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Dr. Mario Ramirez Personal Testimony

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My Years as a Vic President at The UTHSC SA and THE MED-ED PROGRAM.

I opened my office for the practice of medicine in Roma, Texas on April 21, 1950. I practiced there continuously until the fall of 1955. I served as a captain in the United States Air Force between 1955 and 1957. I was discharged and returned to my practice in Roma and remained there for 18 years. In 1975 I moved my practice to Rio Grande City in order to be close to the new Starr County Memorial Hospital and to better serve my patients.

During the years that I practiced medicine in South Texas I was very active in the Hidalgo Starr Counties Medical Society, in the Texas Medical Association, the American Medical Association, the Texas Academy of Family Physicians and the American Academy of Family Physicians. I served for several years on the AMA's Committee on Health Care of the Poor. I have always been interested in education. During that year we traveled extensively from the East Coast to the West Coast studying health status and educational opportunities available to the poor, and we also inquired as to what public schools were offering regarding health education. My interest and involvement in education continued throughout my life. During my practice in Starr County my wife and I were active in promoting and personally providing preventable diseases immunizations to all of the school children in our county's public school. I served as team physician for the Rio Grande City High School Football team for several years. During my lifetime in practice I was instrumental in helping provide continuing medical education programs for our county physicians. Between 1969 and 1992 I served as program chairman for every RGV MEDICAL SURGICAL CONFERENCE HOSTED in McAllen. During the year that I served as president of the Texas Medical Association one of my primary missions was to promote health education at our public schools, I was appointed to serve on the University of Texas Board of Regents for a 6-year term beginning on February 1988. My interest in higher education as well as the education at our public elementary and high schools intensified. I served on the Regent's special committee regarding health care. As a Regents I worked closely with our four Texas medical schools as well as the UT MD Anderson Cancer Hospital and the research facilities at Tyler, Texas.

In 1992 I was asked to go to the UT Anderson Cancer Center because The Joint Commission on Accreditation would be there on for a review. A recent prostatic specific antigen blood examination on myself at home had been reported to be abnormally high. After performing my duties as a Regent and before leaving, I requested a personal medical appointment with Dr. Andrew VonEschenbach who was the head of the department of Urology. He performed a biopsy, and reported immediately that the findings confirmed a highly malignant tumor. He recommended either radical surgery or radiation. I asked if I could postpone the treatment for 6 weeks in order to attend an AMA meeting in Chicago that was pending. My wife insisted that the surgery be done immediately and that I forego the trip to Chicago. I underwent a radical prostatectomy on May 20, 1992. I am eternally grateful for the excellent services and the friendship provided by Dr. VonEschenbach, and the care that I received from his staff, and at the hospital.

After the appropriate convalescence I returned to my practice. At the time I did not have an associate. We still lived in Roma and the trip back and forth from my home to my Rio Grande City Office, and to the hospital 13 miles away became difficult. Furthermore attempting to continue my grueling schedule of seeing at least 30-40 out patients, as well as several hospitalized patients each day became more and more arduous and strenuous. I realized that my future from a health standpoint was uncertain and in jeopardy. Four of our children were married and had moved away from Roma. The fourth one was completing his professional education as an attorney and no longer lived at home. My parents who used to live next door to us had died. If the malignancy recurred m wife would be faced with innumerable problems. Family Practice in a small rural county is not a highly remunerative profession, and we were deeply in debt. We had a nice home, we had traveled considerably, and we had educated our children well. My wife and I decided that because of the uncertainty of my future, and the near impossibility of physically being able to continuing my practice, it would be wise to relocate. We proceeded to sell our home, our old hospital building, our small ranch on the banks of the Rio Grande, and our office in Rio Grande City. We paid our debts,

and had enough left to buy a small home In McAllen, Texas,. Four of our children already lived there. To move from Roma was the hardest decision that I have ever had to make.

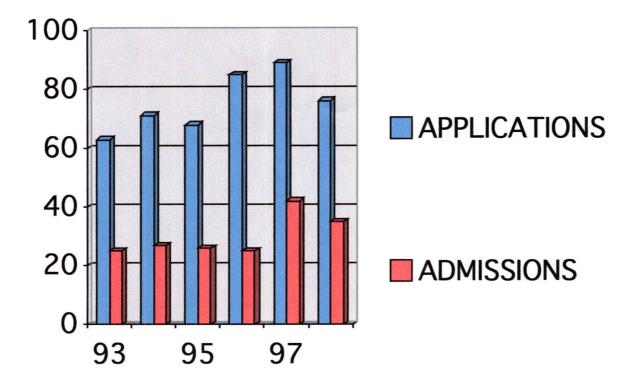
I had been elected and re-elected to serve on the Texas Blue Cross-Blue Shield Board of Directors between 1974 and 1983. Dr. Sam Nixon, one of the pioneers and heroes of Texas Medicine was a member of the same board, and a close personal friend of ours. He had recently retired from his practice, and was employed by Texas Blue Cross-Blue Shield to serve as an Associate Medical director for the Houston area. I found out that a similar position was available for the South Texas area and he encouraged me to apply for it. I received an offer for employment and it was stipulated that my office would be in McAllen. I started working for Texas Blue Cross and Blue Shield as the Associate Medical Director for South Texas on Sept. 15, 1993.

Texas Blue Cross-Blue Shield is a great and honorable organization. My area of responsibility included Starr, Zapata and Webb Counties as well as The Texas Coastal area, and the Rio Grande Valley. We were able to organize and meet regularly with committees composed of leading physicians in each of the major communities;

During my years in organized medicine we made many friends, including Dr. John Howe, then president of the UTHSCSA. We had traveled together to many AMA meetings. He had served as president of the Texas Medical Association and so had I. In September of 1995 Dr. Howe met with me and offered me the position of Vice President for South Texas Initiatives at The University of Texas Health Science Center San Antonio.

I was grateful to Blue Cross-Blue Shield for the opportunity that the employment provided for me as their Associate Medical Director. I had enjoyed my work, and had learned a lot. However the position in San Antonio would allow me to return to medicine, and to the fields of medical education that I loved. I resigned my position with Blue Cross-Blue Shield on Sept. 14th. 1994 and accepted the vice presidency at the UTHSCSA. Dr. Howe mentioned that I could keep my office and staff in McAllen, but stated that he would like for me to attend executive committee meeting in San Antonio at least once a month. Copy of my original contract is attached.

At the time the UTHSCSA already had several educational projects established in the Rio Grande Valley, and several more were on the planning board. Mr. Richard Garcia who had been working for the medical school was very active with AHEC endeavors in both the McAllen area, and in Laredo. He was originally from Brownsville, Texas and we shared a sincere and strong bond with the people in the Lower South Texas area. Plans called for implementation of a Dental Hygiene program in Harlingen with TSTC, and implementation of a full Occupational Therapy degree program at UT Pan American. We also were in charge of supervising and periodically visiting the nursing PhD programs that the UTHSCSA was operating jointly with Texas A&M University at Corpus Christi, Texas. I immediately took over a shared responsibility for all these programs and worked diligently with Richard to supervise them. Mr. Garcia and I became very close friends and co-workers. I wanted to do more. From my own personal experience while practicing in Starr County, I was acutely aware of the severe shortage of health care professionals that existed in all of South Texas. I requested permission to organize and operate a recruiting program for high school students who might be interested in pursuing careers in health care, and who potentially might return to practice their profession in our South Texas Counties. Our plans included augmentation of the student's interest and intent. We would attempt to provide scholastic lectures and meetings to help prepare them so that they might better qualify for admission to graduate professional schools. Initially I met some resistance from some of the members of our Graduate School Department at The Health Science Center. Some of the faculty believed that adequate recruiting programs already existed through governmental sponsored programs such as AHEC, HOSA, etc. They also pointed out that establishing the type of program that I envisioned might not be the rightful duties of a Vice President. I mentioned to them that I was aware of the government recruiting programs that existed, but that I believed that in our area, they were not currently being effective. I showed them data that showed numbers of applicants and admissions for South Texas during the preceding five or six years. The changes that had occurred did not appear to be significant.



I described the problems that I had encountered during my 43 years of practice in Starr County, and pointed out that I had been in "solo" practice during more than half of those years because it was nearly impossible to find physicians willing to join me. My proposal was to enroll students in all of the counties which we considered to be South Texas, Webb, Zapata, Starr, Hidalgo, Cameron and Willacy. Physicians per hundred thousand populations averaged 100/1000 populations in each of these counties. However there existed a gross misdistribution. McAllen and Harlingen had adequate ratios which compared favorably with larger cities in Texas. However, Brownsville and Laredo had less than half as many physicians per 100,000 population. The total number of physicians per 100,000 populations in each one of our counties was less than 50% of what the figures are for the state of Texas. All the rural areas in all of those counties were severely underserved. If we studied the demographics of physicians practicing in our counties we found that more than 50% had received their medical education outside of the United States. It appears as though only 25% of our physicians were Texas born and Texas educated. Retention was a worse dilemma. Accurate data relating to