thought to myself . . . "Are you a doctor?" He said, "Yes." I explained to him what happened. He said, "What? That is not right." He said, "Look, let me write this out for you." His name was Dr. Overstreet. I looked in the Harris County book. He is still here. He is retired now. Dr. John Overstreet. And I said, "Isn't that wonderful? Isn't that great?" So, he gave me a recommendation and I was able to join Harris County Medical Society.

RH: And that would have been in 1955?

MB: That was in, probably 1956. I opened up my office in 1956 . . . actually, in 1955, I was still searching around more or less. So, in 1956, I was able to fix up a place and lease out a place for an office. And, at that time, I think the Medical Forum was just beginning to form.

RH: The Houston Medical Forum?

MB: Yes, around that time. So, as I said when you came in, I am the only physician that was practicing then that is still around at this time because my brother and one or two who were older, they did not come until later on. They came probably in the early 1960s. After practicing about 10 years in the office, I was able to acquire the land next to my office, so I put up a building. I tried to get a few other physicians to join me. I was not trying to make a profit, I just wanted them to join me in putting up a nice structure and I was going to let them split whatever I put into the property itself. It just did not work that way so I had to go ahead and do it myself, so I put up the office. And I had a pharmacy in the building, I had a dentist in the building, a pediatrician, and then later on, some other physicians that would come in. So, I was fortunate in that I was able to put up this office building and practice out of that.

RH: Where was the building?

MB: The building was not too far from the University of Houston and also Riverside Hospital and also Texas Southern University. You know all about that area?

RH: Yes.

MB: I was right up the street, one-half block from Riverside. At that time, I was still delivering babies so it was very convenient for me to leave the practice or leave the office if I had to deliver a baby, if I had to go during the daytime. So, the practice did very well. My brother had his office not too far from me. He was a surgeon. And I have to say this: he was one of the best surgeons in the city, so I felt very comfortable referring patients to my brother. He had a partner named Dr. Gathe who was also excellent. So, at that time, things looked fairly well.

I got married in 1958, a couple of years after I opened up my practice there. I have two sons. At that time, there was not very much going on. I have to insert this: There were a few African American physicians then. There was a fellow who was a commentator, Caucasian, who was a news reporter, commentator on TV and for some reason, he came by my office and wanted to know if I knew anything about the bowling situation because bowling was a big recreational activity at the time. I don't know how he figured I knew something about it but I did because when I was in high school, I used to set pins in the bowling alley. When I was in the service, I set pins. So, anyway, I said, well, if you have a bowling alley -- this is extraneous -- if you have a bowling alley, you are going to have to have sponsors, you are going to have to have double leagues every night for that bowling alley to prosper or to function. Anyway, a fairly wealthy individual put up a bowling alley in the black community and then after that, I said, well, maybe we can get the physicians, give them some outlet, and I organized a bowling league. I will show you some of the trophies I have from Pan-Med League which meant physicians, dentists, pharmacists, lab technicians, those allied with the medical, and it worked out fine. And then I said to my wife, I said, "Why don't you get the auxiliary, the

wives?" So, that was a night that at least the husbands and wives were together. And they enjoyed it because it was a nice activity, a little exercise, but the competition and all that. So, that was something I really enjoyed.

Going back now, I would like to say there were one or two things that happened in my practice early that was very satisfying, too. When I moved from Wharton to open my practice in Houston, after I opened it, one day, I came to my office and in the waiting room, there was a lady there who I had seen in Wharton on a house call. This lady was 108 years old and she came all the way from Wharton to see me there in the office. And I told my nurse, "Isn't that something?" That was amazing. 108 years old. And another incident: I got a call from a Mexican family from Wharton, they called me long distance after I was here and said, "Doctor, will you come out to see my mother because she is ill." I said, "Well, they have two local hospitals there. It might be better to get a doctor from one of those hospitals." She said, "No, we want you to come here." I said, "Now, you know, that is 50 miles. It may cost you a little bit." I told her about $50. She said, "I don't care. I just want you to come." So, I made this 50 mile house call which took up most of the day and it was so pleasing to see the family, to see the ones that I practiced with when I was there in the country. So, when I got ready to leave, she said, "Doctor, I may not have the full amount." I said, "Whatever you have." She gave me, I think, probably half. So, the rest I got in produce, the proverbial chicken and eggs, I guess! So, that was a very satisfying experience in my early practice.

RH: Well, you know, we don't have a lot of doctors that we have been talking to that have that experience of making the house calls and getting paid with like the produce and the poultry and those sort of things.

MB: That is why I thought I would insert that, to let you know I actually experienced that.

RH: I like that.

MB: And you can't get that today, can you? The physicians cannot get that feeling, that good feeling. It makes a difference.

RH: Yes. I read a book where a country doctor . . . well, they were talking about making house calls and how much of a relationship you formed with the entire family, that you just cannot get when somebody is coming to your practice.

MB: That is right. Even though I made house calls there in Wharton in the country, after I came to Houston, remember, this was in the 1960s, I was still making house calls. And I would make an occasional house call in the city here in Houston but that did not last too long because that that is when things got a little rough as far as the criminal activities. If you had a bag or something like that, you had to be careful. You had to arrange for that party to meet you and what have you. But I was able to make a few house calls after I came out here in Houston because one lady said, "I just cannot move

and you have to come see me." I said, "I will be out to see you." As I said, that was the satisfying part of practicing, especially in early practice.

RH: Which hospitals did you practice at?

MB: I eventually got on the staff, at first it was Houston Negro which moved into Riverside General Hospital and I was the Chief of Staff when they moved into the new hospital. And then, I was on the staff at St. Elizabeth Hospital which was across town and I was also on the staff at St. Joseph Hospital. I was delivering babies until 1974 and then I decided, because there was an obstetrician in my office there with me, you know, so I was referring OB cases to him. And then, later on, as far as the legality and the legal system, even some obstetricians stopped delivering babies because of the implications. By that, I mean, you know, every baby that is not born healthy, you did something wrong, and you have heard about that. The legal system has done a whole lot to hurt the practice of medicine.

RH: Well, just so the kids know, what is the specialty that you practiced?

MB: My specialty . . . that is another thing. In 1976, I joined the American Academy of Family Practice and then in 1980, I took the boards, the American Academy of Family Practice boards, so I was board certified in 1980. I became a Fellow in 1981. I became a Fellow of the American Academy of Family Practice. My practice involved general medicine and, as I said, originally, I did obstetrical cases, I did minor surgery and also, I

did simple fractures. But as time went on, I limited my practice more or less to an office-type practice.

RH: So, you were kind of like a family physician?

MB: A family physician, yes. They called it general practice and then they came up with family practice. Now, I think it is called general practice. The name has changed a few times.

RH: But it is still essentially doing the same job?

MB: Yes.

RH: Well, we talked about your internship, that was at LA County and you were there for one year?

MB: I was there on a rotating internship for one year and I saw things that I have not seen since. It was a large hospital, LA County, and some of the disease entities are something that you would not see normally at any hospital but I managed to see them. I have not seen them since. So, it was a very good internship there.

RH: And by rotating internship, that means . . .

MB: Rotating means that you go over on surgery for 3 months, you go on obstetrics for 3 months, you go on medicine, then contagious diseases probably, in 4 divisions more or less. I spent 3 months on contagious diseases. At times, I would have to do at least 20 to 25 spinal taps on babies each morning and they knew I was there all the time, so they would always look for me. And the hard to that was the person who was holding the baby because the baby had to be very still and you had to use a small needle to get into the spine. So that was quite an experience.

RH: Yes, that would take a delicate hand. You have to be very careful with that. Well, you said a little bit about when you were 13 and you decided that you wanted to be a doctor.

MB: Yes, at 13, from what I recall now because really, as I look back, I say, what made me decide on that? All I know is that someone asked me that at that age and that is when I said, "I am going to be a doctor." It may have been my father. So, where I got the idea from, as I said . . . maybe it was divine intervention. My father was a theologian and so I had a spiritual environment, so maybe it was divine intervention. I am thankful that I did go that way.

RH: O.K., well, what were some of the things that you consciously did to help you to reach that goal? Like, what kind of classes did you take in high school?

MB: Well, as I said, since we were moving quite a bit, I actually went to 4, 5 different schools as far as middle school, elementary, junior high, and high school. Then, I went to 3 different colleges and I decided that when I went to Temple, I had one of the best instructors in a certain field. I think it was organic chemistry. So, I was fortunate. Even when I went my first year at Oakwood College, I had a brilliant person who just gave me that one subject. But I knew for premed now, I would have to get involved in more, you know, and that is when I went down to Howard University and I received my premed training at Howard University.

RH: And when you graduated, what did you end up having majored in, premed, at Howard?

MB: Well, when you say majored . . . you go to medical school and then you decide after your internship, if you are going to do a residency, then you may spend 3 or 4 or 5 years like my brother did as far as surgery. Since I was going into family practice, I just finished internship and got right into family practice since I had a rotating internship. Now, in order to have your qualifications for family practice, you have to take a residency more or less. At that time in 1954 or 1955, you did not have to have a family practice residency. You went right from your internship into family practice. But I did take the boards, the same boards that a family practice resident would take in 1980. That is when I became board certified, in 1980.

RH: What was your undergrad degree in?

MB: Well, I got my B.S. degree, bachelor of science, in undergrad. That was at Howard University.

RH: There was something I was going to ask you. The schools that you did go to - high schools, elementary schools, were they integrated or were they segregated?

MB: That is a very good question because when I left Baltimore, preschool, went to Ohio, we were near Cincinnati, Ohio, so those schools were integrated at that time. This was in the latter part of the 1930s. So, I was going to school that was integrated as far as middle school. And then, when we went to New Jersey, I was in junior high at Camden High in New Jersey and they were integrated at that time. So, my pre-college years were, more or less, in integrated schools.

RH: Did you kind of feel the different . . . like when you went to Howard, a predominantly African American university?

MB: Well, that has never made any difference to me, you know. For your information, I have been living in this condominium for the last 25 years and I am sure I have seen maybe about 5 or 6 blacks the whole time I have been in here, both of them. And before this one, I was in another one in Montrose, so to me, I do what is suitable for me or what I feel comfortable doing, and if Howard had a good program to offer me and I felt like that I could get into med school, as I said, without any difficulty by applying at Howard,

which I did, so it was not a matter of black or white. It has never been that way. If you want to really know something . . . I know you said you are going to edit some of this . . . my father was pretty dark and my mother was lighter than you, and when he was a minister, he had to drive . . . he had a car and this was back in the 1930s and 1940s. She had to sit in the back seat in order for him to drive to a church in the south somewhere. And he had to sit up front like he was chauffeuring her around. I could give you a whole lot of instances like that.

Do you want to know about my retirement?

RH: Yes.

MB: O.K., I can give you that now. I retired actually after 40 years. I started practicing in 1954 in Wharton. Then I retired in May of 1994. And after opening my practice in Houston, I had the same nurse, the head nurse with me the whole time. She was beautiful. She really performed well. She never missed a day hardly for illness, even when she had her baby, I think she came back to the office before the baby even went home! She was a dedicated soul. So, that makes a big difference when you have someone like that working with you.

RH: Did she retire about the same time you did then?

MB: She did, but I was able to get her a job with a drug treatment program. So, she took training in drug counseling through Riverside. They had a pretty good deal out there

at Riverside for a while. And so, she worked with them after she retired along with me. After retirement, I had a contract with Riverside that I spent working out of my office for another 4 years. Since that time, I have been able to go over to Ethiopia on a mission trip for medical reasons. There was an organization called Operation Reach Back which tries to help people who are down and out in special areas of the country, and I went over to Ethiopia for about 3 or 4 weeks. That was a nice experience. That was in 2001. One month after I came back, that is when 911 happened. Two years later in 2003, I went on another trip. A doctor from California wanted me to join them on . . . she had what they called a cervical Pap rotation. They were teaching the nurses over there how to do cervical Paps because the incidence of cervical cancer is way up there like it used to be over here, in those countries, third world countries. So, I went over there in 2003 and spent 3 or 4 weeks. So, that was a very pleasing experience. But again, one month after I came back, that is when the war in Iraq broke out. So, I am a little hesitant about going since then. It just happened to be coincidental, I am sure, but it was a very good experience.

I did a little work when Katrina came through a couple of years ago. And I keep my license active. I take my CME credits and I have active license so in case I need to practice because when I went to Ethiopia, I had to get a temporary license. When I went to Kenya, I had to have a temporary license. So, I do keep my license active.

RH: My sister just came back from Kenya. She was with a missionary group. She is a nurse.

MB: Your sister?

RH: My sister.

MB: That is great.

RH: And she said it was just wonderful.

MB: It is. Now, you see some things over there that really get to you, so you know about all of that. But it is so nice that you can be there and do something, a little something.

RH: Yes, well, she just talked about how grateful and how happy and how inspiring it was.

MB: That is great. That is good.

RH: Yes, she really enjoyed it. She thought it was a wonderful experience and I am glad she got to have it. Well, you talked about joining the Harris Medical Society . . .

MB: Well, I joined also to the . . . O.K., the Harris Medical Society, the Texas Medical Association, and then I belonged to the Houston Medical Forum, the Lone Star State Association. Then, at one time, I was with the American Medical Association. Then, I

belonged to the American Academy of Family Physicians I am saying this too fast, I know. American Academy of Family Practice, so there are quite a few organizations. I am still a lifetime member in most of those organizations. And the National Medical Association, I am Emeritus status. But with the Harris County and the Texas Medical Association, I have a lifetime membership, and also the Forum.

RH: What about the Lone Star?

MB: Lone Star still . . . it is like the Forum, I guess. They have not sent me any official mailing to that effect but I assume that I am a lifetime member there. Those organizations, I was a faithful dues paying member for 30 to 40 years and usually if you retire, after 30 years, you automatically become a lifetime member. Some of them send you official papers and others may not.

RH: Well, when did you join the Houston Medical Forum?

MB: When it originated and, as I said, you know, that is so far back, you probably have more information on that than I do. But I remember we used to . . . after hospital meetings, the doctors would get together, you know, and just have something unofficial, and I think that is at the time that the Forum originated. You don't have that information, do you? It is around 1955, 1956.

RH: Yes, it was like the late 1950s, I want to say, like, 1958.

MB: That is right. Exactly. So, I was here at the time so I joined, one of the original members. What do you call that? A charter member, I guess. I am the only charter member left, too.

RH: The next question that I have about the Houston Medical Forum still is why do you think it is still important to join the Houston Medical Forum when you can join other . . .

MB: It still plays a role because there are still some doors that may not be open as far as an African American physician and in other fields, and in order to open those doors, you usually have to have a body or an organization or belong to something that you can devise a plan to open a . . . and also, to help other members of the Society to improve their life and to seek education, so they have scholarship programs and things of that nature which is very good. I think it plays a big role.

RH: The next question is what are some of the major changes that you have witnessed in the practice of medicine since you have started?

MB: You may not want to ask me that question because the changes lately have not been too good, as far as I am concerned.

RH: Well, we would love to have your opinion on it.

MB: Yes, well, the HMOs, as you know, have been a big problem, and you hear this so often. I was able to join an HMO when it first started. In fact, I belong to Sanus which is no longer in existence, but it was one of the larger ones. And once you have a practice and you depend on . . . because I had people with the city who belonged to Sanus, I had people at some schools - HISD, I think used Sanus at the time . . . so if you have a practice and you have a major portion of your practice with a certain HMO, if that group, HISD or the city, decides to drop Sanus, that hurts your practice a little bit. So, really, it destabilizes a practice. Now, in that, you know, other things entered in the picture. If you have a patient and you say this is what I want this patient to get as far as medical wise, test wise, referral wise, and it does not happen, that is very disconcerting, it is very upsetting to not be able to perform like you really think you should perform. And if you have a patient who would like to see a physician, he has to wait. It may not be an emergency but waiting 3 and 4 months to see someone, it is almost ridiculous. Then, if you have a patient and you ask them, "Who is your doctor? What is his name?" "Uh. I don't know." And that is the primary care sometimes. They have to change the primary care physician. So, they don't even know who their doctor is. Now, you know, when you have a doctor/patient relationship, you want to know your doctor, talk to your doctor sometime. It happens but it doesn't happen that often. If you have a patient you want to send someone to see and they have to sit in the office 3 and 4 hours, 4 hours, that is pretty upsetting. So, those things have really put a little damper on my feeling about the way medicine is going now.

New technology is good and the other things that have happened . . . lifespan has gotten longer but basic diagnostic acumen, it seems to be lacking a little.

RH: So, you feel kind of like one of the trends is a pulling away - not quite so close of a doctor/patient relationship?

MB: Yes. It is almost impossible for a specialist to become all that familiar with certain patients. And then, if one is called in - like a radiologist - sometimes he is just called in to read a film or to do other things . . . now, I am not saying that it should be any close contact in those instances but if someone is going to operate on you, at least you ought to be able to see his face or say something. And another thing: If you are going to ask someone, if you are revealing someone or examining someone and you want to know what the scar is on your belly and they say, "Well, I was operated on." "What did they do?" "I don't know." "What did they" . . . "I don't know," which makes a big difference. And if you don't have a physician to explain it to them . . . now, don't get me wrong - sometimes the physician may try to explain it and it just doesn't sink in it, they just forget or they are not sure, but in some cases, it is not explained in depth like it should be, although things are a little better now . . . just like, papers are brought out for almost everything. "Do you understand this?" They write it down and whatever. But even so, signing certain papers sometimes, they still don't know what is happening. But you have to take time to do that. When I first started practicing, there was a physician in this town - he was a classmate of mine - he may be in his office until 11 o'clock at night and the reason why he was - because patients would say he would just sit down and he would just talk and talk and talk. Of course, we don't have that time anymore, but that is

the difference in the way medicine is now. I think you had better let me leave that alone now!

RH: O.K. Well, you know, the HMOs, Medicaid, Medicare, that is something that we wanted to make sure that we touched on so I am glad you said that. Well, how do you think that African American physicians have helped the black community of Houston?

MB: Well, as I said, you know, if you are dedicated to take care of those patients who come to you and the majority may be black although most physicians now are treating everybody - it may not be as much of a black . . . whatever, ethnic group that you are treating but I think all in all, if you remember your background and what have you, you are going to see what you can do or what is possible to help your culture, your background. So, you can play a role in that matter.

RH: We talked about segregation, integration, schools. I wanted to touch on a little bit more about some of your own personal experiences with discrimination. You were here when the Houston Medical Forum went ahead and formed the membership, and you were here then when like the sit-ins and things were starting. What was kind of your experience with that?

MB: When they had what? . . .

MB: Yes, well, that is true. I was located near Texas Southern, so they had a few instances. And then, I knew some of the instructors, the faculty members, so it was sort of an unsettled time. But yet, you would want to offer advice to those. You would have to be able to come up with, not the right answer all the time but, you know, you would have to be more level headed in what you would tell someone. In those situations, people sometimes in anger will think a certain way and you have to be able to calm things down to some degree. I think you can play a role in that matter.

RH: All right, the next question that I wanted to make sure we got to was, if you had a young person, young African American person saying, "I would like to go into medicine, "what kind of advice would you give them?

MB: I would tell them, first of all, you have to have a sincere desire to really practice medicine and to help your fellow man as far as health wise and other situations. Medicine is not a field you go into to make money. You go into it . . . you are going to make a good income. If you are really looking forward to making money, then if you are practicing medicine and you like medicine, then you get an investment counselor or someone and that is where you are going to make your money - on your investments, not on the actual practice of medicine because you will find out it will deter you from practicing medicine the way it is if you think you can make a certain amount of money or make all this money just practicing medicine. It just does not work that way. So, don't get too involved in the idea of making money just off of practicing medicine, although quite a few do. Not like attorneys but anyway . . . medicine is a good practice,

it is a good living, and it is a good field, and if you really have a sincere desire to do something for your fellow man, then you go into medicine. But don't go in there with just one idea - I am going to see how much money I can make. This almost comes out on these talk shows or on the game shows, when they ask the person, "What do you want to do?" or "What happens when you finish here?" And most of them now, they say they want to be an attorney. And they will tell you in a minute - "That is where the money is." Now, being an attorney, you should have a desire to be able to do things, to solve different problems, right? Not the sole aim is to see how much money I can make. But that is the way it goes.

RH: O.K. We have been asking people about the disease, sickle cell anemia, and kind of talking a little bit about other diseases that affect predominantly the African American population.

MB: Well, I am glad you brought that up because some of these diseases . . . now, sickle cell is one that there is a trait or hereditary factor, strong factor, and certain diseases of that nature, but when you say that high blood pressure, diabetes, prostate cancer, other cancers, is more of a black problem, that is not necessarily true. The problem arises when you are in a situation where you cannot afford your medicine and therefore, if you do not take your medicine, your pressure is going to be up. It is a socioeconomic problem and what is happening now -- the drug companies will latch onto this and say, well, this works better in the black race than it does in the other race. I have been to meetings . . . and I remember when I first started practicing, the psychiatrist

gave a lecture and they ran a study on thousands of black Detroit auto workers and thousands of Mississippi white sharecroppers, and they did a study on the incidence of high blood pressure, and this was over a period of time. Now, this was early in my practice, so I got this information early. They found out that the incidence of high blood pressure was higher in the Mississippi white sharecroppers than it was in the Detroit workers because if you do not know where your next meal is coming, if you have to buy fatback or whatever to eat, all of those things are going to affect your pressure. You know yourself, right now, the Japanese are beginning to have a higher incidence of heart disease or whatever, because they have changed their diet more to an American diet instead of the fish and rice than they have been eating. So, when you say a racial situation - don't get me wrong - sickle cell is a race . . . Mediterranean illnesses are some race problems but when you say cancer in this person sometimes it is not found as early because they do not have the resources to discover them or to cure them, to get an early cure. So, I think that plays a role more than a black and white situation.

RH: Well, there was one thing that kind of popped in my head when you were talking about the cervical Pap, when you went to Kenya and they were trying to train how to give that, that the incidence of cervical cancer has gone up - do they know why that is or do they have any ideas why that would be . . . why that is going up over in third world countries?

MB: It is not going up, it is the fact that . . . well, you know, cervical cancer now has been on TV and the media recently . . . HPV is the main factor in cervical cancer. So,

since the incidence of AIDS is much higher over there than other diseases . . . I did not say it was going up, I am saying that the cure rate is not what it should be because they do not do the Pap smears. And we are only trying to get them to learn how to do Pap smears so they can get an early cure rate. The obstetricians are doing colposcopies or showing the doctors how to do that so they can get a cure rate early.

RH: O.K. I think I have touched on most of the things that I wanted to talk about. You said you were Chief of Staff at Riverside. When was that?

MB: That was when they moved out actually from the old building, from the old Cullen Building to the new building. I was the Chief of Staff the first year they were in that new complex there. And I let them know at the time that it is not the building, it is the person who works in the building that helps medicine or to improve the health of the person, not the building. If a nurse is there and if someone wants a glass of water and the person says, "I would like to have me a glass of water," and they are laying in bed, they cannot do anything about it, they have to ask . . . the nurse says, "I will be right back," and she comes back 2 hours later, that is not too good, is it?

RH: No, it isn't. That is not a good thing. We have been kind of asking about one of the major . . . well, the Bakke case. Are you familiar with the Bakke case at all?

MB: Well, diversity in the enrollments and what have you, to me, I still think a person who is qualified and performs at a certain level . . . in their upper class levels, they should

be considered no matter what race. I think it is good to have people of different races admitted because unfortunately, they may not have had the background that they should have and it wasn't their fault and yet, the only way they can get into some of these schools is if they were admitted with lesser qualifications. It is a situation that is hard to determine what to do, to tell you the truth. And yet, you feel like the person who is performing well, who does well, they should be allowed to enter a university of choice if they meet all the requisites for entering that university. Do you understand what I am saying or trying to say?

RH: I believe I do, yes. Well, I think I have gone through everything. Was there anything you wanted to add?

MB: When I saw. . . , to tell you the truth, I tried to insert as much as I could or say as much as I could.

RH: Yes, and I appreciate that.

MB: And I did not want to give you an overabundance of information or what have you.

RH: Yes, well, I don't think you can ever have too much information, to be honest with you, and I appreciate how much you gave us. It is good. Well, thank you very much.

MB: You are quite welcome.