

# AN INVISIBLE PATH

## An Interview with Dr. Victor M. Rivera

by Ernesto Valdés

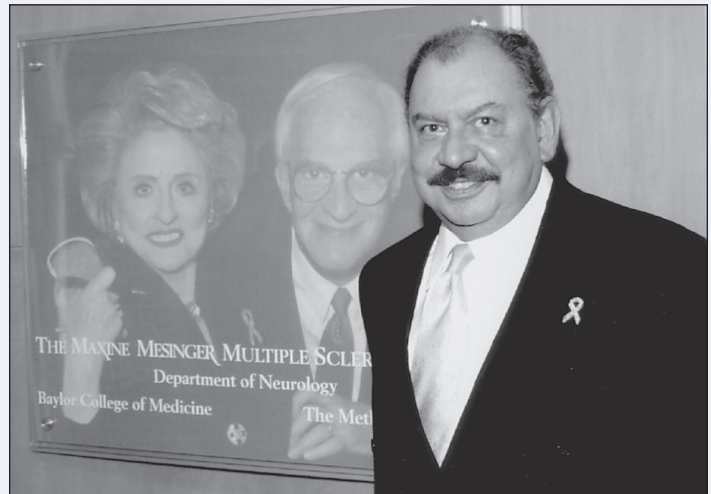
Several years ago the term “globalization” replaced the term “international,” conveying a more pervasive involvement in worldwide endeavors. Globalization identifies a broad spectrum of intense activities that already existed within Houston’s vast commercial, cultural, and scientific communities. The Port of Houston, for instance, is one of the busiest seaports with access to worldwide markets. One need only visit the Ship Channel and count the array of national flags displayed on the stanchions of vessels arriving on a daily basis.

Culturally, the city’s ballet, theaters, and orchestra companies enjoy international acclaim, and many of the performing artists within them are citizens or were born in countries from all the continents. Houston’s dancers, athletes, musicians, writers, actors, and performers bring rich interpretations to their acculturation and assimilation that adds to the region’s unique complexity.

Nowhere is the term “globalization” more apropos than within Houston’s vast medical community. Treatment, research, and education are conducted daily by hundreds of immigrants to this country working in the laboratories and clinics within the city’s medical community. According to the public affairs office of the Texas Medical Center, in 2004 its thirteen hospitals treated 5.2 million patients, including 10,456 from foreign countries. In the year 2004, \$3.25 million was committed to research, as its eleven educational institutions trained students from all over the world.<sup>1</sup>

In the research laboratories and clinics, epic endeavors seek solutions to some of humanity’s most insidious diseases and illnesses. One such clinic at Baylor’s College of Medicine is located on the first floor of the Neurosensory Center of The Methodist Hospital. Named after one of Houston’s most colorful and beloved columnists, the Maxine Mesinger Clinic for Multiple Sclerosis has implemented significant programs in an atmosphere providing comprehensive treatment to patients suffering from Multiple Sclerosis (MS). There, a highly trained staff offers a spectrum of treatments for MS patients within a unique architectural setting that evokes the supportive elements of life—light and water. The Mesinger Clinic represents the vision of a man who sought to confront the devastation of this disease through a nurturing environment coupled with viable treatment and research. His name is Victor M. Rivera, MD, a native of Guadalajara, Mexico—an immigrant.

While his father was still in medical school, Victor Manuel Rivera de Olmos was born in Guadalajara, Jalisco, one of Mexico’s greatest cities. Once completing his studies, the new doctor moved his family to the tropical city of Tāmazula, Jalisco,<sup>2</sup> which at the time was an



Dr. Rivera at the 2003 opening of the Maxine Mesinger Multiple Sclerosis Clinic.

important sugar cane center. The elder Dr. Rivera became the resident physician for the clinic that provided employees with medical care. In due course, the young Victor started and completed his six years of elementary education in Tāmazula. The city had no secondary school (preparatoria) so he was sent to a boarding school in Guadalajara. When it was time for college, he studied at the National University in Mexico City.

A vocation in medicine was a natural decision for him, having been influenced by his father’s career and that of a maternal aunt who was a neurophysiologist. “The [educational] system in Mexico was different,” Dr. Rivera explained. “We finished five years of medical school, a one year internship, six months of social services, a thesis, and then one can apply to take the examinations for an MD.”

Following this academic path, Dr. Rivera began his one-year internship, which was uneventful, except for one seemingly minor incident that occurred during a period of social unrest that pervaded Mexico. Dr. Rivera recalled:

In 1964, during my internship, before my medical degree, there was a lot of unrest among the students...Not just students, but campesinos, people in the railroad [unions], it was almost like a revolution. That was the beginning of social changes in Mexico... because the PRI (Partido Revolucionario Institucional)<sup>3</sup> was in

**ABOUT THE AUTHOR:** Ernesto Valdés was born and raised in El Paso, Texas. He received his BA from Trinity University in San Antonio in 1960 and served in the U.S. Army from 1961 to 1964. He taught in public schools in El Paso and San Antonio and in early 1967 moved to Houston. He then attended night school at South Texas College of Law and received his JD in 1971. He practiced law in the fields of criminal, family, and immigration law before deciding to retire and pursue a graduate degree in history with a special interest in borderlands history.

charge and [although] the people were kind of looking for a real democratic system, none existed.

Anyway, there was about 100 of us interns, and we were told by our supervisors that all the doctors in the hospital, the surgeons, the pediatricians, and the general medicine doctors, etc., and all the residents who were already graduated and working in the hospital would get the Christmas bonus, called an *aguinaldo*<sup>4</sup> and even though we got a small salary, we interns, the supervisors implied, didn't have any rights as other laborers in the country to get an *aguinaldo*. Everyone in the hospital was to get the *aguinaldo* except the interns.

*The supervisors tried to justify this inequity by saying that interns were students as opposed to workers. Dr. Rivera and his fellow students were outraged.*

We are also contributing too. We are on call every other night; we eat whatever they give us here. We wear uniforms, we sleep in terrible places. However, administrators were unmoved, and reiterated their position, "No, no, you won't get the *aguinaldo*."

So that made a few of us upset because it was unjust. We decided to strike. Eight or ten of us went to the auditorium and announced that we would not move until the director of the hospital would come personally to talk to us. Well, that never happened, but what did happen was that all the other interns joined us in the auditorium. We stayed there for two or three days and the nurses brought us food from the cafeteria. The authorities told us we were going to be in big trouble if we didn't quit this strike. As it turned out, it was the first strike by medical workers in the history of Mexico.

*Instead of succumbing to authoritarian threats, the interns decided to intensify the effects of their strike. Smiling with a sense of satisfaction at this youthful rebellion, Dr. Rivera continued:*

We chose to make the situation more public and some of us started talking to the press and radio stations. As for me, I had a car, so I went to different hospitals in Mexico City and other towns. I went as far as Guadalajara, stopping in different cities and talking to residents and interns to join us. Our efforts succeeded and our local strike became a national one that lasted about a week. Because of our absence, of course, the doctors, the specialists, the teaching instructors had to come to the hospital and take the on-call duties, emergency room, obstetrics, so it was a big mess. Finally what they did was to give us better quarters to live, new uniforms, and a little bit of salary increase and that satisfied us.

*Dr. Rivera completed his six-month social service term in Tonalá, a small community on the outskirts of Guadalajara known for its pottery, figurines, and other arts and crafts. What was interesting, Dr. Rivera recalled, was that "the factories were actually the houses of the people who live in the town." During this required service, he encountered the subject of his required thesis, asphyxia palsy, a type of cerebral palsy, that was a common infirmity in the area due to limited obstetrical facilities.*

*Finally, with degree in hand, the young medico eagerly began to apply for residency, which inexplicably became three months of frustration when all his applications were being rejected for no apparent reason. He had good grades, excellent letters of recommendation, plus inside support from his father who by then was the Director of the National Services*



*A young Victor*

*of the Sugar Cane Workers. Nevertheless, disillusionment continued.*

Finally, I was told I was on the black list of the government because of my participation in the strike a few years before. It was the administration of Luis Echeverría, the same man who allegedly had given the order to shoot the rioting students about three years after our strike.

So now I looked at my future in Mexico and saw there was no future, except, perhaps, as a training physician or to have a practice in a remote village, but neither of these choices were part of my plan. My friends who had spent time in the States were very eager to do their training here but I certainly had not planned on coming to the United States; I had never been to the States at all. However, for the fun of it I took the tests given by the American Medical Association for international students and doctors who wanted to continue their training in the United States. I took the test with them, and I passed it while many of them did not. Still, I had no idea how much that certificate meant. I just thought to myself, well, that's nice.

In reality that certificate meant that I could apply to any hospital in the United States that had an opening for a resident. As it turned out there were many openings because so many [American] doctors had gone to Vietnam and all hospitals needed interns. I applied to two or three and got replies from all of them—Methodist here in Houston, Western Reserve in Cleveland, and one in Connecticut associated with Yale University.

*Laughing, he explained his choice, "I chose the latter, not because of the name but because they paid more."*

*A problem most immigrants encounter when traveling to a foreign country is the language. Dr. Rivera revealed, "I knew I was going to New England...but I had never spoken English. I knew some phrases, just enough for basics. The reason I passed those tests was because I was able to read English well, but that's it."*

*In learning a second language, one relies heavily on phonetics; this can be a double-edged sword because phonetics does not differentiate the words. In Dr. Rivera's case, he repeatedly heard the introductory phrase to a sentence, "First of all...", which his mental tape-recorder incorporated into his growing English vocabulary. In a perfect world he would have repeated those same words, but instead, what came out was "Percival." No one knows how many perplexed or bemused minds mulled over his use of that introduction, but some kind soul finally brought it to his attention and he made the appropriate corrections.*

*The trip to Connecticut was anything but uneventful. Another miscommunication caused Rivera to take a taxi cab all the way from Boston to his new home in Manchester, Connecticut.*

When I arrived at the hospital in a taxi cab from Boston, they were very impressed and the word spread quickly among the staff that the new intern from Mexico City was a pretty rich guy who could afford to ride a cab all the way from Boston. Once the truth emerged about my economic dilemma I was escorted to my apartment across the street from the hospital and given some cash money for groceries. I think the auxiliary ladies wanted to be sure I was OK.

*Once the staff got their new intern fed and roomed, he was informed that he was on-call for that evening.*



And I said, "OK, where do I sleep?"

They told me, "You stay in your apartment across the street and we'll call you if and when we need you." That night I was very nervous, you know, I was watching the phone, praying it wouldn't ring. It rang sometime in the middle of the night and it was a nurse from the intensive care unit. "Dr. Rivera?" she inquired.

"Yes, may I help you?" I read from my Spanish-English dictionary.

"You have to come over to the ICU to take a look at Mr. Smith."

So I went over to look at Mr. Smith and was given his background. "Mr. Smith," the nurse informed me, "has been sick for quite awhile and finally today he quit breathing, there is no heart-beat, no blood pressure." I looked over at the patient and confirmed that he was dead. So I asked, "What do you want me to do?"

"You have to pronounce him."

I didn't understand what she meant, but not wanting to seem rude on my first day, I took her request literally and in my best Spanish-accented English, I pronounced "Meeester Smeeth." The nurse was trying very hard not to laugh at me. She said, "No, no. You write on the chart (she hand motioned), this is the time, the date, the hour, and you write here that you were called by the nurse and that the patient had no pulse, and that's it. That's what pronouncing a patient means."

I let her know I understood, I wrote in the necessary information, and I turned to return to my apartment. "Now you have to call the wife," she informed me.

"I have trouble speaking to people on the phone," I declared.

"It's hospital policy. You have to do it. Don't worry, we will be here with you," she assured me. Informing families of a relative's death is a delicate matter under the best of circumstances. The sensitivity of the moment calls for sympathy, compassion, and gentle language.

At 2:00 in the morning, I called the wife and when she answered I said, "Mrs. Smeeth, this is Dr. Rivera calling you from the hospital."

"Oh, you're calling about my husband."

"Yes."

"I know, I know, he's gone."

"No, no, no, he didn't go anywhere, he's still here...but he's dead."

*After a year in Manchester, Dr. Rivera traveled to Wayne State University in Detroit, Michigan, from 1967 to 1969 to pursue neurology. The first year was spent in a rotating internship where his social service experience in Mexico made him especially helpful in obstetrics. Those years, however, were marked by civil unrest in the United States.*

The experience there was phenomenal, because there were riots and great violence. There were fires and snipers of such intensity that I had to stay in the Detroit General Hospital during one week straight taking care of wounded people. It was like a war. It was terrible, day and night.

This was the only unusual experience in Detroit; otherwise it was a very smooth training process until June or July when it was announced by the chief of service, Dr. John S. Meyer, that he was moving to Houston to develop a neurology department at Baylor College of Medicine. It was a shock to the medical community of Detroit that the chief, a prominent neurologist, a person of great

importance to the medical school, was leaving.

He called me into his office and told me he wanted me to come with him to Houston. He had a broad vision of what he wanted to establish in Houston and he felt I would be a good addition to his team in Texas because I was bilingual. I was senior resident by then, finishing my third year, but I accepted his offer and came to Baylor with him in September 1969.

*Houston, Dr. Meyer envisioned, was becoming an international referral place. That is, doctors and hospitals from around the world were referring patients to the Texas Medical Center (TMC). Moreover, with its proximity to Latin America and in view of the large Latin and Mexican American community in Texas, he foresaw a future need for hospitals to provide bilingual personnel.*

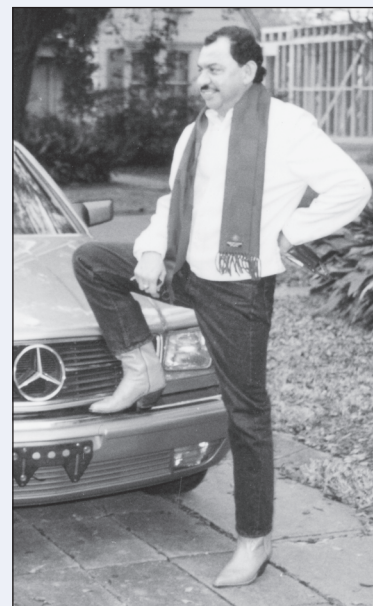
I told him I was planning to return to Mexico after my residency in June 1970. An amnesty by the new president of Mexico had cleared my record so I could return to my country, teachers, and friends. Dr. Meyer said, "Finish your residency with me in Houston and then you can return to Mexico." But then the following April something unexpected happened—the physician Dr. Meyer had hired to be Chief of Neurology Services at Ben Taub Hospital all of a sudden quit. So Dr. Meyer called me in and said, "I have no choice but to put you in charge of Ben Taub Hospital, Chief of Neurology."

"But," I reminded him, "I haven't finished my residency."

"Well, you just finished your residency right now and you are to be called the Chief of Neurology and you'll be taking care of Ben Taub." There were already two or three residents that had just joined our new service and we took care of neurological emergencies like strokes, epilepsy, and new clinics for the indigent had been developed. It was a challenging position but we met the challenge. In seeking ideas to make that department function, I attended meetings of the executive committee although I had no idea about anything.

*Dr. Rivera humorously recalled his first encounter with the process Americans use for conducting business meetings. "In my first executive committee meeting was the first time I heard of Robert's Rules of Order—in Mexico they don't believe in that type of order. There, the loudest voice gets the floor. But it was a fascinating experience, I was sitting there with men who were twice my age, but they looked at me with affection and protected me; I learned many things in those days." He remained as chief until 1975, while continuing to work at Methodist Hospital.*

*In 1975, significant changes took place in the administration of the department at Ben Taub that forced Dr. Rivera's mentor, Dr. Meyer, to*



*Rivera left Detroit behind and came to Houston. He immediately purchased his first pair of cowboy boots, proudly displayed here.*

leave. It became a pivotal point in his young career. He decided to resign from the full time position at Baylor but chose to remain as a voluntary member of the faculty at Baylor, although it did not offer tenure or compensation. What followed were decades of volunteer instruction that manifested his love of teaching.

In addition to Baylor, Dr. Rivera taught neurology classes at Texas Women's University (TWU) for decades, educating thousands of nurses who became occupational and physical therapists. These nurses now practice throughout Houston, the state of Texas, across the nation, and in scores of foreign countries. If these statistics are not impressive enough, the fact that he embarked on this endeavor voluntarily should be.

Together with a group of other doctors, he entered into private practice in an office located in Plaza de Oro. After three years, he moved into Scurlock Towers, where he remained for thirteen years.

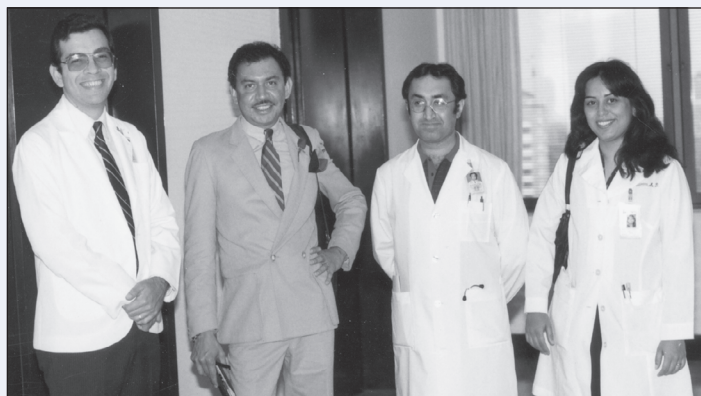
I continued clinical research and teaching medical students from Scotland, Germany, Russia, but the majority was from Latin America, particularly Mexico. Venezuela had a beautiful fellowship program that paid young physicians to go anywhere they could get a position. So I had three or four doctors from Venezuela that came to be with me for awhile.

*His ongoing clinical research and the gentle push from his mentor inspired him to focus on multiple sclerosis.*

Dr. Meyer was an internationally renowned stroke expert and he had a funny way of encouraging people. One day when we were making rounds just after we arrived from Michigan he told me, "You know, you're going to be helping me develop the teaching program so you should start thinking about going into a field you can do something about, like I have in stroke. Why don't you start getting into MS?"

Having studied medicine in Mexico, I never knew anything about that field of medicine. I thought it was a fascinating disease even though there was little knowledge and no good treatment at that time. So I started reading and communicating with experts by phone and mail. Gradually I started developing ideas about new possibilities of treatment particularly from European ideas since they were the forerunners of MS research—there was good reason for that disparity.

MS was a European disease and at that time, they [Europeans] were more aggressive in treatments because they didn't have to deal with FDA whereas American medicine has always been a little bit



*In addition to Rivera's work as a physician and researcher, he was a dedicated teacher, welcoming medical students from Latin America to study under him.*

behind, not now perhaps, but certainly back then because there was a great concern about FDA and lawyers.

*As his private research and study of MS continued, Dr. Rivera became involved in two dramatic events. Conversations with one of his students from the Rio Grande Valley of Texas told him about children who were called "The Mallory Kids," named after the Mallory auto battery plant in the Valley. Dr. Rivera related:*

Birth defects had become an epidemic because women who worked in the plant and who became pregnant after they left the plant were birthing children with very unusual features. They included mental retardation, seizures, polydactilia (extra fingers or toes), and several facial peculiarities such as a narrow face and the hair had a strange texture and consistency. However, I didn't have the means to prove that the problems stemmed from any toxic material in the plant. But, I examined close to 100 kids and prepared a paper for a platform presentation in one of the meetings of the American Academy of Neurology. The paper was accepted but before I was able to finish, a class action suit was filed against Mallory. I was encouraged to persist in the study by some colleagues, but I was doing this on my own without any outside funding and I didn't have the means to continue and besides, the company no longer existed.

*Another event in which Dr. Rivera made a major contribution occurred on April 22, 1992, when gasoline from a PEMEX<sup>6</sup> refinery in Guadalajara leaked into a sewer line and ignited, causing a series of devastating explosions that left twenty city blocks of death and destruction. Reporter Peter Eisner of Newsday reported that some 200 people had been killed, 1,500 injured, 1,000 dwellings were destroyed, and 15,000 people were left homeless.<sup>7</sup>*

*The General Counsel of Mexico in Houston at that time contacted Dr. Rivera and two other Houston physicians, Dr. Jorge Guerrero and Dr. Marcos Calderon, requesting their assistance in handling the many injuries caused by the explosions. "In less than 24 hours we had organized a campaign to get medicines, supplies, and a plane [to Guadalajara]. Accompanying us was Houston's Fire Chief Eddie Corral who took along two of his experts in gas explosions. I was very impressed by this gesture."*

*Throughout this period of the doctor's career, the challenge of MS was ever-present. The ideas that had formulated from his reading and independent research began to interweave themselves into a meaningful model for treatment.*

I returned to Baylor full-time as a faculty member in 1993 and I was rapidly promoted to full professor. I then formulated the idea of organizing and realigning the MS services provided by the medical school and Methodist Hospital into a single cohesive unit. I registered this endeavor as Baylor International MS Center, which became the first truly MS center in Texas. It functioned from my offices at Scurlock with the concept of a "center without walls." That is, if I needed to send a patient to a psychologist, I had all the contacts and mechanisms to do that rapidly. Later, it was apparent that MS was a disease that required other disciplines that could be provided by an integrated clinic. In the meantime, our Baylor International MS Center was inaugurated in 1996 and became affiliated with the consortium of MS centers under the National MS Society.

I received a letter, which I read at the inauguration from the founder of the National MS Society, Mrs. Silvia Lawry. She is a



beautiful lady in her late eighties from New York who founded the MS Society in 1946. She was very kind to me; she was the one who inspired me to move into Latin America for MS. By that time, Maxine Mesinger was already my patient and had decided to go public with her condition. During this era, the idea of an integrated unit seemed to become an attainable goal. I did think that one day I'd get a scholarship or a chair in the name of Maxine Mesinger. Then two years after she died, people started thinking it would be a good idea to honor her by developing a clinic.

*The efforts to raise the necessary funds were successful and the Baylor International MS Center was renamed Maxine Mesinger MS Clinic, which opened its doors on September 9, 2003. The literature of the clinic's services include evaluation and treatments followed by an array of supportive treatments correlated with medications, therapies, acquisition of rehabilitation equipment, psychological counseling, social services, and training/retraining programs. A staff member trained and experienced in each discipline provides a service within the clinic's atmosphere.*

*Dr. Rivera explained:*

Statistically, women are particularly prone to MS and as a result they acquire severe physical disabilities and profound inconvenience. Thus the routine care and examination they need as women are limited or difficult to access because of the need for transportation to other offices or because most doctor's offices are not equipped to examine MS victims, particularly gynecologists. In our clinic, we have a specially designed chair that can be converted into a GYN examining table for a woman who is wheelchair bound or suffers from severe spasticity in her legs. So obviously, when a medical facility has a female paralyzed with MS, special equipment-trained personnel are needed. This clinic provides these services under a well-woman concept of examinations and treatment.

*The concept of a singular center dedicated specifically to MS patients is enhanced by the architectural design of the office where color, light, and texture provide an atmosphere of comfort and reassurance. After conferring with MS patients, the architects that designed the clinic explain, "We talked about creating a restful, healing environment, that would create that environment," said Linda Bishop, vice president and director of design for interiors at FKP Architects. "We decided to focus on the healing powers of light and water." In their own words, they "designed a modern space featuring soft curves and elements evoking the flow of water and power of light. Rippled glass in the curved wall at the main entrance sets the tone for the clinic. Inside, the circular reception area is paneled in maple and carpeted in sage green. A domed ceiling bathes the reception area in soft blue light. Special finishes include hand-made paper, silk wall coverings, and glass mosaic tiles. The patients and their families also requested flexibility in the seating arrangements so those who are wheelchair bound could be seated with their families. Custom back cushions were specially designed to help patients with muscle control problems sit upright."*



*Dr. Rivera with Mexican actor and comedian Mario Moreno "Cantinflas" in 1992, a few months before Moreno passed away. Following the tragic PEMEX refinery explosion in Guadalajara, both Rivera and Moreno worked to raise funds in the aftermath of that disaster. Houston's fire chief also became involved, sending experts in gas-related explosions down to Mexico.*

*The clinic, to be sure, fulfilled the intentions of Dr. Rivera's concept of a unified venue that would provide the required services with the added dimension of stimulating the patients' sense of hope derived by appealing to the unconscious comfort humans derive through their senses of sight, sound, and touch.*

*For Dr. Rivera, research continues to be the focus:*

Scientists do basic research on a very important molecular level in the laboratories located on the third floor of this building in addition to our clinical research. We have about ten different clinical trials of new treatments to approach the disease. So we are constantly doing something.

I just finished a study of MS on Mexican Americans that is going to be published soon. The ethnicity slant has a definite effect because MS is more prevalent among Caucasian women. In the United States and Europe the ratio between women and men is 2 to 1. However, we now see a tremendous surge in MS among Latinas in Latin America and the United States, including Latino children. The ratio among Latinos is 4 to 1, four Latino women to one man. These ratios are gender- and ethnic-specific: that is, two Caucasian women to one Caucasian man; four Latino women to one Latino man. Why this happens is genetic.

All of us have a tissue type in the same way we have a blood type, but the tissue type can be similar or identical within groups of people.

It is referred to as HLA-type (human leukocyte antibodies). For reasons yet undetected, chances are that in South Texas all of them [Latino women] have the same HLA-type. On the other hand, northern Europeans, Scandinavians, and Anglo-Saxons share an HLA-type that favors the development of MS. How that HLA type reached Latinos is a fascinating situation because most likely it came from those European groups of moving to America and introduced the gene into Native Americans through *mestizaje* and *mulataje*.<sup>8</sup> Of particular interest is how the distinct history of the Americas is reflected in this genetic mystery. The mestizo is a new racial group of only 500 years compared to Scandinavians, Anglos, Latins, and Africans who have been a group for thousands of years but the mestizos, Latin Americans, we are a young presentation in the world as are the mulattoes.

*How inconsequential it must have seemed to that anonymous Mexican official who summarily added the name of the young radical medical student to a black list that forced him to come to the United States. But Mexico's loss proved to be Houston's gain. Dr. Rivera's scientific contributions highlight the value of immigrants to our country and to all humanity, because his discoveries and developments are shared with the world. Whether his body of research and knowledge could have been accomplished in Mexico is questionable. The fact that it happened in this country illustrates the lasting benefits of a free society.* ■