

An Doctor Crosses the Border

An Interview with

Victor Manuel Rivera Olmos, M.D.

Dr. Victor Manuel Rivera Olmos was interviewed on November 9, 2004 in the conference room of the Maxine Mesinger Multiple Sclerosis Clinic, 6501 Fannin St., Suite NB 100, Houston, Texas 77030.

The original tape has been deposited with the Public History Department, University of Houston and the interview has been transcribed into narrative form.

Done at Houston, Texas November 28, 2004.

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Preface

The test of a man is not how well he plays the role he has invented for himself, but how well he plays the role that destiny assigned him.

Jan Patočka
Czech Philosopher
(1907-1977)

I was born of the U.S.-Mexican border with family on both sides, El Paso and Juarez. Later, I spent some 20 years practicing immigration law in Houston during a period that included its halcyon days of the "oil boom." From these two experiences, I am intimately aware of the challenges and obstacles of immigration into the United States, not only the legal impediments, but also the emotional convolutions of abrupt cultural changes. It is not an exaggeration to say, that to an immigrant virtually everything can be different from telephone service to table manners, so it is not unusual for him/her to feel isolated, lonely, and confused. Language is a paramount challenge , especially since American English is replete with idiom, slang, jargon, argot, and colloquialisms that are expressed not only by oral expression but also by accent, intonation, gesture, and facial expressions. Thus the first thing many arriving immigrants see as they pass the doors into American is a brick wall. How they pass that wall usually sets the tempo for life on the other side of it.

I interviewed of Dr. Victor M. Rivera, an immigrant from Mexico, based on three reasons: first, to reiterate the priceless contributions many immigrants make to this country and, secondly, to show how self-discovery and pursuit of a dream are symbiotic endeavors that may necessitate crossing frontiers and borders, political and metaphorical. I have known Dr. Rivera for some 30 years – admittedly too long and too well to conduct

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an objective interview. I knew him first as my physician and later as my friend, and still later, as my *compadre*. There are many shared experiences; conversations on politics and Mexican history; a variety of sciences; singing romantic Mexican ballads in bars, restaurants, and assorted living rooms; and, moments seared into memory by tragedy and joy.

If the fates wanted to be subtle in guiding Dr. Rivera's sojourn from a village in Jalisco, Mexico to the position of Medical Director, Maxin Mesinger Multiple Sclerosis Clinic, Medical Center in Houston, Texas, they failed. It seems, as this interview will show, that whenever he was about to take his own well-considered path, some circumstance arose that nudged him to the right path, and he played well the "role that destiny assigned him."

My third motive for interviewing Dr. Rivera is for the best reason of all - I wanted to introduce you to my friend, my *compadre*.

Ernesto Valdes

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Interview with Dr. Victor M. Rivera Olmos, Interview 1

Date of Interview: November 09, 2004

Interviewer: Ernesto Valdes

Transcriber: Ernesto Valdes

Begin Tape 1, Side A

EV This is Ernesto Valdes. I am interviewing Dr. Victor M. Rivera on Nov. 9, 2004 in the conference room of the Maxine Mesinger MS Clinic in the Texas Medical Center, Houston, Texas. Dr. Rivera would you please give me your full name:

VR Victor Manuel Rivera Olmos- like the Hollywood guy, Olmos.

EV Where you born?

RV I was born in Guadalajara, Jalisco, Mexico.

EV Please tell me a little bit about your family, your siblings.

VR Yes. My father was a physician and my mother married my father in I guess 1940 while my father was still in medical school which was something unusual for those days in Guadalajara. I was born before my father got his MD degree. Then they moved to a town in the southern portion of the state, close to the Pacific..

EV You were the first born in the family?

VR I was the first one, my two sisters came later, so I have two sisters that are younger. This particular town, used to be, but its not any longer, one of the most important sugar cane plants in the country, so there was a big factory there at that time. Lots of work and my father became the physician of the doctor of the clinic for syndicate for the union sugar can laborers. And also one of the doctors of the town – there were 2 or 3 doctors in the town.

EV That was in Jalisco?

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VR Yes, Tamasula.

EV That was a suburb of Jalisco?

VR It's a town in the southern portion of the state. It's almost like going towards the ocean, to the coast. It's very tropical.

EV Is that where you went to school?

VR I went to elementary school there.

EV How do you spell the town's name.

VR T-a-m-a-z-u-l-a. Tamazula.

EV Are your sisters also professionals?

VR My youngest sister has a PhD in biology and she teaches at the National University in Mexico. And the one that follows after me, she retired from a government job, she was bureaucrat in Mexico City. She had kind of an executive secretarial post for many, many years until she retired.

EV Where did you finish your secondary school?

VR There was no secondary in Tamazula so I had to go to Guadalajara to live in a boarding house to live to finish my junior high and secondary school in Guadalajara.

EV I assume you went to college right after high school?

VR Well, you know in Mexico the system is different – because my time in primary or elementary school was six years. And then at that time there was three years of secondary education and then two years of preparatory school. That makes five more years to the eleventh grade so when I was an eleventh grader I moved to Mexico City. My family moved to Mexico City from Tamazula.

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EV Did you go to the National University?

VR I went to the National University.

EV Did you know you were going to be a doctor at that time?

VR Yeah, yeah because you know, I had the influence of my father and I had the influence of my mother's sister who was a neurophysiologist.

EV When you were at the National University was that like a pre-med training?

VR Well, there again, the system is different. In Mexico, I'm sure they've changed, but at that time they had five years of medical school. First two years were basic sciences: anatomy, physiology, biochemistry, that type of thing. The third year you started to see patients and have contact with them during the third, fourth fifth. So I guess, what is done here in the States as pre-med is the first two years in Mexico. Three years medical school but after you work through pre-med. There at that time the system was five years of medical school (the first two equal premed).

EV What's the next step after that?

VR After that was a one-year internship before graduation. We called it pre-graduate internship in a hospital in Mexico City. And after that, six months of social services in a little town in Mexico, in the country you write your thesis. With all those requirements: finishing five years of medical school, one year internship, six months social services and the thesis, then you could apply to take your examinations for MD.

EV What was the name of the town you went to?

VR Tonalá. T-0-N-A-LA/ Jalisco.

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EV And what was that, sugar cane?

VR No, no. That was actually very close to Guadalajara, on the outskirts of Guadalajara and close to the city. That area is very famous for pottery and that kind of industry. At Tonala they make figures, artifacts. Their factories are actually the houses, the homes of the people who live in the town. That was the system when I did my social services.

EV What did you do your thesis on?

VR It was on the condition that affected children with asphyxia at birth: cerebral palsy. That was a big problem at that time in the provinces in Mexico there were no adequate obstetrical facilities at that time. So I got to see many kids that were born with brain damage due to lack of proper attention during delivery.

EV You said that was a kind of cerebral palsy type.

VR Cerebral palsy, that's what it's called.

EV So when you were going up, your heroes were your father and your aunt, right?

VR Yes.

EV What made you decide to come to the United States?

VR Well actually, it was not in my plans. During my internship before my medical degree, that one year, at that time in Mexico there was a lot of unrest among the students - that was in 1964. You may recall that in 1968, the government shot a number of students that were protesting and so forth- well, there were three or four years of very, very prominent unrest in the country, not just students but campesinos, people in the railroad, almost like a revolution. That was the beginning of the social changes in Mexico; really, because the PRI was in



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charge and the people were kind of looking for a real democratic system that didn't exist. It appearance it was, but it did not exist in reality.

My internship took place in a social security hospital for government employees. One day during my internship were told by our supervisors- we were about close to 100 interns- we were told by our supervisors that all the doctors in the hospital, the surgeons, the pediatricians, and the general medicine doctors, etc. and all the residents who were already graduated and working as resident in the hospital, would get a Christmas bonus, called an *aguinaldo*, and even though we got a small salary, we didn't have any rights as any other laborer in the country to get an aguinaldo. So a minimal issue became a huge social struggle.

EV How do you spell that?

VR A-G-U-I-N-A-L-D-0, Aguinaldo. That's a Christmas bonus that is very very common in Mexico. You receive around Christmas sometimes twice or three times what you get in a month - across the board, that happened to every salaried worker in Mexico except this group of interns. They said, "but you guys are students," "Yeah, but we are also contributing to...we have every other night on call and we eat whatever they give us here, etc. We wear uniforms, we sleep in terrible quarters." "No, no, but you won't get an aguinaldo." So that made a few of us kind of upset, you know, because it was kind of unjust. So we decided to strike. That means that 8 to 10 of us went to the auditorium and said, "We won't move until the Director of the hospital comes and talks to us because this isn't



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fair." Well, that didn't happen, but what happened was that the rest of interns joined us in the auditorium.

EV They all joined you? Even the ones were finished?

VR Yeah. But then the residents (physicians already graduated) that received the aguinaldo also joined us in the auditorium and we stayed there two days, three days and the nurses would bring us food from the cafeteria. And that was a strike...it was the first medical strike in the history of Mexico.

Then the authorities said, "You're going to be in big trouble if you don't quit doing this." So we decided to make the situation public and some of us started talking to the press, radio stations, and myself, I went to different hospitals in Mexico City and to other - I had a car - so I went to other towns in the country. I went as far as Guadalajara, you know from Mexico City stopping in different cities and talking the residents and interns to join us.

I also wrote the lyrics of the *corridor** of the "Medical Movement" and I sang it at every hospital I visited accompanied by my guitar to encourage them to join the strike. So, it became a national strike that lasted about a week. .

(Laughter)

Of course in that day and time, the doctors, the specialist, the instructors that taught us had to come to the hospital and cover the on-call duties, emergency room, obstetrics, so it was a big mess. So finally what they did was to give us better quarters to live, new uniforms, they gave us a little bit of increase in our

* It is an old custom that Mexicans compose songs called *corridos* to commemorate a special person or event.



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salary and we were "artificially satisfied." So the strike was over, but what happened is that. ..then I went to do my social services, six months in Tonalá and worked my thesis during that time then came back to Mexico City to the National University to present take my MD examination. I passed my examination, got my medical degree and the next day started looking for places, for hospitals seeking to continue my training, my residency. It took me about three months to find out, because everybody was rejecting my application and I didn't understand why, I had good grades, etc. and good letters of recommendation, including one from my father (laughter), by that time my father was already Director of the National Medical Services of the Sugar Cane Laborers. So, ah, finally, I was told I was on the black list of the government.

EV Because you worked with the strike?

VR Yeah and it was the same government that shot the students three years later.

EV Was that. . .

VR Echeverría. And so I looked at my future in Mexico and there was no future, without physician training, otherwise I would go into a remote village and practice general medicine, but that was not my plan....

E V Excuse me for interrupting...were you black listed by...would the black list continue into any administration after that or just person for that president?

VR No, no. Just for that presidential period. Then the following president pardoned everybody but by that time I was here in the states. But it was a general pardon.

EV OK.



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VR Initially, I didn't plan to come to the United States, what happened is that just to see what happened, I took the tests that were given by the American Medical Association for international students, international doctors who desired to continue their training here in the United States at that time. It used to be called the ECFMG, Educational Council for Foreign Medical Graduates. And so my friends who had spent sometime here in the states they really were very eager to do their training here, I had never been to the states at all, anywhere, so I took the test with them, you know, just to see how I would do, you know, just for fun, and I passed it! ...and many of my friends did not. (Laughter). So I had that certificate and I thought, "Well, that's nice." But I didn't realize how much that certificate would mean because with that certificate then I could apply to any hospital that had an opening in the United States and it happened that all the hospitals had openings because of the VietNam War.

EV Oh, so all the doctors were in VietNam?

VR All the hospitals needed interns. So I applied to 2 or 3 and at that time there was no e-mail but I got a telegram from each of them accepting me.

EV Do you remember which ones they were?

VR Yeah, there was one here in Houston, Methodist Hospital. But what I remember when I checked to see if Methodist had a neurology training program they didn't have it at that time. So I wasn't interested I wanted to continue, if possible, a training in neurology. Then it was Cleveland, Western Reserve, I believe, they also accepted me and the last one was in Connecticut in a Yale University



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affiliated hospital. And I went for that one not because of the name, but because they paid me more (Laughter).

EV Did you know anything about what Connecticut was before you realized it was pretty cold up there?

VR I knew it was New England and I knew there was snow but that's all I knew. And my English, I never studied English, I never spoke English before, I never thought English would be my second language. But I knew some notions, some phrases, you know, but not enough to even understand a conference. The reason I passed that test was because I was able to read well, but that's it.

EV So, you went to Mexico City to New England?

VR To New England, Connecticut, from Mexico City. And uh, that's the story. I kept telling the travel agency in Mexico City to give me the three tickets. I told him I wanted to spend a couple of days in New York, and a couple of days in Boston, since I was going to be in that area. So they arranged my travel from Mexico City to New York, spent two days in New York then New York to Boston, 2 days in Boston, and the third part of the flight was suppose to be from Boston to Manchester, but Manchester, Connecticut. The taxi driver that was taking me to the airport in Boston saw that I had a guitar with me.

EV You took your guitar with you?

VR Yes, I took my guitar with me. He asked me, "Are you a musician?" and I said, "No, I'm a doctor." And he said, "Why do you have a guitar?" I said, "I play the guitar," He said, "Where are you going?" And I said, "I'm going to Manchester." "Manchester, New Hampshire?" I said, "No, Manchester, Connecticut." And he



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said, "There is no airport in Manchester, Connecticut." (Laughter) And I said, "Well, my ticket says I'm going to Manchester." "Well, that's wrong, there, that's wrong, there is no airport in Manchester."

So he parked his car in front of the counter, came with me inside to the airport with me to show my ticket to the people there and sure thing, the ticket was for Manchester, New Hampshire.

I was really very nervous because my English was limited. So I said, "Now what." He said, "I can take you to the bus station or the train take a train to Hartford, then in Hartford, then take a taxi to Manchester." I said, "Naaah. How much you charge me to take me to Manchester, Connecticut?" "He said, "You're kidding. From Boston to Manchester, Connecticut?" I said, "Yes." And he said, "How about \$75?" That was in 1965. I looked into my wallet and I had \$80 and I said, "Ok." (Laughter)

EV So you got there with five bucks in your pocket?

VR I think so, but everybody in the hospital was very nervous because I had sent a telegram, we had sent telegrams back and forth, so I sent a telegram from Mexico City to the hospital telling that I was planning to arrive at such and such date arriving at the airport at that time and they could send somebody to pick me up or I could take a taxi to the hospital. When they probably said, "Where is this guy is going to? What airport I was talking about?" They thought probably it was Hartford or Boston. So when I arrived in taxi to the Massachusetts with license plate to the hospital they were very impressed. "Did you take a taxi from



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Boston." (acting in an exaggerated "cool" off-handed manner) "Of course." So, the rumor was that I was a very rich Mexican intern...(Laughter)...

EV ...that could afford a taxi ride from Boston.

VR They were very nice. They gave me immediately, a nice apartment across the street the street from the hospital, they gave me some cash money to get groceries and the auxiliary ladies made sure I was OK, they were concerned about me.

EV How long did you stay at that hospital?

VR One year.

EV How did you manage without English?

VR Well, at that time the role of the intern was mostly manual, actually. They had me basically to draw blood in the morning, because they didn't have technicians and that was the role, the job.

EV RNwork,

VR Part of it. I started IV's every morning. So, the nurses thought it was very funny that I would come at 7:00 in the morning and see all the poles with IV's. And I called it "the jungle of IV's." So I spent most of the morning doing that. Then at noon there was always lunch with a conference. But then after 6 weeks, two months, after being there and just hearing English, that finally one day without even trying I understood the whole conference and I said, OK, I'm going to be all right now.

EV It just came to you like that?

VR Well it came gradually, but after the conference I realized I had understood everything.



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EV That would have been in 6 months?

VR No, 6 to 8 weeks.

EV Really. You've told me many times you had to pronounce a death.

VR Yes, that happened in that hospital. My first night I was there, they had given me cash to buy some milk and things like that. "Now, let me tell you, you are on call tonight." And I said, "OK, where I going to sleep?" They said, "You stay in your apartment, it's across the street." It was summer time so it was OK. And uh, that night I was very nervous, you know, I was watching the phone constantly, "I hope it doesn't ring," but it rang some time in the course of the night and it was the intensive care unit.

The nurse said, "Dr. Rivera," and I had a little book where I could read phrases, to utilize, (pantomiming turning pages) "Yes, mam, may I help you?" "You have to come over to the ICU and to take a look at Mr. Smith." So, I went to the ICU and they took me to see Mr. Smith. The nurse explained, "You know, Mr. Smith has been sick for quite a while and finally today he stopped breathing, there is no heartbeat, no blood pressure. I looked at the patient and he was really...dead...and I said, "What do you want me to do?" "You need to pronounce him." "Are you serious." "Yes, you need to pronounce him," she repeated. And I didn't understand what she meant by that (the act of "pronouncing" a death by a physician is a common concept in the Spanish language). So I said.aloud, (in a heavy Mexican accent) "Meeester Smeeth".

EV (Laughing) No you didn't! Meester Smeeth!



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VR It got worse because the nurse realized, "This is this guy's first night on call and he doesn't speak English." She was trying not to laugh and she said, "No, no. You write on the chart, this it's the time, the date, the hour, and you write here you found the patient, called by the nurse, and had no vital signs and that's it. That's what 'pronouncing' the patient means." I said, "OK." Then she said, "Now you need to call the wife." "I have trouble talking to people on the phone." "No, it's hospital policy, you have to do that. Don't worry we will be here with you." So I called the wife and of course she was at home, it was 2:00 in the morning. "Mrs. Smeeth, this is Dr. Rivera calling you from the hospital." "Oh, you're calling me about my husband." "Yes." "Oh, I know, I know, he's gone." "No, no, no, he didn't go anywhere, he's just dead." *(Laughter)

EV So she caught on to that, right away.

VR Yeah.

EV So after New England where did you go.

VR I went to Wayne State University in Detroit, Michigan.

EV So as I understand it you were doing neurology?

VR Well, the first year was rotating internship, I saw everything. I was very good for delivering babies because my Mexican experience so they enjoyed rotation in obstetrics because I was a great assistance to the specialists.

EV Had you delivered a lot of babies in Mexico during your...

VR Oh yeah. Lots.

* The phrase word "he is gone" in Spanish is "*se fue*" and it is not used to refer to someone who had died.



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(End of Tape 1, Side A)

(Side B)

EV How long did you stay at Wayne State?

VR I was there from 1967 to 1969, August 69. The experience there was phenomenal because there was the riots and there was a lot of civil unrest in the country particularly in areas like Chicago and Detroit, there was more pronounced so I really believe that the experience of the fires, the burning of the houses, the snipers was like a war and in spite of the fact of being a neurology resident at that time in view of these circumstances, I had to stay in the Detroit General Hospital during one week straight taking care of wounded people.

EV Was it like a trauma center?

VR Yeah, like a trauma center, day and night. It was terrible. But that was the only unusual experience in Detroit otherwise it was a very smooth training process until June, July when it was announced that the chief of the service that he and two chosen by him were moving to Houston to develop a neurology department at Baylor College of Medicine, Methodist Hospital. So, it was a shock in the news in Detroit because the chief was a very prominent neurologist and very important in the university medical school. And he called me once to his office and told me that he wanted me to come with him to Houston. I was one of the many residents on call there, we were 12. He had vision; he knew I would be a good addition to his team here in Texas because I was bilingual. So he had a broad vision at that



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time. I was a senior resident; I was finishing my third year. So we all, the whole team from Wayne came to Baylor in September '69.

EV How many of you all came?

VR Well, Dr. Meyer, one of his associate professors, the administrator of the department at Wayne and 3 or 4 Japanese researchers and myself.

EV When you say that he had vision, that he was a visionary enough to see that he was going to need a bilingual, was Methodist at that time lacking in bilinguals at that time?

VR Probably, probably, but also he knew that Houston was becoming an international referral place and also the fact that such a large Latin American, Mexican American community in Texas, of course at that time, it was maybe much, much smaller than now, less significant at that time than now, but he was a visionary, he didn't ask anybody else. This guy is going to be helpful to develop the department.

EV Had you thought about going back to Mexico at any time?

VR I was ready to go back. We came in September, I supposed to finish my residency altogether in June 1970, yeah. So what happened is that he told me, "Well, you finish your residency and then you go back to Mexico." By that time the amnesty had taken place so I could go back to work in Mexico with my old teachers and friends. But then something happened again and the doctor he had hired as a faculty had to be the Chief of Ben Taub Hospital, Neurology Services at Ben Taub, quit all of a sudden. The whole department started working in September 69 so I think by March or April 1970, this doctor all of a sudden said,



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"This is not for me, I prefer to go...I want to go into private practice." So he left academics but he quit from day to the other.

So that left that Ben Taub service without a coordinator or a chief. So my chairman told me, "I have no choice but to put you in charge of Ben Taub Hospital." And I said, "But I haven't finished my residency." "Well, you're finishing your residency right now (Laughing) you are called Instructor of Neurology and you'll be taking care of Ben Taub." It's crucial to have a neurologist there or a neurology department.

EV Let me ask you, when you say 'an instructor' and you became head of the department of neurology at Ben Taub...

VR I would be there as the Chief of Neurology at Ben Taub, and actually I was kind of cheating a little bit. Since I was not totally fully finished with my training. We only had about I believe 2 or 3 residents; they had just joined our new service and residents for internal medicine, residents from neuro-surgery rotated in our service. But we took care of neurological emergencies like strokes, epilepsy, thing like that and the new clinics for the indigent were developed like the general neurology clinic, the epilepsy clinic, stroke clinic and so forth, as out patient services. So when the other doctor left, and they send me to do that, I have come up with ideas how to make that function. I had to attend meetings of the executive committee and I had no idea about anything. That's the first time I heard the Roberts...uh, how is it called...rules...uh rules.?

EV Roberts Rule of Order?



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VR Yeah, first time in my life I went to a meeting which the Roberts Rules of Order were employed- in Mexico they don't use that system (Laughter)...

EV Depends on who has the loudest voice.

VR But it was a fascinating experience...you know I was sitting there with guys twice my age, prominent academically in every respect. However, they looked at me with affection and they protected me, I learned many things in those days.

EV Were you also an instructor?

VR Instructor, well that's the next step after you finish academic medicine, the next step after you finish your residency.

EV I see, I see. That doesn't really mean you're going to be a teacher, does it?

VR No, unless you stay in academics. Then you spend a year, two years as instructor and then you graduate to the next step which is assistant professor.

EV Then how long did you stay at Ben Taub?

VR Well, I stayed there as Chief until 1975 but all this time I was also working as well at Methodist Hospital, contributing to the practice of my associate and teacher.

EV What was his name?

VR John Stirling Meyer.

EV Was he the one that came down from Detroit?

YR. Yeah, yeah, he is still around. He became 80 years old, he is still a full professor of neurology at Baylor.



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EV When you were at Baylor, were there any interesting cases that you had there, not that I want to delve into them, were there some earth-shaking cases that would have been television drama.

VR Well, I can remember, I don't know if this is politically correct to tell that story. Its still difficult...the late 60's and 70's and they brought a patient, an Afro-American, with a big afro, bigger than mine,

EV That's right you had an afro back then.

VR He had chains around his neck, very African outfit. He obviously had meningitis because he was very sick, you know, stiff neck, fever, kind of confused and really, really sick. So one of the residents did a spinal tap and the next day when I was making rounds with residents and students he presented the case to the group and to me and he said, "So I did a spinal tap." And I asked, "What did the spinal tap show?" And he said, "320 white cells." White cells in the spinal fluid are typical of inflammation in the brain - spinal fluid, typical of meningitis and when the resident said "white cells" that guy jumped up, "What do you mean, man, I don't have any white cells in my body!"

(Laughter)

EV When did you go into private practice? What made you decide to go into private practice.

VR There was a significant change in the administration of the department. So I joined a group initially in a place that used to be called the Plaza de Oro, by the Astrodome. I was there for 3 years and then I opened my own office in the Medical Center. And Methodist Hospital gave me a new office in one of the new



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buildings, Scurlock Tower, which was completed in 1980 so in the meantime I had an office in another building here, the Medical Towers waiting for Methodist to finish that office building and then when it was finished I moved over there.

EV How long did you stay there?

VR 1980 to 1993, fifteen years, strictly private practice, supporting myself but still doing some considerable teaching and clinical research.

EV Where were you teaching?

VR The medical students, mostly international Latin American visitors. At one time I had medical students who came to be with me for a month, two months, 6 months, or even longer and many would come from Scotland, Germany, I remember that, one from Russia. The majority were from Latin America, mainly Mexico. Venezuela had a beautiful fellowship program, they paid, the government paid, for young physicians to go anywhere they could get a position as observers and so I had 3 or 4 doctors from Venezuela that come to learn from me for awhile. So I had all that area of teaching as well and continued doing clinical research, gradually getting more and more into multiple sclerosis moving from general neurology to MS.

EV Do you want to take a break? You're Ok? How did you get the itch to get into MS research?

VR My teacher, Dr. Meyer, was a very prominent stroke expert, internationally renowned and he had a funny way to encourage people. One day, we were making rounds just arriving from Michigan, he told me, "You know, you're going to be helping me in developing the teaching program but you should thinking in



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going in something you can do something about it like I have in stroke. Why don't you start looking into MS?" And the Mexican having studied medicine in Mexico did not know that much about MS in Latin America, thought this was a fascinating disease even though there were effective therapies at that time. There was not that much knowledge about the disease either, so I started reading and communicating with experts. I gradually started to get an idea about the new possibilities of treatment, management, particularly European ideas and that's how the whole thing started.

EV Were the Europeans the forerunners in research in MS?

VR At that time, yes.

EV Why is that?

VR Well, MS typically is a European disease, was considered a European disease and Europeans traditionally, at least at that time, they were more aggressive in treatments because they did not have the constrictions that American research had including FDA mandates. American medicine for new therapies was a little bit behind, not now maybe, but at that time there was a big gap.

EV I understand. So way back then you were zeroing in on MS? You also do some work in the Valley one time, I just want to touch on that for a little bit, when you did that research for those children being born with....

VR Yeah, that was a, I don't recall how I got involved with that but somebody told me that in the Valley that...oh, one of my students, one of my students was from that area, told me there was a bunch of children in that area that were called the "Mallory Kids." M-A-L-L-0-R-Y Kids. That Mallory factory produced some



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sort of batteries for cars, there was a plant in the Valley. I'm not sure which side they were on.

EV Name of the batteries were Mallory, the name of the company?

VR Yes. So, it was almost like an epidemic because women that worked in the plant and got pregnant during the time they were working in the plant or that got pregnant shortly after they left the plant, many had these children with very unusual features.

EV Could you describe them?

VR Yeah, mental retardation, seizures, a polydactylia, that means extra fingers or extra toes, and very peculiar face, you could...almost like in the case of mongoloid children, you can recognize them due to their facial characteristics, you could see how they looked like (gesturing in oval pattern of facial outline) there were no mongoloid features, it was a different kind of facial appearance- very narrow face and the head was ovoid.

EV Was this something found by you in terms of this type of facial structure coming out?

VR I think so, we were never able, I didn't have the means to otherwise to prove any relationship with anything that was going on in the plant, any toxic material. But I put together, I examined- I don't remember how many children, close to 100 kids...

EV This was on your own?

VR Yeah, one of my students helped me and Cristina was doing the minimal evaluation, quickly, the ? mental and things like that, and when I sent the paper



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for consideration for presentation, a platform presentation in one of the meetings of the American Academy of Neurology, it was accepted so it raised the interest but I never knew exactly what happened. Afterward, I knew there was a big class uh...that took over, that took place...

EV Class action?

VR Class action! Yes.

EV Law suit?

VR Yeah, but I never found out what exactly happened.

EV When you said your thing was accepted, you were never able to proceed any further.

VR No. I presented the paper, I gave presented the presentation to the American Academy of Neurology but afterwards a, prominent epidemiologist from the Academy encourage me to find out more but I didn't have the means to do it. I did have a contact, I think it was a social worker with the Human Health Resources, or something like that from the Valley area, and she was excellent, I mean, she was a real militant. She went over the usual duties that she's supposed to...trying to find out about a little more about that. ..

EV Above and beyond the call of duty?

VR OK.

EV Did you keep those records from there?

VR I hope I do. They are somewhere.

EV They weren't tossed or anything?

VR No



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EV Do you remember the name of that woman in the Valley.

VR Should be in the file too.

.EV OK

VR I hope I still have those.

EV Yeah, that would be very interesting. So what happened? Didn't that company go broke, or they left.

VR Yeah, by the time I examined the kids, the company no longer existed.

EV Was that a maquiladora?

VE I think so.

EV I'm want to get into the MS but I want to cover a couple more things, if **you will just cover for me real quickly the uh...you've gone a couple of times when Mexico has had some national disasters, you've volunteered to go with Dr. Jorge Guerrero, no?

VR Guerrero, yeah. The first one was the Guadalajara explosion in 1997.

EV Caused by the gasoline flowing down through the lines?

VR Yeah, and that was the first time. That was a call from the General Consulate of Mexico at that time. That called me and Guerrero and Dr. Marcos Calderon. In less than 24 hours we organized a campaign to get medicines and somebody got us a plane, and we flew with the Fire Marshall Chief at that time.

EV Eddie Corral?

VR Eddie Corral. He took two of his experts, I was very impressed, he took two of his experts in explosions with him.

EV I don't remember him going down there.



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VR Yeah. He was in full regalia.

EV Did you go down anytime during the earthquake or anything?

VR No, no.

EV What was the other thing?

VR No, the others were basically assisting administratively in floods, hurricanes, all natural disasters by getting hospitals to to donate. Uh...Guerrero continued to do that personally. But, afterward, I didn't do that personally myself, I did the assistance at different levels.

EV When was the first germination of the seed for the clinic? Hey, I have this chance for a clinic?

VR Actually, I always had the idea to have an MS center, in fact, when I returned to Baylor full time, as a faculty member was in 1993 and I was promoted rapidly to full professor. When I returned to Baylor, the idea was for me to organize the whole MS services provided by the medical school and Methodist Hospital. So at that time I registered the Baylor International MS Center so it became the first truly MS center in Texas. I guess, there were no other MS centers. The BIMSC was functioning from my office at Scurlock and it had the concept of center without walls. I had all the contacts and mechanisms to effectively obtain multidisciplinary examinations from all over the medical center for my patients..

EV Let me see if I understand what you are saying, you're saying you could dovetail into other medical disciplines as needed and they were all going to be part of your services?



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VR Yeah, but it was not under one roof, and that was acceptable because gradually, MS had become a disease that required not only a multi-disciplinary approach but also, hopefully, "one-stop" shop like we have here at the MMMSC, but at that time there were very few places in the world that could offer that. So the Baylor International MS Center was affiliated rapidly to the consortium of MS centers and was required by the National MS Society as they realized that a MS center without walls but that were developing all over the country.

Our center was inaugurated with a reception in 1996. I came back full-time to Baylor '94 and the center was inaugurated in 96. I received a letter from the founder of the National MS Society, Sylvia Lawury, from New York, beautiful lady she was in her late 80's, founded the MS Society in 1946. And she was wonderful to me, I mean she was almost like...she really inspired me to start the Latin American movement for MS.

At that time, Maxine Mesinger was already my patient and she had this idea to go public with her disease. So she came to the reception and so for a long time. During the late '90's, I was thinking it would be great to have a clinic or a center with a one-stop shop concept to offer many services within one place in order for the patient to reduce discomfort and to have all the services in a compact place. I did think that probably one day I might get a scholarship or a chair or professorship or something to honor the name of Maxine Mesinger. It was not until she died and then two years later that people started thinking it would be a good idea to honor her by developing a clinic.



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(End of Tape 1, Side 2/ Start Tape 2, Side A)

EV Which disciplines do you have? Psychology...?

VR Psychology, social services (social worker), physical medicine, and rehabilitation through consultation from TIRR, The Institute of Rehabilitation and Research. Urology...our partitioner nurse that performs "well-woman examinations,"- pap smears, gynecological examinations. Women with MS have severe physical disabilities and unfortunately they don't receive the routine examinations and care that any other woman has because they don't have the transportation or they don't have.... the gynecologist for instance, the physicians...they are not prepared to take care of these type examinations on the handicapped woman..

EV So women with MS have very special needs?

VR Yes, whereas here we have a specially designed chair that can be converted into a GYN examining table for a woman with severe spasticity of her legs or being wheelchair bound. So we have that so obviously if you send a patient with MS who is paralyzed who had prosthesis in the legs to a regular gynecologist he would be able to do anything.

EV Are you doing research or just. ..or as you treat the patients is this on-going research?

VR We do basic research. There are a number of different but important molecular studies. We have a molecular level scientist. The laboratories are located in the 3rd floor here in this building, not in the clinic. We are also doing clinical research. For instance, I just finished a study on MS in Mexican and Mexican Americans or Americans of Mexican origin that's going to be published. We



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have about 10 different clinical trials, that are testing, experimenting new treatments, new approaches to the disease.

EV Well, does ethnicity have...or is there a variation based on ethnicity?

VR Yes, it does, very definitely.

EV So African American women, Caucasian women, Mexican American women have different ...

VR Well, I would say that prevalence, the frequency of the disease is prevalent, more frequent among Caucasian...and in the United States and Europe the prevalence, the ratio between men to women is 2 to 1 – 2 women to one man. But now we are seeing a tremendous surge, an increase of MS among Latino, not only in Latin America, those Latinos in the United States, and children, Latino children. And the ration is 4 to 1 for Latino women, instead of 2 to 1, 4 to 1. And uh..

EV There are four times as many Latinas as there are Caucasian women, in comparison to a man?

VR Two Caucasian women, one man; four Latino women, one Latino man.

EV OK, I see. You are using one man as the standard?

VR Yeah.

EV Is there any idea why that happens?

VR Apparently it has something to do with the tissue type...its genetics, all of us have a tissue type in the same way all of us have a blood type, but a tissue type can be similar or identical for different groups of people. For instance, if you say I want something that's called HLA type and no population in South Texas, chances are all of them have the same HLA type.



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Because there are northern Europeans, Swedish, Scandinavians, and Anglo-Saxons share an HLA type – that is the one that favors the development of MS. Now how the HLA type got to Latinos is a fascinating situation because most likely it came from European groups, then the genes moving to America and involving the Native Americans in mestizaje and mulataje (Afro-Spanish hybridity).

EV OK, so that was going to be my next question, when you speak of Hispanic women are you speaking of mestizas as opposed to Spaniards?

VR The Latin American racial group, you know, is a very complex thing. It has some that are almost Caucasian and but the vast majority of them are mestizo which is a combination of European and Native American.

EV So the 4 women to one guy, when you are talking about that statistic, most of those are mestizas?

VR. Yeah.

EV Is there any way...you not looking for a cure, I take it, whatever cure there is, I suspect, is genetic alteration or modification?

VR Yeah, yeah. What we have done so far which I think can be of significance is the fact that we have made the international audience aware that MS is no longer an exclusive disease of Caucasians and there is no question the prevalence is going up all over Latin America and the United States. Second, there is a set of characteristics different from the other population with MS, therefore there is a good possibility. We are not ready to do that but we will through the research being done here in the clinic, in the center we'll be able to identify which genetic



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groups respond better to certain treatments for MS than the others and that's a very interesting good reality possibility.

When you see the explanation of how the uh...the mestizo is a new racial group, developed within five hundred years in comparison to Scandinavians and Anglos and Latins and Africans and Asians, you know they have been there for 4,000 to 5,000 years as a group, but the mestizos, Latin Americans, we are a young presentation in the world and the same applies for the mulattos.

EV You are not looking for a cure at this point, you are just looking for a treatment to make life a little bit easier, right?

VR Yeah, we have two choices, both are combined: one, is to modify the course of disease, for that we have treatments that do, four medications, five medications, six medications approved by the FDA that modify the course of the disease. So chances are that a patient that is diagnosed rapidly and if you start treatment early will not progress to be in a wheelchair or to be disabled as used to happen in the past. We have medicines that help with the symptoms that improve with the patient's quality of life. And eventually...it isn't going to happen soon. It's going to be...one way would be to immunize, to use a vaccine or something like that to help prevent the patient from having the disease but we are talking about many years.

EV It that theoretically possible?

VR It has been tried, here in our center, to produce a vaccine but, to immunize a patient even though she already has the disease, is being done right now but the testing, but the results right now have not been very rewarding.



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EV Do you a copy of your CV?

VR I'm going to give you a brief one-page summary of social activities.

EV Well, I guess that's it, thank you very much. Is there anything you might like to add to this?

VR No, no, that's it.

END OF INTERVIEW



