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ORAL HISTORY OF MEDICINE PROJECT

Interview with Melvin Bivens, M.D.
Albuquerque, New Mexico
May 1, 1986

This interview with Dr. Melvin Bivens was conducted at the Lovelace Medical Center by Professor Jake Spidle, Ph.D., Department of History, The University of New Mexico.

Spidle: We would like to cover two broad subjects in this interview, Dr. Bivens. First, your career as a 30-year New Mexico physician and, second, your experiences as they relate to your work at the Lovelace Clinic. Let's begin with your personal background, education and professional training.

Bivens: I was born in Sardis, Tennessee on August 18, 1918. My dad was a farmer and my mother was a schoolteacher. When I was nine years old we moved from there to New Mexico for my father's health. Although I'm not sure he ever had TB, he coughed a lot and had some stomach problems and we decided he needed to move to a high, dryer climate. We settled on a farm near Artesia where I graduated from high school. Dr. Carroll Womack had to come twelve miles out from Artesia on house calls for my father. He came, rain or shine, regardless of whether any of the farmers could pay up--no matter what. Dad sometimes paid him in turkeys, ham or whatever. It was during the Depression and he was glad to take that. But even so, he was always dressed nice and a drove a fine car. After graduation I went to Hardin-Simmons University at Abilene, Texas. We were Baptists and my older sister and brother went there, I did, and so did my younger brother. After having had two years of college, my mother got the rest of us through school, and then went back to Hardin-Simmons where she graduated when she was fifty-six years old, in the same class with my younger brother, who is ten years younger than I am. He is now head of anaesthesiology at M.D. Anderson in Houston. Since having developed cancer of the prostate in December of last year, I go there every three months to see him.

Spidle: I didn't know that.

Bivens: Yes. I didn't get the diagnosis until it had already metastasied to the bone, but I'm very lucky. They gave me a choice of orchidectomy or estrogenic hormones. I already had it in my skull, all my ribs and vertebrae, long bones, I opted for the orchidectomy to get quick results. It takes several weeks to knock down your testosterone by taking the estrogen, but since then I have not had one pain. It's already up the chain of lymph nodes from the prostate, so they wouldn't operate, won't give me radiation. There is no treatment except chemotherapy, which will only be given if I have pain, they will radiate my back if it hurts. It's a slow growing tumor as a rule, although the people at M.D. Anderson felt mine was a little more aggressive which is why I'm going down every three months. They keep doing CAT scans to see whether I have any in my brain, my liver and so on. But I feel great. I work part-time. Duane McCarty quit and they were a little short, so I work a little more. It does my ego good to get back in and assist in surgery.

As long as I have enough money to travel and hunt and fish, I'm pretty well off until winter comes because then I get bored, get tired of reading, and want to do something. I actually retired in December, 1983. I didn't do anything for a year but fish, hunt and travel. But the following winter I asked if I could come back, so they gave me an office and I worked full-time because McCarty was sick. After six weeks I told them if they were over the hump, I would prefer working part-time. They gave me my choice of an office practice or assisting in major surgery, which is more interesting to me, so I chose that. I can't afford to make much money which means paying more taxes, but it's good for me. Especially after I got the cancer, it was good to go back to work and act normal for a while; it took my mind off it.

Even as a physician, I didn't know much about prostate cancer because I was in the female field and had to learn all about it. I wanted them to radiate me or perform radical surgery, but they said no, it was too far gone--I had it in my bones, so there was nothing they could do. And no one here would give me chemotherapy until I felt pain. At Houston they said they would do it if my bone scan doesn't show regression. That's why I'm going there rather than here. Houston wasn't willing to wait six months and are taking bone samples every three months because they believe my tumor is pathologically aggressive. My brother makes all my appointments so it's very simple. We've gotten over the initial depression that goes with it, and I'm doing very well. It's harder on my wife than it is on me. I'm a Christian; I don't worry about dying.

Spidle: You seem to have a handle on it. Your brother is an anesthesiologist, so you two have established a medical tradition in your family.

Bivens: Yes. There were no other doctors in our family.

Spidle: What about the next generation?

Bivens: They're all lawyers. My son is a lawyer, my daughter married a lawyer. She has two boys, so we may get one doctor out of it, yet.

Spidle: When did you decide you wanted to make medicine your career?

Bivens: I decided I wanted to be a doctor fairly early in school. I graduated from high school in 1935, the middle of the depression, and went on to Hardin-Simmons on a partial athletic scholarship in basketball. My older brother was bigger and he got both a basketball and a football scholarship. They didn't pay everything in those days, they paid tuition and fees. This was a private school and I had to work for my room and board. But I liked science and really loved chemistry. I got into qualitative and quantitative analysis, and that was just great, a real challenge--what's in this bottle, you know. From there I went on to pre-med but when I graduated from college my dad had just built a new farm home and I would not ask him to finance me in school, so I started teaching and saved enough money in four years to go to medical school.

Spidle: Where did you teach?

Bivens: I taught two years in Texas, where I met my wife, and two years at Carlsbad High School. She was a junior in college at Texas Tech when we were married. I told her then that I wanted to go to medical school so it would be a while before we could have anything other than an apartment. She said that was fine with her, so she worked most of the time I was in medical school, running a bookkeeping machine for the government in Denver. She had promised

her dad she would finish school even though we had married, so in my senior year she quit her job to finish her last year at the University of Denver for graduation. She earned her Masters while I was at the University of Michigan in post-graduate training. I interned at Portland, Oregon, spent two years in the navy, then returned there for a year because I couldn't land a residency from Guam where I was stationed. I was at Good Samaritan, a private hospital in Portland, which was accredited but it wasn't a good residency. After a three-year residency at the University of Michigan Medical School, I had four years of residency training, and came directly to Lovelace. I never worked in private practice. As an OB man ~~you~~ need help, though for years we took our own calls until we finally got smart and started rotating calls. I always had to deliver a few patients, but at least we could be off every fourth weekend.

Spidle: When did you decide you wanted a residency in OB/GYN?

Bivens: While I was an intern. Patients in internal medicine were all older people who were soon going to die; I didn't like diabetes. I liked pediatrics and back in 1947 when I interned there weren't any specialists--most doctors were in general practice. I thought about that because I had taught school four years and was a little older than the rest so I felt I had to get busy earning a living. I liked pediatrics, and considered neurosurgery, but when I got on OB, I knew that was for me, so I began looking for further training. I even went to Boston Lying-In for an interview in navy uniform before reporting in. But I was on Guam when I got out, so the only thing I could land for sure was back in Portland. I spoke to Dr. Adams, head of the residency program there, telling him I was aware of how tough they were to find. He said, "I'll call Norman Miller, my friend at the University of Michigan, to see whether he can find a spot for you." As it happened, they were building a new OB building and adding a resident every year, so I got in my second year. I'd already had one year with Adams, who recommended me over the phone. I don't think he ever wrote a recommendation, simply called and Dr. Miller accepted me on that alone. I never filled out a form nor sent a letter of application. They were good friends and Dr. Miller said, "If Adams says you're all right, you're in."

That same week I had already been accepted at Seattle where they had just opened a new medical school at the University of Washington. I had spent all day there with the head of the department, who told me they had two spots--one for a research year and one as resident. I was twenty-nine or thirty at the time, so I told him I was too old to spend a year in research and if I couldn't start as a resident I didn't want his job. That made him unhappy, and he said he would let me know in one week. When I got home I had a wire from Dr. Miller saying I had a job, so I called the Seattle man back to say I had been accepted at the University of Michigan. And did that guy bawl me out! "Didn't you know you were going to get this job?" "No," I said, "you told me you would let me know in a week." "Well," he asked, "why do you think I spent the whole day with you?" "For an interview," I said, and added, "Doctor, a bird in the hand is worth two in the bush. Michigan has a good reputation and had you offered me the job I would have taken it because my wife is teaching in Portland and doesn't want to move back to Michigan. But you didn't do it. I've accepted Dr. Miller's invitation so please remove my name from your list." He spent twenty minutes on the phone, calling me all sorts of names, I couldn't believe it. He was trained by Dr. Miller at Michigan. In two or three days I received a long, single-spaced typewritten letter of apology, because he was afraid I would tell Dr. Miller. (both men laugh) And ever since then he has been nice to me, though he certainly wasn't that night.

Spidle: No, he wanted to play it his way; he didn't want you to play.

Bivens: That's right. But I had a good residency and was very fortunate. When I answered their advertisement for a man here at Lovelace, they just said "Dr. Miles, who is head of the department, is 63 years old." They didn't tell me I would be head of the department. I had a couple of publications by that time, and they wanted me to think about being head of the department, but they wouldn't tell me for sure. I was made department head immediately after he died and was at it for twenty-five years. I've never regretted being in group practice and not making all the money that others made.

Spidle: I was going to ask you about that. At some time or other in your training, you decided that group practice was the way to go?

Bivens: In obstetrics, if you wanted to spend any time with your family, you had to have at least a partner or be in a group to rotate calls.

Spidle: You never seriously considered other options?

Bivens: Yes, I did. I went to Colorado where an internist in general surgery tried to rent me an office to go into private practice at Boulder where there was a new hospital in a nice little town. But there was no one to take calls for me when I wanted to get out of town. I looked at other groups, but was basically interested in New Mexico, and nothing looked good to me until I came to Lovelace, where their new hospital was less than a year old when I came here for an interview in March, 1953. I wasn't supposed to come until June but one of their OB men left their three-man team, so they asked me to come early. In those days you generally had to have three years' residency, so I spoke to Dr. Miller, who told me I already had my three years. "And," he said, "three years and nine months won't hurt you in your boards." He suggested I talk to the other three guys in surgery. "If they will grant you your major surgery now and take your time after you're gone, you can go." So I came in March rather than July 1. My wife was pregnant and we found an apartment and got settled. I then bought a house and we were in it for about a week when the baby was born. My wife grew up in west Texas and she liked to be out west. We lived in Seattle, Guam, Michigan, Abilene, and there is no place like Albuquerque.

Spidle: Aren't you concerned, though, about the changes that have taken place in Albuquerque?

Bivens: Not really. I think all people who are getting old must learn to go along with change. An example is that I spent all of this morning at the medical society meeting learning about organ transplants, transplant teams, and what the future holds. I'm not disturbed about change. We were considered radical for even joining a group this size--there were 35 of us--and the doctors downtown never liked anyone who joined this group because we were the biggest competition they had. There were three OBs in my department when I came, and there were only six in town. We had half the qualified OB/GYN men in town. I was the sixth man in town to get his boards. That was a threat to them. They thought private practice was the thing. I didn't care whether they liked me because of that. I was thinking of myself, my family, buying a house and borrowing money for a while. I saved money while I was in the navy on Guam because there was no place to spend it. I had enough to get through residency and enough left over to make a down payment on a house. That was more my concern than going in and paying a nurse's salary out of my savings and trying

to get started. Here, you could start at a livable wage, though when I joined in 1953 the top salary was \$25,000. He said that was enough for anybody.

Spidle: Who is "he?" Tell me about the interview process.

Bivens: I didn't know there was a clinic here. Living in Artesia, I had never heard of it. I flew out here from Ann Arbor in one of those old four-motor props at my own expense because I was interested in Albuquerque. They got me a room in the old Alvarado Hotel next to the railroad tracks and I couldn't sleep because trains ran all night. They were going to pay for my room there, but the next night I went to the Hilton, got a room on the top floor and paid for it myself. Randy [William Randolph Lovelace II] was Chairman of the Board even though the old man [WRL I] was still around, so that night Randy took me out to a staff party at his house and I got to meet everybody. This was interesting, and I hope you don't think I'm bragging. I did have good training and good grades--graduated from college magna cum laude, although I had it rough my first year in medical school because I had been out for four years. I learned that Randy and [Dr. Angus] McKinnon worked in GYN because they were trained at Mayos where GYNs did all the surgery and OBs delivered the babies. I had guts enough to ask Randy when he was going to quit doing GYN. He said, "I'm not." I said, "Then I'm not coming." His face got very red. "Why?" "Well," I said, "I've had good training and I'm not coming here to compete with you for GYN. I can go out and make a living any time I like. I'd be foolish to come here and just do OB while you and McKinnon drag off the top surgery." "Well," he said, "Dr. Miles does surgery." I said, "Yes, I know, but he's competing with you. I don't want to do that." Boy, he got mad! But I just spoke right up. I'm not bragging, but I knew if I was going to say anything, that was the time to do it. I couldn't speak up later, after I'd been hired. I don't know what he told Uncle Doc, but I had a long interview with him. Uncle Doc was worried about whether I would take care of dark people since I was born in Tennessee.

Spidle: Really?

Bivens: Yes. He said, "You don't object to taking care of black people, do you?" "No, there are a lot of them in Michigan. We didn't hate the blacks in Tennessee. My mother taught school and we had a black cook, and we boiled our washing in the same pot." They offered me \$10,000, which was about the going rate at that time, but I said no, I wanted \$11,000. Dr. Miles, who was on the board, told me he didn't think I could get it. Again, I gave my ultimatum, either \$11,000 or I wasn't coming on. He had to go back to the board again, and they approved it.

Before my interview visit was finished, Randy promised that he and McKinnon would not do any more GYN after I got here. That was straight out of his mouth to me across the desk, although not in writing. To my knowledge he never broke that promise except one time, when I answered his call to the emergency room for help in examining a woman with acute belly. He had me do a pelvic and I couldn't feel any ovarian or anorectal pathology; the uterus felt normal. He said, "I don't know what she's got, but she has an acute belly. I wanted you to examine her first." I said, "I don't feel any GYN pathology, but I agree you ought to open her." He did, and she had a ruptured ovarian cyst which we couldn't feel because it was already ruptured. That was the only GYN case he did other than the wife of a pharmacist here in town who had been going to Lovelace for years. She needed a hysterectomy and they went to Randy, who wouldn't do it. He brought them to my office and the husband told me, "If Dr. Lovelace doesn't do it, I'm going to Mayos." Those were the only two times we

ever had any problem. He stuck to his word and never tried to treat a case, nor did McKinnon to my knowledge. They always referred their GYNs to me and, because there were 35 doctors here already, I got a lot of referrals and good surgical experience that a young doctor never would have otherwise. After the death of Dr. Miles, I got all of his referrals from other people. Sam Shortle, an OB/GYN man downtown, fell on his butt [was delayed] for two years before he could take his boards because he didn't have 25 major cases. I had more than 25 major cases the first year I was here. So I was never unhappy with my decision. Like everybody else, seeing others improve their back yard, buy Cadillacs, and have more money to invest bothered me at times. I would look around, but always came back. I thought about going to Clovis once because they didn't have an OB man. I went down, looked at office space and visited their hospital, but a radiologist came in only once a week to read the films, the lab was poor. I knew I couldn't practice medicine there. Even making more money, I wouldn't have had anyone in town to cover for me. Someone in Los Alamos offered to sell me his private practice, but I wasn't going to pay for anyone's practice--I already had one. However, in a situation like that you did have complete control, because anyone living there either went to a local doctors or they had to drive to Santa Fe or Albuquerque. He had a few hundred OBs on the books, but I said no. You had to have a pass to get in the gate and a pass to get out. That was too much like the navy. I never went anywhere, although I was tempted a time or two.

When Randy died we had no leader, really. Jack Grossman was Chairman of the Board, but poor Jack was not a leader, though he did try to appease everybody. He took a cut in salary himself to give everybody else raises. He was a good man and a good radiologist, but he wasn't a leader. I thought about leaving then and went to look in Carlsbad. Office space was available; there was an OB man I could have alternated with. I came back and talked with the family. By that time the kids were entering junior high school, and they wondered why I was thinking about moving to Carlsbad. I explained the situation, saying I didn't know what my future might hold here. When they said they didn't want to leave, I realized I hadn't even thought about how the kids felt. So I stayed. That was the last time I looked for another job. That settled it and I've never regretted it.

Spidle: How long did you work with Dr. Miles?

Bivens: He was 63 when I came, and 67 when he died--about four years. He was an excellent doctor, trained at Johns Hopkins, but he was trained before vaginal surgery so he trained himself. He was a fellow in China with the Rockefeller Foundation, which paid him to work there a year. The head man at that time was Eastman, who became the head of Hopkins later. Eastman, when a young man, was Dr. Miles' assistant there in Peking. When the first pair of forceps came out that rotate posterior to anterior, he learned to use them on cadavers in China. He would put the forceps on the baby after the mother was dead. He was a tremendous guy, and I learned a lot from him, but I could do a better vaginal hysterectomy than he could because I had done more of them by the time I came here. When he was head of the department he used to make me get up at night to watch when he had a posterior rotation so that I could learn to use his forceps. He said I had learned to use one pair of forceps and he wanted me to use all of them. Finally, one night he made a mistake and mis-diagnosed because there was too much swelling of the scalp. He turned it bottom side up and pulled it out wrong, so he never called me any more. (both men laugh) He was a nice fellow. He was gruff to talk to, but he had a compassionate heart. Some of the women were afraid of him, but they had

nothing to be afraid of. I didn't let him push me. I listened, and came when he asked me to watch, but when I had a case of my own and disagreed with him, I told him so, though I tried to be pleasant about it. He wrote one of the first papers on morphogenetic induction of labor (?). I was scared of it because we were taught to be very careful of it. He was farther along in it than I was. I had a baby once whose head wouldn't descend. I pitted the mother and sat right with her for three or four hours. I knew she was having good contractions because I kept my hand on her belly. We didn't have all these machines to measure with in those days, we measured with our hand. You couldn't be called a good obstetrician if you couldn't measure with your hand. She dilated to about six and wouldn't move any further nor did she come down. So I called Dr. Miles in consultation. "Give her more pit," he said, "she'll come." I said I had been sitting with her and had no results from pitting. "I called you for consultation, but I don't agree with you. I'm going to do a section and if you would like to help me, fine. If not, go on home and I'll call one of the other fellows." He helped. That's the way he was. When I wanted to start OB classes he said, "Nah, nobody'll come. It's a waste of time." After I got it started and about 45 people were enrolled, I invited him to give one of the talks, which he did.

One day I had a young schoolteacher who had bilateral ovarian tumors that were congenital, she'd had them ever since she was a teenager. She and her husband wanted to start a family but she couldn't get pregnant. She would menstruate once every three or four months. I was trained, as was everyone else in those days, to make an incision for midline in those days. But this was the only baby this woman was going to have, so I chose to make a transverse incision with Dr. Miles assisting. I draped the patient, took the knife and ran it across the belly, and he said, "What the hell are you doing?" That kind of got to me. I had been here a year or so and was tired of being treated like a resident. I said, "Dr. Miles, this is my patient. She has a bilateral ovarian cyst and wants to have babies. I consider a transverse incision better than a vertical for her. If you don't want to help me, get the hell out of the room and I'll call someone else." He blustered and fussed and finally said, "Go on, go on." You had to stand up for yourself. Dr. William E. Rapp, the second guy in the department, treated me like a resident for a long time because he had been in practice for seven or eight years. When he went off on a weekend he would tell me what to do for this and that patient. I learned from him because some of his patients would call and ask for codeine and I didn't realize they were addicts, and he told me not to give it to them. He was a good guy, trained in Kansas. He got a divorce and left town a year or so after I came.

I learned from everyone that I could, got a lot of good experience, and when Dr. Miles passed away and I became head of the department, I started doing research on things I wanted to do. I even had a fight with Jack Grossman over radium. He's a radiologist and I'm not, but he didn't want to give me Heyman's capsules for packing the uterus. He just wanted to put a stick in the middle. I told him, "That stick is not going to touch all sides like capsules, and I want some." "You're not going to get them. I'm in charge of radiology." In the four or five years that I had been here I had written some papers and had been President of the New Mexico State Society of OB/GYN, and I felt I was winning my spurs. So I mentioned it to Uncle Doc, who was still chairman of the board at that time. "Hell," I told him. "I have enough money saved up to go out on my own. I don't have to stay here and wait on Jack Grossman to make up his mind." "Oh, no," said Uncle Doc. "Don't run off now. I was just thinking about giving you a hundred dollar raise right now. You let me handle

Jack Grossman and I'll get you that radium." I got my radium, but Jack Grossman hated me for years. He saw me with a radiology catalog and he got so mad he called me names. He's a big guy and he threatened me physically. "I'm not afraid of you," I said. "You may be big and mad, but if you think you can whip my butt, you just go ahead." He later became board chairman, but Jack and I never saw eye-to-eye on how to treat cancer of the cervix, so we never were good friends but he respected me. Another thing, he wouldn't come into the operating room and put the radium in because he was scared to death of radium. He wanted me to put it in like he told me and take it out when he told me, which is all right because I didn't understand the physics like he did. But he was not willing to do the packing. He wanted me to take the risk while he told me what to do, which didn't set too well.

Randy tried to put one over on me one time. I respected Randy and scrubbed with him a few times in the first weeks I was here and he was a good surgeon. He had some idea that there was blue blood in his veins and red blood in ours because he was the boss. Uncle Doc definitely felt that way--we were working for him. I never felt that way and told him so. I had to tell Homer Reid a dozen times that I didn't work for him or for the Lovelaces. "I work for the board of governors as long as they're reasonable, and I want you to get that through your head." Reid had everything--the best office and a secretary--while the rest of us had to fight for it. I was sort of a rebel all the way around. I never did sit on the board of governors because they knew I wasn't going to be a yes-man. The guys who were "cooperative" were appointed to the board, although later they were elected. Rodger MacQuigg was the first man ever elected. He sat there two years and finally told them they could have it back because he couldn't make any difference. They paid no attention to him because they hadn't appointed him. So he just quit, wouldn't sit on the board any more.

Anyway, Randy once wanted to hire a guy named [Dr. Wm. J.] Natoli from Los Alamos, who was in his forties and wanted to slow down to doing part-time research. The guy had only written one paper and had collaborated on another. "What do you want him for?" I asked Randy. "He's not a researcher." "Oh, yes," he said, "he wants to help me with astronaut programs for women." "Well," I said, "first, he's going to have to take call because I'm not going to have a part-time OB man in my department." "Well, now, Mel, I want him," said Randy, trying to placate me. "He has surgery on Wednesday. I want you to go up there and scrub with him and then I want to hire him." I told him I would scrub with him, but wasn't going to hire him. I went, and afterwards he wanted to take me out for a drink. I don't drink, but I told him I felt he was a good surgeon with a good reputation. "But we don't want an obstetrician in our department who wants to slow down," I said. "You're about my age and as long as I'm there and head of the department, you're not coming on part-time." "Randy says I am," he said. When I got back, Randy asked what I thought of him and I told him he was a fine surgeon. "But I told you before that I don't want a part-time obstetrician in my department. You tell me when you're going to hire him and you will have my resignation in thirty days. Make up your mind what you want to do," and I turned around and walked out. He waited about a month and then came back. "Mel, when is it okay to hire Natoli?" "It's not, over my dead body," I said. Natoli never came. He got tired of waiting and finally went to Hawaii. There was nothing wrong with him except that he had made his money and wanted to slow down. Here I was, trying to build a department and I couldn't use a guy like that.

I helped design the OB building with all the cubbyholes in the wall where urine in placed and each room had a buzzer for calling the nurse. It was kind of modern at the time we built it in about 1960. In those days the four of us were doing 800 babies a year and were looking for another man. We eventually got the staff built up to six. Randy let me design it, working directly with the architect. I forget what it was, but I did something he didn't like once and he called me over to his office. "I worked my ass off to get that building for you," he said, "and I don't have to go through this for you." I let him rant until he was finished and then said, "Dr. Lovelace, I've been here nearly ten years and have made more than enough money above and beyond my salary to pay for that damned building. I don't care how hard you worked to get someone to give the money. That doesn't faze me one bit." He learned that, when he got too hard on me, I turned on him, and that's why I never got on the board of governors. I wouldn't say yes sir, every time he spoke.

Spidle: Governance of the clinic is one of the things I wanted to ask about.

Bivens: Well, as long as a person was appointed by the board of governors, we knew who ran it. We once had to take turns being on call all night in the emergency room. You could be at home, but could be called in two or three times. One day Randy remarked at a meeting, "Internists are no damned good in the emergency room. Only cutting doctors will man the emergency room." That meant double duty, because more than half of us were internists. He cut out the dermatologists, pathologists, cardiologists and all the internists. I got up and objected. "I'm up all night a lot of nights anyway, and I don't want to take double turn in the emergency room." I said, "Every one of those guys had an internship, and they all can sew up lacerations and make decisions about who to call. They can all be triage officers." I made a motion to change that. Randy said, "We're not going to vote on it; this is the way it's going to be." The room got real quiet, and that's the way it was. At staff meeting the next month Randy wasn't there. I made a motion that internists should go back on the call list, it passed and I never heard another thing about it. He wanted to run the whole show, but he knew he had to bend now and then.

He was a good money raiser. The head of the company that built all the submarines donated \$50,000 and his name was inscribed over the radiation building, though the rest was small potatoes. Randy and his family went to the World's Fair in Sweden that summer to man a Lovelace Clinic booth for a month or so on that \$50,000 (laughs). We had the first cobalt unit and he wanted to show that off. So he wasn't perfect. That money could have gone for equipment and a lot of things rather than him going to Sweden. But everyone knew he had an unlimited expense account. If he gave a party, Uncle Doc had the clinic pay for it, because Randy couldn't afford to; they only paid him \$25,000. You could find a lot of things wrong and every once in a while you would get a little irritated and go look someplace.

Walt Schoen, one of my classmates and top man in the class at Colorado, came down. He had a coronary during his residency. He stayed in the army and became a major. When he came out he went into OB/GYN, and in his second year he had a heart attack. He got medical pay, but after two or three years he got tired of fishing and doing nothing. He came here and told me he was looking for a job as a practitioner. He was a good guy, so I told him we had a family medicine department. "Go up and see Uncle Doc and tell him I'll talk to him later to recommend you." Walt was conscientious and a perfectionist. He wanted to be a surgeon but never quite got through his training so he had to be a GP. He was hired and before long he was working day and night and on GP call

every third night. There were three of them, Don Kilgore, Don Olson and Walt. His patients would call in the middle of the night to say, "I know you're not on call, Dr. Schoen, but I don't want to see those other guys," so he would get up and go. He finally realized he was going to have another heart attack if he didn't quit, so he did. But Walt got very disturbed at staff meetings because he could see who was running the show and saw the squeaking wheel get the grease.

(end side one, tape one)

(begin side two, tape one)

Bivens: On balance, though, I was happy with my work. We had the best lab and the best equipment in town. Bernie Longwell, who was head of the lab, taught me biochemistry at Colorado. Everett Clapper came later. We had the best microbiology lab in the State of New Mexico, a good X-ray man, the newest hospital in town, and I had all the work I could do, including operations I would never have done because it was a clinic and people were referred to us. I liked doing research but the only way I could do it in the kind of practice I did here was to get job research contracts with drug companies and others. I made about \$50,000 doing drug studies for enhancement of the department's budget--for travel, for entertaining, taking residents and their wives to dinner when they were on our service. When they finally told me I had to divvy up that fund, we just split it up among us. Some guys weren't enthusiastic about doing research and that was okay, we just got paid by the number of patients we did, so much per patient. If you didn't put any patients in, you didn't get any of the money. Pretty soon you knew who was interested and who wasn't. When we were all through we still had about \$25,000 left so I just divided it among the guys according to the number of patients they put in my studies. That's the way I bought my first motor home, because I had about \$12,000 in my own fund.

Spidle: I wondered whether research at the clinic was of any special interest.

Bivens: That's one reason I joined the clinic. I was academically inclined but they offered me \$5,000 to stay at the University of Michigan and I got \$11,000 to start here. For a long time the clinic and foundation were together and that was easy. But shortly after I joined the clinic the IRS separated them and you had to get your own money. None came from the foundation. I got an NIH grant for cancer of the cervix among Indians and did both a five year and ten year study and got two report publications from that. I got \$6,000 from NIH--can you imagine that?--and spent it all for slides and a pathologist to read them. I never took a dime out of that for myself. Travel and everything else was done at my own expense. I paid for reprints when the articles were published, and presented the five year study in Denver.

It was interesting because we were consultants for the Indian Health Service back when the Department of the Interior ran it. The Indians were starving to death, and had poor medical care and poor hospitals because they wouldn't give them any money. The President of the Presbyterian Mission Hospital at Ganado was very critical and he wrote an article on cancer and the Indians. He talked about cancer of the gallbladder, cancer of the stomach. He said, "I've been here for twenty-five or thirty years and I've only seen one or two cancers of the cervix. I think they avoid it because they eat the intestines of sheep." We found that was a bunch of baloney. He also declared that "They all have lots of children because they get married early." We found out they didn't. I couldn't figure why he said they didn't have any cancer, because every month I

was receiving one who was at stage three that had already spread to the pelvic wall with a big fungating lesion this big. After reading his article in the Arizona Medical Journal, I knew he had to be wrong and decided to find out why. I spent a lot of time going out there to read hospital records. I appealed to the "Blue Girls," who were Indian nurse assistants for permission to do a pelvic study on them, but if they weren't bleeding or pregnant, they wouldn't allow it. I went to the schools and announced a free clinic for pap smears on Friday afternoon after school was out. "What's a pap smear?" they asked. I couldn't educate them and couldn't get it done. They had very few doctors in their hospitals and they told me they were too busy taking care of sick people to take time for preventive medicine. The only people who agreed were those with bleeding or some older women who also were bleeding, and they already had cancer.

When the County Indian Hospital opened, I asked their pathologist whether he could keep the Indian pap smears separate, so they could be labeled number one, number five or whatever. I told him I'd been trying to get all the paps I could from the reservation, to determine why the women out here do, or do not, have as much or more cancer as anybody else. "We don't have money for that," he said. Within a year he obtained a grant and hired a staff to study the same problem. The hospital could get money easier than I could. To make a long story short, it took me five years to gather something like 5,000 smears. At the end of ten years the medical school had opened and I got some of their pap smears, they had to label the charts for Indians because they were free. So I had the Indian pool down there and got one of the residents to help me. We had a total of 10,000 pap smears, which was a drop in the bucket; the Memphis study was 50,000 pap smears. I then reviewed all the records in all the hospitals, including Ganado, to determine how many patients with cancer of the cervix had died there, but I found that many times they didn't even know what they died of. They simply had a sing and buried them. But I counted all the charts in every hospital that said cancer of the cervix. I then had to count the female patients because they didn't separate women's charts from men's charts.

Sometimes I asked the librarian from the medical school to accompany me. She was interested and willing to go along and help. I took my little boy along so there wouldn't be any talk, and we worked all day Saturday in the record rooms. When I had finally gathered 10,000 smears and several thousand woman admissions between the ages of 14 and 65 or 70 and determined how many cancers existed per thousand, it turned out they didn't have any more or less cancer than anybody else. I did all that on a \$6,000 grant in addition to my own money, and tore up one car running around the reservation. I got stuck in dry powder out there one day in a 1958 Dodge and had to walk two miles before I found someone to pull me out. But I was interested in proving that fellow wrong, and nobody had written on Indians.

Spidle: At that time part of the Lovelace ethic was that, yes, we deliver health care. But we also do research.

Bivens: -- Right, that we were also interested in research and would write some papers. The first bonus that ever came through Lovelace Clinic was supposed to be divided according to what we contributed to the community, our research time and so on. Roy Goddard was getting a lot of recognition for the research he was doing at the time, so he got some. I didn't get a dime. They didn't get to a bonus for many years. It was twenty years before they started a program based on our basic salary and a percentage of what we turned in. I was working more hours and harder than anyone else, and getting the same pay.

Those were the things that sometimes made me look around. But I was interested in research and did get a little money from drug companies and the NIH. I had written a couple of papers before coming here--one while I was on Guam in the Navy on medical education in the western Pacific because I was teaching in a medical school the Navy had set up for the natives out there. I still correspond with one of the boys who has remained on an island out there, and I hope to visit him this fall. One of the first research projects I ever did was carried out there on Guam.

My paper was done on pregnancy tests on toads. In the late 1940s, pregnancy tests were done on virgin female white rats, so the Navy sent rats out to the school for that purpose. We injected the urine from a pregnant woman and it would turn the ovaries red if gonadotropin was present. After everybody else got out of the Navy following World War II, I became the executive officer of the school, even though I was only a junior grade officer. My wife was working as bookkeeper for the center and had another job at night working for Guam Commercial, so I had time on my hands aside from teaching. I read a story in the AMA Journal one night about the African clawed frog done by a fellow down there. He found that if a pregnant woman's urine was concentrated enough and administered to these clawed frogs, they would lay their eggs. I decided, what the heck. Those toads were running all over the place. I looked them up and found they were bufomarinous toads that had been imported from Hawaii to fight the iguanas who were destroying their chicken flocks. They found this big old bufomarinous toad had toxic juice in the glands behind his ears that was expelled when he got mad, so if the iguana ate the toad it would die. If a dog ate the toad, it died. Anyway, I caught a bucket of them and just sat looking at them for two hours, trying to figure out which were male and which were female. I had taught biology and chemistry in high school four years and finally thought I had it figured out, so I cut them open and found I was absolutely wrong. The small ones were males with brown thumbs; the big ones were female. I started going out at night and found the little ones on the backs of the big ones. The female weighed up to a pound and a half. Guam at the time was nothing but a few shanties, the school and two hospitals, one for the natives and one for the service people.

I tried to decide how to do a pregnancy test using the toads, because we were running out of white rats. My commanding officer had built a refrigerated rat house so they could be used in pregnancy tests. He was spending money on those damned rats when we couldn't get enough to eat. We were raising rats in a refrigerated house when the rest of us didn't have a refrigerator. Anyway, I worked on this female toad for months, but no matter how much concentrated urine I injected, I couldn't get her to lay eggs. Finally one day, I read about the cloaca in the male, and if you caught him during mating season it was always full of sperm. I went out and caught a bunch of males and checked them over. If they had sperm I put them in the cage for a few days until the sperm disappeared. I injected a few of them and killed them, because I was applying ten cc's. of toxic urine in each lymph site. I cut the dosage down and finally got to where, if the woman was pregnant, the male toad would reflect a positive sperm test on the cloaca within twenty minutes after being injected. But I couldn't get them to eat even though I bought hamburger and everything. So I just turned them loose and caught more toads because they were easier to catch than they were to feed.

(both men laugh)

I did this work at the same time I was testing for the hospital. Finally I wrote to Parke-Davis asking for some measured chorionic gonadatropin, because I had no idea how many units it took to make the male toad excrete spermatozoa. They sent me a whole box of it and I finally figured out that it took about 20 units to produce a 95% positive response. By then I had 75 cases and decided that when I reached 100, I would write it up. But before I reached that number, some guy in South America with two commercial labs hit onto this male toad. He published in the AMA Journal his findings among 200 cases while I had 75. That kind of took the wind out of my sails, but I went ahead and finished my work with 100 cases. I then gave another hundred toads measured chorionic gonadatropin, and showed that 20 units was the maximum.

It was about time for my Navy discharge but I didn't want to publish in the Navy journal. I presented it to the Guam Medical Arts Society because I thought it was a good idea that would save the government a lot of money on those rats. The admiral called me in and suggested I present the paper in Tokyo. "You sign over," he said, "and I'll get you a good OB residency in San Diego." "Well, you know," I said, "there's always an admiral higher than you are. The Navy has promised me things before that I didn't get, and I'd rather be out of the Navy." So they took my paper, gave it to a captain, and he went to Tokyo to present it. (both men laugh) But I didn't let him publish it. Those two papers helped me get my residency. And this is funny. I had a bunch of this chorionic gonado tropin left when I finished my hundred cases on toads, so I went out and caught one of those great big old females and told her, "I'm going to make you lay your eggs if it kills me." I started by giving her 100,000 units, 200,000 units, 500,000 units. Still no eggs. I finally took what I had left--perhaps a half million units-- and gave it all to her. When I went out there the next morning there were black eggs all over the cage. So her end point was really up there. I never would have got anywhere with the female, so I gave up on her, but the Navy came out and took pictures of my toad, my eggs and everything, and I did get a little recognition in the Navy.

Spidle: Yes, and you established a research tradition.

Bivens: Right. I never would have been a good basic researcher because something had to happen every once in a while. I had to experience success now and then or I wouldn't have stuck with it. I know guys that have worked for ten years and got nothing. I'm not that patient. Part of my pay related to my having satisfied patients and I liked that side of my work, also.

Spidle: How closely involved were you with education, the third element of the Lovelace operation?

Bivens: I never worked for the foundation. But I satisfied my teaching impulse when I first came by volunteering for everything in town. I was on the Visiting Nurse Association board for ten years, on the Cancer Society board for twelve or fifteen years, taking films on breast cancer and pap smears to women's clubs-- to anyone who would listen. I did a lot of basic education work that was community oriented rather than school oriented because we had no school. And, of course, we delivered babies without pay at BCMC when it first opened. When the medical school came, residents started taking that load off our backs, so eventually we only went there on rotation about three months out of the year. Those research and community educational programs satisfied my academic interests.

Perhaps because I was an obstetrician who worked with women all the time, I got involved in Kiwanis the first year I was here, which I enjoyed as a community contact, becoming its president and, after three or four years, its Southwest District Lieutenant Governor. In 1965 I became Governor of the Southwest District of Kiwanis International and traveled 22,000 miles that year. I went to Randy before I put myself up for that office to tell him I thought it was good advertisement for the clinic because I would be going to every town of any size in New Mexico, Arizona and west Texas, because we had patients coming from all those places. I asked whether I would have to give up my vacation time or whether I would receive extra time off for this activity. As a result, the board gave me three weeks' extra time, though they didn't pay any of my expenses. Kiwanis paid that. That was an outlet for me.

Finally, when I was forty-two or so and still making talks to Indian groups in the North Valley and elsewhere, I realized that my kids were all in bed asleep when I came home and I wasn't taking time to share in their lives. Within one month I resigned from the Visiting Nurse Association board, the cancer board--got rid of all the "thank you" jobs. When I was a consultant at VA I received \$40 for a hysterectomy, which was okay because I was on salary. It was the time involved. It was the same thing when I was on the Indian service. First, all the training was in Fort Defiance and I'd go out there in the winter time and get stuck in the parking lot. A lot of wasted time. Being a member of a group, I enjoyed being off on weekends, on six-week vacations with the family, and I wasn't worried about my patients while I was gone; I knew they were being taken care of. I was satisfied with my job, and stopped looking around for something else. I was running the department the way I wanted without having to knock heads with Randy too often. He gave me the building and all the equipment I ever asked for. That was one thing about Randy--if we needed something he would raise the money and get it for us. We didn't make enough money because we gave too much away. We treated preachers' families free, nurses free, doctors free, and it took a long time before they finally stopped that. We had preachers coming from Oklahoma, Texas, Arizona, all because it didn't cost the family anything.

Randy never had a lot of close friends, but every time I had a fight with him, the next Monday morning he would bring me a peace offering of some kind. I bought a real estate lot from Uncle Doc and built my house in Siesta Hills just across the street from where Randy lived. Every so often Mary would come over after I'd had a fight with Randy to compliment me, tell me how loyal I was. "You're in so many things and helping the clinic so much," stuff like that. Randy would never say it, but Mary did. He never gave any time to his family. He kept busy as president of the Air Force Association and was gone all the time trying to raise money. Randy once told me his two girls wanted to come over and play on my combination basketball, badminton, volleyball court and, he said, "Your kids are welcome to our pool any time that we're home except when we're having a party." So my kids swam in his pool, his girls played on my basketball court.

We got along pretty well, but I locked horns with him often enough so that I never got anywhere in administration or with the board of governors. I came close one time, but I always believed you were supposed to vote for your opponent so I lost by one point. (both men laugh) When you're a politician, you vote for yourself. But I never regretted that. I probably couldn't have handled it. I was too opinionated. I would have been telling people off and they would have told me off, and I probably would have left the clinic. Some people did that. One young doctor who joined us in internal medicine got along

fine until he was elected to the board of governors. He didn't like the way things were run, and got up and quit. It isn't always good to know too much about what's happening on the inside. So I'm probably lucky that I never made the grade. But if I had it to do over, I wouldn't change a thing.

Spidle: You indicated when you came that you anticipated some hostility from downtown doctors.

Bivens: I didn't know about it, and didn't care to know. After I had been here for about two years I was made President of the New Mexico OB/GYN Society which was mainly made up of men in Albuquerque because there weren't more than a half-dozen of us in the whole state. Randy Seligman, who was always a bit grating with remarks like, "What are you doing working at the clinic?" tried to get me to come in with him along with three other younger men and told me he would pay me twice what they were paying me at the clinic. At that time Uncle Doc had a clause prohibiting our practicing elsewhere in Albuquerque, a covenant which was eventually broken. At any rate, I told Seligman I was happy there and wasn't interested in moving. Dr. McCrae, who supervised me when I took my board exams here, was the biggest OB man in town but never the biggest GYN man. He never developed a GYN practice because he was too busy delivering babies. Seligman was doing more surgery than McCrae, and I was doing more than the other fellow because patients were being referred to me. I didn't have to build a practice.

I wasn't too happy when Lovelace recently [1985] joined the Hospital Corporation of America, but I felt good about it no longer being a clinic because they didn't have any doctors I was ashamed to be partners with. However, I called an orthopedist one afternoon at four o'clock about a lady from Gallup with a back problem. I told him I hoped he would see the patient that day as a personal favor to me, because she had driven all the way here from Gallup, and I added that I thought she ought to be put in hospital for traction. He said he planned to leave at 4:30 and couldn't do it. I said, "I'm not asking you to do it for the patient's sake; I'm asking you to do me a favor." "I don't care," he said. "I'm not going to see her." "Well," I said, "you'll never get another referral from me." He didn't pass the two-year probationary period and had to leave because he didn't want to work.

You have all kinds in a group. All of them aren't going to be go-getters, and that's why you can't have a standard salary program; there must be a differential. And people change. You've heard of Dick Streeper. My boy got rheumatic heart disease when he was two years old and Dick was an fine cardiologist. My boy was the first child at Lovelace Clinic to receive cortisone to protect the heart muscles during a rheumatic heart attack. The cardiologist, internist and pediatrician sat down together, treated my son, and they got him well. When Streeper turned in his resignation, I talked him into retrieving it before it reached the board. But he said, "I won't work this hard. I'm just going to work eight hours a day because that's what they're paying me for." He kept complaining about that and a year or so later when he turned in his resignation I didn't try to talk him out of it because he actually felt that way. They let him go and he went to Santa Fe. Well, before he had been there a year he was working 18 to 20 hours a day to make a living. He found out that you couldn't make a living working eight hours a day. One of our neurologists wanted to leave at 4:30 every day, "because they're not paying me enough to work until 6:00." As soon as he left the clinic and went downtown, you could call him at 8:00 in the evening if you wanted him to see a patient.

In my opinion, it takes a certain type of fellow to be a good group practice man. Derbyshire was the worst. I saw him at the medical society meeting this morning. He's still a big-wig in the State Society, and he still hates the clinic with a passion. I drove here from Michigan and had reciprocity with Colorado so I didn't have to take the boards there. But in New Mexico I had to go to Santa Fe to meet with Derby. When I came in at 10:45 in the morning, he had an office full of patients. But he called me right in, looked at my credentials and said, "What are you doing at that clinic?" I told him I thought I would like group practice. "You don't have to join a second-rate group like that," he said. "You have good credentials, good training. Why don't you go downtown and get yourself an office. I'll help you." I said, "Dr. Derbyshire, I'm happy with my contract with Lovelace Clinic. I want partners. I want some time for research. I want time off, and I want to build my house right now rather than waiting five years." I didn't know at the time that he was a former member of the clinic. I said, "I've been here forty-five minutes and your patients are waiting. Are you going to sign that paper or aren't you?" He slapped the desk and said, "Hell, I tried to help you! A young man like you shouldn't go with a group like that."

He did that to everybody I hired in my department. Dr. Neufeld came to the clinic from Canada with a Michigan license by reciprocity. John delivered all my grandchildren but he is a very quiet fellow who won't say any more than he has to when a patient asks a question. When Derby asked him if he had ever practiced in Michigan, John said, "I was a resident there and had to take the boards. I have these certificates." "But did you ever practice in Michigan?" "Not outside of Ford Hospital," said John. Derby refused to give him reciprocity. "You'll have to come back to take these boards." Well, John wouldn't talk back, so he had to go home, stay four months, return to take the basic exams, pass them, and put us off six months getting him here. Derby's a big wheel in the Society mainly because nobody else wants the job, I guess, but I've never had much respect for him. I spoke to him this morning and he spoke to me. He knew who I was, though I haven't seen him in years.

Spidle: Yes, I saw him briefly last night. When I had my tape recorder running, he was very measured in his judgments of the Lovelace Clinic.

Bivens: Well, I think he has lost some of his bitterness.

Spidle: I think he has, as opposed to just being diplomatic with the tape recorder running.

Bivens: Everyone I hired in my department caught hell from Derby about getting a license because he didn't want them to join the clinic. I don't understand all the glory they've given him for this stuff about continuing medical education, although I have to give him credit for having engineered New Mexico into becoming one of the first states to pass that law. He's due some credit for that. Some governor was once elected who didn't give him that job, and Derby went around pouting and crying to his friends until he was finally put back on that board.

Spidle: He's off it now and I'm not sure he has reconciled himself to it yet.

Bivens: I thought he was out of place in trying to pressure me when I first came. It was just like talking back to your superintendent when you're teaching school. When my first superintendent wanted me real bad he said, "I'll be sure that you get a New Mexico teacher's license." I was educated in

Texas and when payday came and I didn't have my license they wouldn't give me my check. When the superintendent said I needed a license, I reminded him of what he said about taking care of it. "I did not, that's your job," he said. I told him I was already accepted in medical school and only planned to work until March, "and you said you'd get that license." Boy! he got mad. When I left he made sure I was never going to come back because I questioned him. I remembered exactly what he said, but he didn't. But you can get yourself in a lot of trouble by being too forward. I knew I was right, but I should never have told him. I finally learned that, but it took a while.

Spidle: It's taken to along about now, right?

Bivens: Right. (both men laugh)

Spidle: What can you tell me about the Lucas case, which seems to have been another particularly threatening event in the clinic's history? You had been at Lovelace for ten or fifteen years when that climaxed in 1968.

Bivens: All I knew was that a young radiologist had not put the filter in. We were protected by some \$200,000 worth of insurance, and the party was suing for a million and a half or something. One of the things that hurt us was that when Dr. John Murphy left the clinic he was the first person to challenge the covenant contract, and he testified for the young man. There was no question but what a mistake was made, but Murphy drove it home pretty hard. he was still angry because he had to get out of the county for three years to practice, so he was an excellent witness for the other side. I don't know all the details to this day, but in my opinion the only thing that saved our neck at that point was that Robert O. Anderson came around with money to buy the stock we had earned for doing physicals for some company, which amounted to \$850,000 or whatever it was we had to raise. I think he came out all right on the stock later on, but he was our sugar daddy then, and saved our necks. Even my barber whose shop was just down the street from here asked, "Are you going to stick with those guys or are you going under with them?" I told him I had been there quite a while and intended to stay with them.

Spidle: (indicating a file containing copies of Uncle Doc's letters) The judgment was delivered in 1968, and there is one poignant letter written by Uncle Doc to Chris Sellman, Randy's eldest daughter, where he expresses the most pessimistic emotions.

Bivens: Yes. The old man was never normal and always depressed after Randy died. He constantly shook his head, "Tsk, tsk, too bad about Randy." He never got over it. In his own way, he was all right, but I never got too much involved with Uncle Doc. He joined the American College of Abdominal Surgeons even though he wasn't a trained surgeon and I think he was even president of that. That was because he wasn't a board man. His ego had to be polished somewhere. But we all have some of that problem. I'm sure that's why I gave my time to become Governor of the Southwest District of Kiwanis International, deacon in the church. We all want our peers to feel good about us. Uncle Doc pulled two or three things I didn't like. For example, he put a sign up in the bathroom: "Turn off this light when you leave." He was saving pennies and Randy was spending thousands. He was a Democrat, Randy was a Republican, which made it convenient--they could talk with either party. When Dr. Miles died, he was my chief of the department and a lot of people liked him. We needed a new delivery table upstairs, and people started talking about a memorial fund for Dr. Miles. I approved since it meant bringing money into the OB Department. I

even contacted Mr. Willis who, at that time, was one of the most famous artists in New Mexico, asking whether he would paint a picture of Dr. Miles for our new OB building as a contribution to that fund. He wasn't as good at portraits as he was with landscapes, but he said he would try. I gave him a picture and his wife gave him a tie and a suit to go by, and that picture is still hanging there. He painted that portrait and didn't charge me anything. I think I paid a hundred dollars for the canvas and frame, and spent the rest of the money we gathered on our new delivery table.

Spidle: I've seen it over there.

Bivens: I arranged for Dr. Eastman, who was his assistant in China, to deliver the first Miles Memorial lecture--for free, and persuaded Dr. Norman Miller to give the second memorial lecture. We kept that going for several years. Uncle Doc called me to his office one day and said, "Why the hell are you doing all these things for Lee Miles? He was a nobody." I told him Dr. Miles had been good to me; I thought he was a good obstetrician and gynecologist. He was head of the department and my chief, and I respected him.

(end tape one, side two)
(begin tape two, side one)

Bivens: (continuing) Dr. Miles was a trained man who had his boards and Uncle Doc was jealous of him. He didn't want me doing these things for him. But he was cute in many ways. I had been here about a month when my second child, a daughter, was born. I was walking between buildings one day when he met me and said, "I notice in the paper that your baby came. I haven't had time to get her something." He brought out a five dollar bill and said, "Get her something for me." Of course, back in the 1950s, \$5.00 was all right for a gift. Audrey Decker, his secretary, went to our church.

Spidle: Is she still alive?

Bivens: Yes, although I don't think she lives here any more. Anyway, she was tall, skinny and healthy. She used to tell me things on her own; I never asked her. She once told me that after Randy died, Uncle Doc had a long Christmas card list that she had to type for him every year. When he brought it to her he said, "I've got to cut this list down, it's too expensive. Cut this one off, this one...no, don't cut this one off. He owns a hotel in Kansas City and I'd sure the hell hate to pay for a room if I went there." (laughter) He tried his best to get a hotel built on his property. It fell through once and the second time he made them put up \$10,000 to talk to him. He got the money but they never built it because they couldn't get a liquor license. It was situated too close to the church or something. But he wanted to live on the top floor in a penthouse the worst way. When the medical school talk started, they suggested Uncle Doc give \$100,000 for endowing a Lovelace Chair of Surgery. He said he didn't have that kind of money, but after his death his estate was valued at nearly a million dollars. He wanted to give it to his family, not to the medical school. I'm not saying he wasn't charitable--he donated to the Methodist Church and other organizations--but Uncle Doc was just a totally different person.

Spidle: He really was a hard-headed businessman.

Bivens: He owned the old Sears building and when it burned, he lamented that it didn't have enough insurance. But they built a bigger building back on that land. He was just as tight as he could be.

Spidle: There was an interesting contrast between him and his nephew.

Bivens: Yes, and it wouldn't have worked any other way. When Randy wanted to buy the hospital from the Methodists, Uncle Doc whined, saying "Oh, no! Hospitals lose money all the time because people can't pay their bills. I won't have anything to do with it." I think Robert O. Anderson finally clinched that. They wanted the hospital under our control and they began getting residents from the medical school. Our first educational budget was \$50,000, and the Methodists raised their eyebrows, saying they weren't in the business of medical education, and all the trustees were shaking their heads. But the budget went to \$75,000, then \$100,000, and finally it got to the point where it was costing \$150,000 just for residents' salaries. We built those little houses over on Louisiana Boulevard for them to live in rent-free, and all they had to pay was about \$30 for utilities, and the foundation was picking that up for them. It was good for the residents; they loved it, but the Methodists kept complaining.

By that time Anderson was getting to be quite a millionaire and he could see the handwriting on the wall. Now, this next is not from the horse's mouth, but only what others have told me. He sent some of his men up here to find out how much the government paid toward the hospital. Randy received a total of \$40,000 from the Methodist Womens Missionary Society in New York City, which is all the Methodists ever contributed. Anderson looked at that and said, "Well, we all contributed to that new wing," and he went to the Mission, showed them the figures on what the buildings were worth, and asked "How much will you take for the hospital?" They knew they only had \$40,000 in the whole thing and they said something like two million dollars. Anderson wrote them a check for either \$500,000 or \$1,000,000 and said they would be paid \$500,000 each year for the next five years until it was paid for. "If then they can't pay for it, I will," he said. That eliminated the Methodist board, and that's how they got the hospital.

Uncle Doc was against it because he said the hospital would cost us money, and it did, in the long run. It wasn't a good business deal except that we wanted to run it, and we did. That's why we didn't make as much money as the guys downtown. I don't have any condominium in Mexico. The only thing that made me happy with my retirement is that during the last few years of work they started a plan where 20% of our pay could go back on a TSA. I'm not rich and can't travel as much as I like. That's one of the reasons I like to come back and scrub a little bit. I think I made \$5,000 in March and April. Half of it will go to Uncle Sam, but I don't mind splurging a little if I can make a little now and then. But I cannot live on half of what I used to make; I have to change my lifestyle. I should be happy with what I have but, you know how it is, the more you get the more you want. (laughter)

Spidle: I only have a few more questions, Dr. Bivens. I especially need help in understanding what the problems here were in the early 1970s. I can document the rapid personnel turnover, and read the worried debates that took place in the board of governors' meetings.

Bivens: Do you mean after Randy died?

Spidle: Yes. What you might call the Kilgore era after Jack Grossman left.

Bivens: Well, when Don was president, he talked a lot like Randy at staff meetings. One day Randy said, "In New York City you pay to park your car. You don't pay for parking on the back lot here." That's how Don talked. "You guys should be happy with what you're getting." But after Don lost that job he was able to go back to being amiable and cause no ripples. He tried to make ripples for a while, but they didn't count for anything. Let's just say there was no leadership. I'm not saying Don was not a leader, but there were many things he couldn't handle. They had an executive committee that made all the decisions because the board didn't meet all the time. Don was being paid by the foundation, by the clinic, and he was happy. Don came here as a GP, and we paid for his residency training. When I was bumping for raises they were sending him \$800 a month to keep him and his family in a residency because he didn't have the money to go. He planned to pay it back but when he got to making good money, they began tearing up those IOUs. I don't know how many he tore up and how many he paid, but I'm sure he didn't pay back for his residency. The rest of us paid for it and we knew that. So Don didn't go over that big as president, and he didn't last too long. The only reason he lasted as long as he did was because there was no other leader.

If you want my opinion of what happened in the 1970s, they were swimming around with no leadership. Nobody trusted anyone else, they were all at each others' throats, and a lot of people left because they didn't see much future here. I certainly considered it myself when I went to Carlsbad until I realized that I wasn't paying attention to what my children were saying. There were other things, too. They started making us pay corporation taxes--all sorts of problems. We borrowed money to the hilt, even money to meet the payroll. It was a matter from one payroll to the next as to whether we would be paid or not. A little old man named Mr. Wells used to hand out the checks, but he would hold on to them just as long as he could. (laughter) His wife was my patient. It was not a stable place for a while. By that time I had made up my mind I was happy with my practice, and if the kids didn't want to go to Carlsbad, I seriously considered moving downtown and even went to look at office space in the Medical Arts Square because the covenant agreement had long since been broken. Although the board of governors tried to write another one, it didn't hold up. Pretty soon everyone came and went as they chose, and we furnished the state with specialists, good men who were unhappy in the 1970s. But by that time my kids were in school, my wife was teaching school and with her salary we had enough money to do the things we wanted to do. I was no longer seeking the dollar like I was earlier. Yet we were robbed by a lot of young men.

Dr. Robinson, an ear, nose and throat man who is now downtown, came here with a bad back and knowing exactly what he wanted to do. He worked at the clinic for about five months and then had his back operated on. He laid out for six months with full pay. As soon as he got back he just moved downtown. He just used us because the law was on his side and we couldn't do anything about it. He didn't work; he was lazy, but he working like hell downtown. He was a dog as far as I was concerned, for using all of us like that, not just the clinic. We had a plastic surgeon here, and you know they make good money. We were paying him but he knew he could make more on the outside. He was a South American who married a white nurse and he bitched, bitched, bitched all the time. They took pictures both before and after he did surgery, trying their best to keep him from getting sued for what he did, but he still wasn't happy. One morning while I was scrubbing at the sink next to his I turned to him and

said, "I'd just like to see you get the hell out of here within thirty days. If you're unhappy why do you stay and just bitch all the time? I'm tired of hearing you and I'm sure a lot of other people are, too. If you think you can do better and be happier why don't you get out?" Within sixty days he turned in his resignation.

That's how you had to deal with those people. Whoever was president or chairman of the board had to give a little here and take a little there. If somebody threatened to leave they gave them a small raise. I got one myself from Uncle Doc and one from Randy, although he turned the tables on me. I went to Chicago to hire one young man named Bruce Cox, who is here in town now. We had a salary scale and I gave him a usual raise and recommendation at the end of his year's probation. Bruce was fine, except that he went to Randy who went over my head and gave him a little more than I did. That wasn't right. But that's how things were when it was run by one man. But in the 1970s we didn't have a good man; we were not able to keep things together and pay the bills. Reid, our business manager, became an alcoholic and died in a bar.

Spidle: I know he died within a matter of days after being let go here.

Bivens: He had credit cards with the clinic's name on them, buying rounds at the bar with clinic money. His wife was bitter because she thought we killed him, but as far as I was concerned he killed himself. I never liked Reid.

Spidle: I've heard that pretty uniformly.

Bivens: He was a yes-man to Randy. He knew what Randy would like, and he did that, and he never did anything without permission. When Randy died he made sure he got hold of that billfold with its Dining Club membership in Dallas and all that. But Reid thought he had to protect Randy from everything.

Spidle: I appreciate your spending this time with me this afternoon, Doctor. Thank you.