

**Interviewee: Bacon, Robert****Interview: April 3, 2007**

**UNIVERSITY OF HOUSTON ORAL HISTORY OF HOUSTON PROJECT  
AND  
THE AFRICAN AMERICAN PHYSICIANS OF THE 20<sup>TH</sup> CENTURY HOUSTON  
PROJECT**

**Interview with: Dr. Robert Bacon****Interviewed by: Kathleen A. Brosnan****Date: April 3, 2007****Transcribed by: Suzanne Mascola**

KAB: This is the continuation of the oral history of Dr. Robert Bacon taken on April 3 at his home in Houston, Texas. Dr. Bacon, we were talking about a variety of things last week and I wanted to ask you about when you set up your practice here, you were a specialist in urology. As a specialist in a field like that, were you able to stay busy just doing urology or did you take care of general practice patients, too?

RB: No. When I first came here, in attempting to just restrict my practice to urology, I think, as I recall, the first month, I saw about 7 or 8 urology patients and for a while, I was really doing general practice, trying to make ends meet. And as I tell people, for the first year, year and a half that I was here, the only reason I survived was because of my wife teaching school. And this is where I really learned the subtleties and the impact that segregation had upon people because this is when I found out how imbued this community was with just some degree of inferiority about black physicians. There was thought among many people there was no such thing as a black specialist. I had a patient tell me to my face that she didn't believe that blacks could specialize. And then, there was some resentment against some of my fellow physicians, however, I think some of the resentment may have been due to, as one of them told me, the brash attitude that I had. I

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did not conform to the standards of that day, I guess, and, as a result, a number of the physicians refused to refer patients to me. However, there was one instance that was really amusing to me. One physician who stoutly refused to send patients to me was sending the patients to Dr. O'Heroon. And as fast as they showed up at Dr. O'Heroon's office, his nurse would reroute them to my office. And, of course, we never said anything about it. It was some years later before he even became aware of this factor and I don't recall whether he made any remarks about it or not but it was at least 5 or 6 years later that he became aware of this.

But the turnabout in medicine started about 1955, 1956, when the younger physicians coming in were all in the specialties. I think one of the first to come in was Louis Robey in surgery and Edna Brooks in medicine. Both were qualified. Edna was qualified to be a specialist in internal medicine with a subspecialty in cardiology and, of course, Louis was well qualified in general surgery as he later proved when he passed his boards and became a fellow of the American College of Surgeons. And then, you might say, all of a sudden, it looked like a torrent happened. Just about all the doctors coming here came here with specialties. One or two came in out of family practice. Jimmy Pendleton who was about the third or maybe the fourth black graduate from University of Texas opened his office here for family practice. And he was an excellent . . . I think he is still living, too . . . Jimmy was an excellent physician. At that time, the younger group or the younger Trojans consisted of John H. Wells, general practice; Oye Floyd, general practice; Carl Carol, general practice; myself and then later, Edna Brooks. We were the young turks, I guess. And then, of course, as I said, later others started coming. Eddie Jones in internal medicine. Clemmie Johnson left to complete her qualifications as a

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specialist in obstetrics. Charles Johnson and I had returned, having completed 4 years of residency and doing surgery. John Madison, who had been here in family practice, John, you might say, entered the Baylor program through the back door. He wasn't taken directly as a Baylor resident but what they did, they took him on the staff at the VA Hospital which had the contract with Baylor. So, John did a residency in internal medicine through the VA. This is also the system that was used by Levy Perry and his wife and I believe Jones may have done the same thing. And, of course, later on, Baylor officially opened its doors for residents in the various specialties.

KAB: Dr. Bacon, before you said that the patients had some questions about black physicians being specialists. Were they African American patients?

RB: Oh, yes. The patients that questions the qualities of the physicians, these were all - I am referring entirely to the black community. As I told you, I had more than one person to tell me there was no such thing as a black specialist. And there were a couple of black physicians who out and out refused to use black specialists for their practice because I remember when Louis Robey came here, Robey was an extremely fine surgeon - he had been taught by the master, Matthew Walker at Meharry. And yet, I knew there were several doctors who still would refer their surgical patients to white physicians rather than to Louis Robey. And then, there was another one that did refer patients to Robey. Louis was lucky if he collected a penny from some of them because as one of the doctors pointed out, he was just helping Robey get enough cases to take his board. Louis already had the cases for his board. And then, there was another physician; he only

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called Louis when he had complications. This is one of the general practitioners who practiced some type of surgery that was always questionable and, of course, he had a lot of complications. And when he would call Louis, it was always a complicated case. And Louis had to sit him down and let him know that his services were not pro bono as this doctor had tried to do. The guy tried to do the same thing with me but he and I had quite a set-to on one occasion and I think we almost came to blows because I told him that I was not going to see one of his patients. It came to the point where when patients came into my office, before we even asked the patient's name, the first thing we would tell them - what my fee would be.

KAB: You mentioned when you said the black patients had these hesitations, something about maybe a sense of inferiority?

RB: Yes, what I said about there was a sense of inferiority, I think I once before I said I think a lot of this came through the HISD because as I had mentioned once before, to me, this was one corrupt organization and this is not based on hearsay. This is some of my actual experiences - the things that people were doing to be hired by HISD. Example 1 was a lady that took 6 years to get a bachelor's degree and the family that she worked for out in River Oaks where she finished, they had sent her down and she got a job teaching. And the thing about it, she was one of those ladies who had extremely poor English. You know, the old "do" and "flow" and "fo" rather than door and floor. And I doubt if she could add 2+2. But that woman became a teacher. And I can tell you, as far

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as I am concerned, when my son went to that school, I made it plain to the principal that she was not to be one of his teacher.

I had a young lady working for me who applied for a position and, of course, she was told that there was a trip to San Antonio involved, that if she cared to go along, then she might get the job. Well, I visited the gentleman and informed him that if she did go, I was going to tell his wife. Incidentally, it was some years later before she finally got the job because she did take the exam.

A friend of mine that I had known back in my early days in high school who had gone to Waukegan High School in Waukegan, Illinois, he had a bachelor's and a master's degree from West Virginia State. He and his girlfriend came here to teach at Texas Southern one summer . . .

KAB: You were talking about Texas Southern.

RB: Oh, yes. This young man and his girlfriend were teaching that summer at Texas Southern but they made, by his own admission, more than \$5,000 because they were taking the examinations for the jobs at the school district for other people. How they did it, I don't know.

I recall expressly one gentleman and his wife from one of our smaller outlying towns. He was a principal up in this town and his wife was a teacher there. And when they came down and applied for a job, they hired my friends to take the exams and they paid them \$1,500 apiece to take the exams which they took and readily passed. And they not only took the exams for those people, they took the exams for several others. So that

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again, we had people being hired who were incompetent. Also, as I had mentioned previously, the textbooks that some of the black kids had were worn out and outdated and some of the program weren't worth a hoot because I recall, my younger son was ready for high school . . . no, my oldest son was ready for high school, the new Jack Yates had opened and I visited that school and when I came home, I told my wife there is no way Bob was going to go to that school because I will be quite blunt here - there were too many instructors in that school that I personally knew and I knew damned well they weren't qualified to teach a cat how to go to the cat box. So, that is why Bobby ended up going to Lake Forest Academy. And Kenneth, of course, later on went to Evanston Township High School. But getting a job here with the HISD, you could pay if you knew the right people or if you were a young lady and you had the time to go to San Antonio or Dallas or some place, you got a job. And as a result, we had people hired who had obligations elsewhere who were being micromanaged and they fit a description. Also, I was told by a good friend of mine who was one of the more independent people in the system that when blacks applied, blacks who had gone through privately endowed schools were put on a lower level. They were purposely hired. Those are the people who had gone preferably to Texas public schools or state supported institutions elsewhere. They were afraid that those blacks who had gone to the private schools were a little too independent in their thinking. Now, this was told to me directly by one of the few blacks who did hold a position of some authority in the system and he ran down the list to show me what it was all about. And he pointed out where these people are going to school, what happened in their interviews, who had spoken for them and how they had impressed

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the people that interviewed them. So that this is what I learned, that the black population in Houston was well controlled via the school district.

KAB: And in part because African Americans in Houston did not have a good educational experience, they questioned that the doctors would have had a good educational experience.

RB: That's right.

KAB: We started talking in the past . . . you mentioned there were certain black hospitals that you worked at when you first came to Houston. What were those hospitals?

RB: When I first arrived here, hospital privileges were limited. There was the old Houston Negro Hospital which I think at that time was at about 45, maybe 50 beds, and St. Elizabeth Hospital which opened in 1947, I think they had about 50 or 60 beds. St. Elizabeth's later expanded to I think about . . . I think they expanded almost 100 beds. And, of course, on one occasion, at a meeting, I distinctly remember the meeting was held at the home of Dr. J.D. Bowles and at that time, there was a heated discussion about our dissatisfaction with the Houston Negro Hospital and after some discussion, I was appointed chairman of the committee to do something about Houston Negro Hospital. And I think on that committee, I had a very important personnel - Mrs. Fannie Robinson - who was head of the \_\_\_\_\_ and was a powerhouse out at old Antioch Baptist Church

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along with Reverend Boone who was a pastor there. Also, Ann Robinson who was a prominent entrepreneur in Houston. Dr. Minor, Dr. Lymon, and Dr. Thelma Patton. I can't remember who else was on this committee. But we had a meeting with the chairman of the board of directors for the hospital, a gentleman that I am sure met all the eligibilities for the White Citizens Council. And we pointed out that the first thing we needed to do was to find a qualified hospital administrator. And by his attitude, it seemed to me that he felt there was no such animal present. But within about 6 weeks, we presented him with the names of 6 individuals, all black, who were well qualified. All of them have master's degrees in hospital administration. And after a series of interviews, we selected Jim Robinson from California. Jim had a master's degree in hospital administration. He had worked for several years at Los Angeles County and had spent a couple of years with the American University Hospital in Beirut, Lebanon. And I could always remember when we selected him, Mrs. Robinson said, yes, we should select him because his name was Robinson and he had the family face of a Robinson; that is, he had the face of a true gentleman.

KAB: Could black patients be admitted to other hospitals?

RB: Now, black patients were admitted to the hospitals. Memorial Hospital was downtown and the space for the blacks was over the laundry and boiler rooms and there was no air-conditioning in their section. And boy, when you passed by there, you could see these people hanging out the windows. I don't think they admitted any blacks to Methodist. One black was admitted out there for DeBakey. I have forgotten who it was.



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It was one of our so-called prominent blacks. But Methodist did not admit blacks. I am not too sure about St. Luke's. There were some blacks admitted to Memorial Hospital. As I said, Memorial Hospital out in the Medical Center, they were admitted there. And I think there were some admitted to St. Joseph's, too. However, I was told at one time that there was some opposition to blacks being admitted to the obstetrical ward at St. Joseph's but I could never confirm, so I don't put that down as a true fact.

Anyway, our committee, after we selected Jim Robinson, Jim came in and started getting things organized and we went about step by step planning for a new hospital. Well, one of the problems that we encountered was the fact that the money that we needed from the Hill Burton, a certain amount had been allocated already for this area and according to the guidelines, Houston had met its quota for hospitals. However, thanks to the late Mack Hanna, we found a way to step around that, shall we say point of obstruction, and after some wheeling and dealing, we managed to get the money to build the Riverside Hospital. And when that hospital opened, it was really state-of-the-art and it was something that we and the Medical Forum were quite proud of because we had all pushed and pushed and pushed to get that hospital. And with its opening, it really brought in a new outlet for the black physicians as well as patients. And one of the most significant things that happened there was the arrival of Lectoy Johnson, the board certified anesthesiologist and along with him came Hilton Wilson. Hilton had had two years of training in internal medicine and a full year of training in anesthesiology. The nurse that was there at the hospital, she was given the benefit of her training which markedly helped her to markedly improve the range of her activities as well. And I will tell you this: in about a couple of months after those people arrived and got settled in,

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surgery at the Riverside Hospital really took off. Surgery was going really 6, almost 7 days a week because we had two Jewish orthopedists who at one time wanted to know if they could operate on Sundays and Lectoy told them, "Heck yes." So, on a couple of occasions, I believe that the operating rooms at Riverside Hospital were going on Sundays. The hospital stayed full and then we had a problem that I never could understand. Now, Lectoy, what he wanted to do was up to that time, his bill was being submitted as part of the hospital bill but Lectoy wanted to do as anesthesiologists were doing at other hospitals - submit his bill separately. And for some reason, administration there didn't want to do it. Now, Lectoy had made quite a reputation here and he was well known down at St. Joseph's because sometimes when we operated down there, Leck would go down and give anesthesia. Well, we had a series of meetings with the administration there at Riverside and they still didn't see to Lectoy's simple demands. So, Lectoy left. And when he left, surgery almost went to pot. You didn't see any more gastric resections, bypass surgery, you didn't see much in the way of urological surgery. Very few cesarean sections were done. But the biggest thing that was being done was maybe some circumcisions or umbilical hernias and tonsillectomies because all the guys that would go into real big time surgery followed Lectoy down to St. Joseph's. And in due course in time, as I think I reiterated before, Lectoy became Chief of Anesthesiology at St. Joseph's. And other members of the Medical Forum also succeeded down there. Cecil Harold became Chief of Surgery. John Lawson was head of the Family Practice section. I think Higgins was head of the pediatric section and Levy Perry and some of the others had positions and on the executive committee at the hospital, 5 members of the Houston Medical Forum were on that committee, something that had not been heard of

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before. And everyone was quite complimentary over the performance and the capabilities of the black physicians who were practicing there at that hospital. And I think this is what actually led not to the demise of Riverside but Riverside was never again the type of hospital that it had turned out to be. I think now, it is mostly for rehabilitation and occasionally what I call some medicine goes on there.

St. Elizabeth's Hospital eventually closed for lack of support, I guess because for a while, they had competition from Lockwood Hospital which was a proprietary hospital. Lockwood closed down because of poor management and to be honest about it, I think Lockwood shut down because of just plain greed and too many personality conflicts. But I am not too sure of the exact cause for the closing of St. Elizabeth's. I think that their support had dwindled because, you see, what happens to most of us, especially to the blacks who were qualified: When we started going to St. Joseph's and then later to Memorial and then later to Methodist and St. Luke's, we then had the added help of the resident staff. Now, your paperwork was reduced because your residents could do a lot of the writing for you. Secondly, it reduced the number of night calls because you asked the one on duty. That was another thing I think that happened at Riverside. At one time, there was a young man we wanted to hire to be the house physician to cover the hospital just at night but, again, the administration refused to do it. And I do believe had we hired that young man, who was very capable and had we kept Lectoy there, Riverside Hospital would probably be one of the busiest hospitals in this city. But those two factors closed it out because personally, there at St. Joseph's, I had a resident who would do histories and physicals for me, he assisted me with my surgery, he would follow my patients up post-op and write post-op notes and the number of night calls was reduced to almost zero

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because a lot of those little things would go on at night - he could take care of them. So, as a result, I found I could come home at night and get a full night's sleep. And for that reason and no other, I started doing most of my surgery at St. Joseph's Hospital and this is what happened to many of the other black physicians.

KAB: I think you told me the last time we met that most of the hospitals started opening up for the black physicians, giving privileges, in the late 1960s?

RB: I don't remember the exact year but I think it was in the late 1960s, you know, when all the civil rights stuff started here, that the hospitals started opening up. And that had to be in the 1960s. I think it was probably in the late 1960s because I know by the 1970s, we were all on the staff. And when we first started, the first hospital that accepted us was St. Joseph's. And at first it appeared we were accepted with open arms. Then, we ran into some subtleties of segregation because a few years later when some of the black physicians started admitting white patients, I think it created a little situation there that took a while for people to get used to. But now, I think the . . .

As I had mentioned previously, I think one of the most significant social changes that I have seen here in Houston has been the number of whites that black physicians are treating. Just this morning, I went to the office of a black orthopedic surgeon and I just sat there and counted. There were 15 people sitting in the waiting room. There were 4 blacks, 4 Hispanics, and the other 7 were white. And this is typical. I know a couple of our black physicians, I think most of their patients are white. And, of course, the other thing is we are no longer in that compact community. You will find black physicians

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scattered all over the county now from Baytown and Bay City all up here to Houston and Pearland and all around. I don't know the exact number but someone once said that in the general Harris County metropolitan area, there are about 150 or 200 black physicians. I don't really know the count but I do know that when I look through the Harris County Pictorial Roster, I can find a black physician's face on practically every other page or so. So, I imagine there are that number here. And I am quite proud of them because they are doing quite well. They have mastered the various specialties. And, I don't know - maybe in medicine, we don't like to use competitive but if there is an air of competitiveness, I will tell you this: they are more than holding their own.

To go back to some of the past incidents with the Forum, as I pointed out, what too many of us didn't realize was that during that period of time when all of the black physicians, with two or three exceptions, were general practitioners, most of them were doing postgraduate work, as I pointed out how Dr. Patton and Dr. Clemmie Johnson would spend their time in New York doing postgraduate work in obstetrics. Dr. Bowie would spend a couple of weeks up at Harvard every year. Dr. Bowles and several other physicians would go out to Baylor, taken postgraduate courses and, of course, as I told you, Dr. Minor read his Grey's Anatomy religiously. I'll bet you Walter Minor could almost quote Grey's Anatomy. I think that is what I wrote Walter for. For a guy who had only done one or two year's training, he was a pretty good surgeon because he understood anatomy. I don't know if he did much in the way of physiology but he read his anatomy religiously. And, of course, the doctors made the house calls at that time and that was something that soon became eliminated because the incidence of criminal intent, I think, discouraged that. Also, we used to have a little tag to go on our license plates that

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showed you were a doctor. We quit using that because that was an invitation for somebody to break into your car. So, medicine has changed but I would like to tell you that the Houston Medical Forum physicians have been right there with the change and are in the forefront of many activities. And as I explained to you about the work of Eddie Banfield and Joe Gath, the work they did with the aortic aneurysm and also with this child that was regurgitating. Catherine Lord who was a pioneer in pediatrics followed by Higgins and then, I think . . . oh, I forgot. There is another gentleman that came along. But these were all excellent pediatricians. They were very active out at Texas Children's Hospital. I think the last hospital to really start taking black physicians probably was Methodist or St. Luke's, but I notice now that at both hospitals, especially Methodist because I have been a patient there, the number of blacks that are on the staff. Also, the number of blacks that are on the staff at the VA. The number of blacks who are part of the Kelsey-Seybold group. And others who are independent.

An example I see, young Dr. Epps. Epps' father is one of the first blacks to become board certified in orthopedic surgery and his son is here and he is board certified in orthopedic surgery. And young Epps is here and he is board certified in pediatric orthopedics. Dr. Hume, his father was one of the earlier board certified orthopedists and Hume is here as well. So that we have some of the guys who are following in their father's footsteps. Then, there is young Joseph Gathe, Jr., who now is know world-wide for his work with HIV and AIDS. I was in Seoul, Korea years ago for a meeting and I had been invited to meet some guys from Ghana and Liberia who were quite enthusiastic in speaking of this Dr. Gathe or GA-THAY as they called him because they had met him at a worldwide conference on AIDS and HIV. So, he has made quite a reputation for

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himself. Then, I see that we have a rheumatic disease center being set up here by a young black physician, Dr. Pegrum, who is quite well-known now for his work with rheumatic disease, especially rheumatic arthritis. So, that the physicians have done quite well and from the time of Gertrude Jane until about her great-grandfather, from him to now, the guys have held their own, they have stayed the course and they are delivering the good in an exceptional way. I think we have every reason to be extremely proud of what they have done or what they are doing and the manner in which they are going about it.

KAB: Let me ask you just a few follow-up questions that we will use in pulling our exhibit together. In your field of urology, what would you say are the biggest changes - what are some big changes you have seen in the field of urology in the last . . .

RB: In my field of urology as with the whole surgical field, a lot of cases that we used to use surgery on are now being treated either with radiation or with medication, chemotherapy. But medical treatment is taking over a lot of what used to be surgical treatment and the thing about this . . . I can remember, it has been at least 10, maybe 15 years ago when Russell Scott, the former head of Urology at Baylor came by to visit. And at that time, at a meeting of the Houston Urological Society, Russell pointed out at that time that the surgical intervention was declining in many areas and medical law or management was taking its place. And also, of course, the robotic type of instruments that urologists had been using all along are now being used to a great degree. But the big thing is that there is less demand for surgery and more use of medical management of many cases.

KAB: I understand why but the students might now. Why is it preferable to have a medical treatment over a surgical treatment?

RB: A medical treatment over a surgical treatment, for one big reason, is the risk. I will put it to you like this: When we were discussing the patient signing a release for surgery, one doctor said the first thing he would tell his patient is, "Look, you can die." Then he would go from there. And all the complications. He said once he told that, he didn't have to do a lot of explanations. But yes, the fatality or mortality rate for medicine is probably much lower than for surgery and also, in many instances, it requires less time in the hospital and it seems in some instances, I think, the patients are back to their normal activities quicker and in some instances, they don't even have to stop. One example now - the medical management of enlargement of the prostate gland - you don't have to go in the hospital. You simply, you might say, "take that magical pill," and in 7 or 8 days, you could expect some relief of the obstruction. So, they are looking at no hospital time, no loss of time from work, no cutting, no pain. So, that is one of the perfect examples.

KAB: In the field of medicine more generally, just medical practice generally, we talked about two changes, one being since the 1950s, in particular, an increase in specialization among all physicians, and the second being managed care. Are there other big changes in medicine generally that we should be aware of?



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RB: The biggest change in medicine as I think I said before . . . we, the physicians, we don't control the practice of medicine like we used to. Insurance companies are calling the shots. And in some instances, even the hospitals are calling the shots. We missed out chance back when we started all this debate about Medicare. And now, the insurance companies have decided what you can do, when you can do it, and what they will pay, how long you can keep a patient in the hospital. Hospitals are following up on it. So that we are not number one like we used to be. We are still fighting it but I don't think, at this time, we are that far ahead if we are ahead at all. But that, I think, is the biggest change and also these set fees. As I told someone a while back, a friend of mine was telling me that in order to maintain the standards that he had, say, oh, 8, 10 years ago where he would see one patient, now, he has to see 3 or 4 people to maintain that same standard of income and living that he had at that time because the payments that some of these companies are making are extremely low and then, the paperwork that the physicians have to go through is, I'd say, at best, is excruciating. That is a very loose term to use but really, the paperwork that the doctors have nowadays is really sometimes just extreme as to what they have to do.

KAB: What was the impact of the Houston Medical Center which has its origins in the late 1940s?

RB: The Medical Center here in Houston. First of all, it is world renowned because like everything in Texas, it is the biggest one in the world. It is the largest medical center in the world. But then, a few years ago, we set a record. The Harris County Hospital

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District Hospital, Ben Taub, delivered more babies than any hospital in the world that is under one roof. There was a hospital I think in Malaysia someplace that delivered more babies but that hospital was divided into two sections. But Ben Taub was under one roof and babies literally were dropping out of the sky over there at one time. And Ben Taub, of course, is part of the Medical Center. But the Medical Center is also one of the foundations for the economy of Houston. I don't know the figures now but at one time, there were 60,000 people employed full- or part-time at the Medical Center and I think something like 100,000, 120,000 people a day were being seen there as patients. So, you can see the economic impact that that had on us because I think that when we consider the economy of Houston, you have to consider the Medical Center and if you go out there now, it is still expanding. I think that Center has been expanding ever since I have been here. I think there has been some construction going on out there for the past 50 years, because now, new buildings are going up, other buildings are being added to. M.D. Anderson, my God, I don't know how much space they have. But I think by the year 2015, the amount of floor space in the Medical Center would have doubled over what they had in the year 2000. And the thing about it - it is filling up. I have forgotten how many doctors are already here in Texas but my Lord, there are thousands of doctors here in Houston and I think all of them are busy. But the Medical Center has been very productive. We heard about the Cooleys and the DeBakeys. But there has been other work being done out there in the neurosciences and in pediatrics and in orthopedics. There has been a lot of research being done there. I think if you see the budgets for University of Texas and for Baylor, you see that both schools receive millions of dollars

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each year because of their research which I think is an indication of the quality of work that they are performing there.

KAB: One last question. You have been a resident of Houston for more than 50 years. What are the couple of big changes you have seen in Houston in the last 50 years?

RB: Well, the changes I have seen, and I have mentioned one already and that is as far as the practice of medicine is concerned, that black physicians no longer have just black patients to the movement of black physicians into staff positions at the various hospitals where we find black physicians becoming chairmen of various departments. I think that has been significant. Housing. I think now, you find that we are no longer confined to third ward and fifth ward and Acres Home. I think we have moved all around. You find us out in Pearland and Missouri City and Sugar Land and all other places. And I think even a few out in River Oaks as well. And I believe there are some out in Meyerland. So that the housing pattern has broken down some. But, at the same time, here in this area here, you might say we are building a little River Oaks, to some extent. Across the bayou here, there are several homes being built that are in that high price range so that I think the economics has been the big improvement and the educational system has definitely improved. I think certainly much of the corruption that I used to see at HISD, I hear or see practically none of it now. For the last 10 or 12 years or maybe a little bit longer, the HISD has been evolving into, I think, a more effective system.

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RB: I think in the area of education now, there is always this complaint about how people graduate from Texas Southern University but nobody ever goes to explain one of the reasons why and that is because that is an open university. That school has to accept anybody with a high school diploma or a GED. There are no really standards for admission. So, if you go there, they accept you. But the number of blacks that are graduating, I think, if we look . . . I think that nobody has taken the time to note the number of blacks who are actually completing college. I think one of the most significant stats that I heard some years ago . . . I was visiting Prairie View when the chairman of the board of trustees for the A&M system pointed out how many Prairie View graduates were field grade officers in the Army. In other words, how many Prairie View graduates held the rank of colonel or higher. And although the ROTC program for the Navy had only just started, I think it already produced two captains. Naval captains are the equivalent of Army colonels. Also, there is very little said about some of the other works that are being done here in Houston and maybe they consider this separately but out here in the Nigerian community, we hear about so many scams that they pull but nobody has also told you about some of the business ventures they have. One of the more successful businessmen here in Houston is a gentleman . . . I can't remember his name but he has an oil company supply business as well up there and I think everyone remembers Hakim Olajuwon who played center for the Houston Rockets. He is now an extremely successful businessman in real estate here in Houston. And we have a significant number of blacks here who are very successful in law, medicine, business, and other fields of endeavor. And I think that we hear so little about them. We hear too much about the rap artists and the entertainment group, and it would make people think that the only thing we

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can do is sing and dance, but I assure you that we are making our mark in other areas of business as well.

KAB: Well, those were all my questions. I want to thank you for taking the time to meet with me. I really appreciate it.

