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Interview with Margaret Carter McNeese

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TEXAS MEDICAL CENTER
WOMEN'S HISTORY PROJECT

Margaret Carter McNeese, M.D.

Vice Dean for Admissions and Student Affairs

John P. and Katherine G. McGovern Medical School

University of Texas Health Science Center at Houston

Dr. Margaret McNeese is right at home in Houston, the place where she was born. Dr. McNeese's undergraduate years were spent at Mary Baldwin College in Staunton, Virginia. She went to medical school at The University of Texas Medical Branch at Galveston, where she began her career as a physician and pediatrician. She has been a recipient of many awards, among them the UT Health Science Center at Houston's President's Award for Mentoring Women; the Catholic Charity Guild Award for service at the San Jose Clinic, the coveted Benjy Brooks Foundation for Children, Bert Coats Humanitarian Award, the Mary Baldwin College Sesquicentennial Medallion, and the 1999 University of Texas Medical Branch School of Medicine Ashbel Smith Distinguished Alumnus Award.

Interviewed by Ruth SoRelle, MPH, on November 16, 2016 in Dr. McNeese's office.
Transcription by Danielle Bustillos SoRelle. As edited by interviewee.

RS: This is Ruth SoRelle. It is November 16, 2016 and I am interviewing Dr. Margaret McNeese in her office today. Can you begin by telling me your full name?

MM: Certainly, Margaret Carter McNeese.

RS: You are a physician

MM: Correct

RS: Have you ever been married?

MM: I have. I am a widow. My husband died about 20 years ago.

RS: I am sorry.

MM: of a brain tumor

RS: You use your maiden name then?

MM: That is my maiden name. My married name was Schuessler.

RS: Do you have children?

MM: Two daughters

RS: Oh how neat.

MM: Yes

RS: Ok, where were you born?

MM: Houston, Texas. I am a native Houstonian.

RS: When were you born?

MM: February 2nd 1945

RS: Did you grow up in Houston?

MM: I grew up in Houston. I went to school here. I went to Kinkaid. Then I went off to Mary Baldwin College in Staunton Virginia. It was an all-girls... It still is a girl's school in Virginia.

RS: Well, he (her father Aylmer Green McNeese, Jr.) was really involved with UT Austin.

MM: He was appointed to the Board of Regents twice. He wanted his children to go to the University of Texas. My brother went to law school in Austin and I went to medical school in Galveston. He was very insistent that both of his children see something else. We could come back after two years away at school but he wanted us to see something else as well.

RS: Why did you go to UTMB?

MM: I, at the time, when I graduated from Mary Baldwin in Virginia, I was a Spanish and biology major and I wanted to be a veterinarian. (Texas) A&M did not accept women (at that time). There were virtually no veterinary schools in the United States that accepted

females. So I applied to medical school and was fortunate enough to be accepted at UTMB in Galveston. I became a pediatrician.

RS: I was going to ask, who were your mentors?

MM: My mentors here in Houston... It is interesting, Dr. Peyton Barnes who was the most wonderful, the loveliest and most talented surgeon that I can remember. He was my mentor. I worked for him as a scrub nurse at St. Joseph's Hospital when I was in high school and college.

RS: That's amazing.

MM: He was the one that infused in me that if you want to, you can go to medical school and do a pretty good job if you try it.

RS: What was Houston like when you grew up here?

MM: Well it was completely different. We didn't have to lock our doors. I think it was sort of an idyllic life at some level. Going to school... The original Kinkaid school was on Richmond. We lived in Memorial. We drove in every day so that was kind of a trek to come into town. In those days... At the end of Memorial Drive was an oyster shell road. There had been an army base there where our house was. We spent most of our summers going barefooted and no one really cared where you were. It was a lovely place to grow up.

RS: So, you went to UTMB.... What was that experience like?

MM: Well, it was the first time I had been in a co-ed (school) since I had gone to a girl's college. It was sort of fascinating. We had our 45th medical school reunion two weeks ago. It was a real eye-opener for all of us to come back. It was as though no time had passed. I really enjoyed medical school an awful lot. In fact, it was probably the most fun educationally that I had had in all of the education that I had pursued.

RS: Were there many women in your class?

MM: There were 13 of us and when we graduated there were about 10 out of a class of 170.

RS: So that was really a high percentage for that period?

MM: I thought so. Again, not all graduated but those that did, we've been life-long friends. In fact, I stayed with some of my friends from medical school when I was down there a couple of weeks ago.

RS: How fun

MM: Yeah

RS: So you went to medical school. Were there any incidents there that you remember? Anything interesting about it?

MM: Well it was a lovely place... Galveston again, I am in Houston and I love it and I love this school. Going to UTMB in those days was a wonderful education and experience. You could ride to school on your bicycle. It was sort of an extension of adolescence. You were a happy captive of sorts on the island. Your classmates were your very good friends. You lived and breathed with each other's life. I think that was probably the most amazing thing. Being there.... Being educated in Old Red (the iconic first building of the island's medical school) was a remarkable experience. To see the history that had gone by in years past with all of the anatomical jars. The people who had preceded you. How wonderful it was to be following in their footsteps.

RS: So, you actually practiced there? You had a clinical appointment there for a while.

MM: Correct I had a clinical appointment there as an instructor. I stayed there and did a fellowship in ambulatory pediatrics after my residency. Medical school. Pediatric residency. Then I did a fellowship. Then I stayed on for two years as an instructor.

RS: What was that like?

MM: Again, it was.... Which one? My internship and residency?

RS: Yes, let's start with that

MM: I enjoyed that very much. It was a very large patient service. This was before there was Medicare and Medicaid in the state. John Sealy Hospital was a large referral hospital for the state. We saw just about every fascinating, interesting and really severely ill child that did not have the resources to be treated locally. It was an excellent education and I enjoyed it and learned a tremendous amount. Dr. (William C.) Daeschner was the chairman of pediatrics. He was also an icon in pediatrics. I was very fortunate to have been instructed by him.

RS: You treated, like you said, some of the poorest of the poor.

MM: Correct

RS: What was that like?

MM: For me , it was an honor and a real gift to be able to see these individuals that cared deeply about their families and their children. A lack of resources was the only reason they had to come to Galveston, but I think we gave them the very best care available.

RS: You probably gave them the best care in the state.

MM: I think so. I would like to think that.

RS: Then you were clinical there too. You just continued that kind of work.

MM: My husband did a fellowship in cardiovascular surgery here in Houston. That's when we moved to Houston and I started working here in 1976. So, I've been actually at this medical school for a long time. It's kind of frightening when I mention it. I don't even want to tell you how many years that is.

RS: I think my sister was here really early too. She came here to do her residency.

MM: Right. That's when I remember actually knowing Marilyn (Doyle).

RS: She went to UTMB.

MM: We might have known each other down there, but I do know we knew each other, maybe in both places.

RS: Why ambulatory pediatrics?

MM: At the time, I did ambulatory pediatrics because that was the way I was introduced to and allowed to do child abuse. My major focus in pediatrics has been child abuse and neglect. That was the fellowship, so to speak, for that discipline.

RS: So, when you came in '76, this was a really new school.

MM: The bicentennial (of the United States).

RS: Yeah, this school... the legislature approved it in '69 and I think they signed the papers in '70.

MM: Correct.

RS: So, it was six years old and I don't think people really realized what a new school this really was, still is to some extent. Who was.... Was Cheves Smythe Dean then?

MM: Cheves Smythe was here. Let me think. The president of the UT Health Science Center at Houston was the physician for the astronauts, Charles Berry (MD). I think he was the first president of the health science center. He worked for NASA. He had been sort of the head of the medical division of NASA.

MM: He was the first president and Dr. Smythe was the Dean.

RS: The Dean at that time. Your practice was at Herman?

MM: At Hermann in ambulatory pediatrics. I also spent most of my early days here at the San Jose Clinic, which was one of our ancillary clinics that we used for teaching in the department of pediatrics. I loved my experience there. I would go to the clinic located underneath the freeway on Hamilton Street right now by the baseball stadium. Indigent care has been something I have done forever and have really loved every minute of it. I've enjoyed seeing those patients. I think the fact that I had a background in Spanish didn't hurt any seeing these patients. That and then I would do our outpatient was over in the Hermann Clinic, which is now where the MRI is located in the Cullen Pavilion.

RS: That's amazing. So, what was the patient load like?

MM: Believe it or not, at the San Jose clinic, again it was myself as faculty with two residents and three medical students. We would sometimes see about 120 patients a day. A lot. I was down there just about every day except for the days I was in the clinic at Hermann. I would attend on the inpatient service on the floor at Hermann hospital for two months out of the year.

RS: That's tough. That's a tough routine.

MM: It busy but enjoyable. I had one child and was pregnant with another one.

RS: So, your children are...

MM: They're grown. I have one that is 38 and one that is 41. One is an attorney and the other is a physician. That's the attorney child. The physician, not that I don't love her as much, is in the smaller picture here on the horse. They are horse girls.

RS: Wow... So, they...did they... your husband was a cardio...

MM: That was something I've thought about over the years. There was never any resentment. Again, my daughters grew up and that's what they knew. They didn't know anything else. My mother did not work outside the home. My father worked very hard. I didn't mean to imply that my mother wasn't busy and didn't do a lot of things. She is no longer with me, She worked very hard in her own arena. The girls...there was never any resentment (of her working). I've thought about that because as a pediatrician and taking care of the children of a lot of professional women, some of the children don't

much appreciate their mother's being gone. You see less and less of that now. To my knowledge they never voiced any resentment. It was just this is life and this is our life. I was lucky to have support at home --people who helped me to take care of the children.

RS: I am sure your husband supported what you were doing` as well.

MM: He did and it is interesting with one as a surgeon and the other as a pediatrician. We did live parallel existences at some level. Both of the daughters knew that their family loved them and there was a place for them at home. We would spend weekends riding and doing things in the country.

RS: So, you got into taking care of children who had been abused. Why?

MM: There was a need when I was in Galveston. It was clearly not something I would have chosen but during my ambulatory fellowship, I was fortunate enough to work with a Dr. Joan Hebler. Joan did the child abuse for Galveston and she needed someone to help her. That is kind of how I fell into that position. I realized it was necessary and clearly needed because a lot of these children were being unrecognized or not diagnosed purely by of lack of understanding of physicians, teachers, schools. There was a fear of reporting. At least it gave these physicians a place they could refer their patients to. This is our expertise and hopefully UTMB did it well.

RS: Were there any cases that arise that you remember

MM: Oh yeah, there are still some children that I wake up in the night thinking about. Where are they? Did they ever make it out of foster care?If they were lucky enough to get into foster care out of an abusive situation. Yes, I have lots of memories. In fact I am reviewing a case now and it's kind of harping back on it....It was a family that was being accused of Munchausen's. How angry this family was and it turned out this is not what this child had. It is bringing back a lot of memories reading this case and trying to make an opinion.

RS: As I understand it after you came to Houston, you were a consultant with HPD (Houston Police Department) for a while.

MM: That's true. I worked with children's assessment center. From its inception, we had a pediatric clinic there. We were worked with the Sherriff's department as well as the Houston Police Department.

RS: And what was that like?

MM: I like the police and the Sheriff's Department. I learned an awful lot from them and hopefully they learned a little bit about how to diagnose, treatment, and approach child abuse. They don't have a very easy job and I really gained a lot of respect for them.

RS: They seem to have a real sense of empathy with the kids often.

MM: Again, I was working with the juvenile division so hopefully with selection those individuals were more interested. I have a huge amount of respect for them and still have some police friends that I call from time to time and people from the DA's office.

RS: That's an interesting sidelight.

MM: It was and it kind of gave you a perspective on all of the components of child protection You've got these children who are very vulnerable and you've got these families, some are very caring, some are not, and how all of these people come together sometimes or don't come together. They actually have differing opinions on how to best take care of the child. The child can be of chattel. Being pulled and pushed for someone's else's benefit. Hopefully the right thing comes out at the end. Yes it was, it still is a learning experiences.

RS: So in about '84 you started moving into more administrative roles.

MM: Correct. I was approached by the then Dean to consider coming to the Medical School and doing admissions and student affairs. I have been doing that since then and really enjoy it. It's been an amazing to witness incoming medical students, new college graduates, and after four years leave as embryonic physicians. It's almost like birthing babies.

RS: Has it changed?

MM: You're the second person today that's asked me that questions. Of course, the medical school curriculum has. In fact, we have a new curriculum that we are introducing this year at this school. It's too early to tell what influence that is going to have on our students. The nature of the student has changed. They are millennials, I can say the word now without getting tongue tied, and they truly do have a different style of learning from the traditional method. They are very bright, they are energetic students, and they want to participate but I am not quite sure that education has determined how to best to educate and incorporate this generation. Also, it is

incumbent on us to remind the millennials that they must interact with humans and not their iPhone. That's the potential void that I fear---information is so easy to obtain and you can instantly get mounds of information. But please don't forget that there is a lady in bed 12 or a patient waiting for you in the clinic and they still have fears and dreams and need to have eye contact and the physician presence. Hopefully we will figure out a way to address that possible gap.

RS: That is a hard thing right now.

MM: I think this may be the biggest challenge we have in teaching medical students. They can't leave their empathy or their souls or their heart at the door and expect to get it from an iPad or an electronic medical record. I think the students are more than able and willing to do that. It's just that their education up until this point has been completely different than the traditional method that we are used to and we are going to have to adapt. Figure out some way for them to take care of us in our old age.

RS: I want someone to look me in my eye.

MM: Me too. Get off that computer and look at me and listen to me.

RS: In fact, I've been known to tell people that.

MM: When you come in with your paper bag filled with 25 prescriptions, you want them to look at it with you.

RS: I just wondered if they had changed.

MM: The nature of the student on the surface appears to be different. Are they any different when you scratch the surface? Probably not, but I do think they've come from an educational system that has adapted to them. Now it is time for us to adapt to the best way we can to their learning styles without ever forgetting what they are here to be, a physician.

RS: No matter how much technology you have....

MM: Right and I don't have a Harry Potter wand that I can wave.... But that is my plea and hopefully, we will figure out the combination.

RS: You came to the med center in '76 and that was the year of the first big flood.

MM: Oh yes, and I was pregnant. I remember that.

RS: I had just given birth.

MM: It was....

RS: How much has it changed since that time?

MM: I don't even recognize it. The sad thing is having grown up in Houston. I remember where this place was and that place was and the filling station here that's no longer there. It was a smaller community. It was more collegial on the surface. I don't think we are really any less collegial because I think humans self-congregate. We divide ourselves in to smaller parts just to survive. I think we are tribal or clannish at some level. It was easy. I think it is just harder or people are less willing to travel because we got it all at our finger tips.

RS: That's true. I mean just physically, this place has grown a lot. It makes it hard I think to do that. It's so far.

MM: Again, even like going to Grand Rounds we can "attend" by video streaming. Students can go to lecture by video streaming. I went to class every day when I was in medical school because that was my social milieu. ... That's another thing. I think we might be imposing isolation of sorts on our students. Going back to my days in Galveston. I gave a talk down there to their Oslerian Society the other day. Our classmates were necessary... We needed each other. They were there for me. They caught you when you stumbled. I am hoping that our students have that same sense of community.....but it is so seductive to stay at home and video stream a lecture. "Why go and fight the traffic? I can't park and I've got to get on that very scary train and you might get run over." I do know that some students are isolated. You'll have a certain subset that are isolated but I am hoping that we have the ability to make sure that our students come together to learn how to interact with each other before they go and start interacting with patients.

RS: You know the student body has become much more diverse. Has that presented any problems?

MM: Not really. I think it's a boon for us. I think it's wonderful. For years, the traditional medical student looked like his father and his father before him. We have a huge number of students we would like to attract, diverse wonderful people with great and rich life experiences.

RS: I think that's kind of the push for everyone right now. To try to grow their own.

MM: I hope so. As you know by mandate, only 10 percent of our class can be from out of state. That 10 percent has to be clearly superior to the in-state applicants. We've got excellent in-state applicants. To get out of state applicants is a challenge.

RS: Is that in every UT school?

MM: I think Southwestern may be a little different.

RS: Because they came in...

MM: Right, for the rest of them, yes, it is to my knowledge it's 10 percent.

RS: Yet we are falling behind in the number of doctors per population.

MM: We've got 240 per class. We've got almost 1,000 medical students here. That's a lot to say grace over. We are lucky that we are in the Texas Medical Center and patient volume is not a problem for us. We've got lots of patients for our students to see. I think that's the remarkable thing of having watched the Texas Medical Center. It is something I've always heard about. My father was on the TMC board at one point. Then was on the UT board of regents. This was always such a special place for our family. I can remember coming here and working at the dental school in the summer doing an experiment with hand washing. It's always been such a special place. It is wonderful to step back and see how it has transformed. To become the largest medical center in the world.

RS: You were here when this school agreed to staff LBJ (Lyndon B. Johnson General Hospital, the public hospital in the city's northeast side). You were here when they moved out to LBJ.

MM: Correct

RS: Was that hard to get your...

MM: No, it was very exciting. It was clearly something that the school needed and lacked in the patient mix. Again, having come from Galveston where we had a huge indigent population, I was very comfortable with that and looked forward to being able to take care of these patients. The only drawback is that it is a distance and you've got to get there. I am a terrible driver... and have devised a way to actually get to LBJ hospital without ever getting on a freeway... That, as far as I am concerned, is the only drawback. I think it's a wonderful place to practice medicine and teach the students.

RS: One thing that is not well recognized, I think, is that UT was actually the first institution in Houston to treat children with AIDS.

MM: That's right and then Casa de Esperanza, I was on that board for many years and taking care of those children with Sister Kathy and Bill. He was a child life person also over at Hermann. They started Casa and I said, "It's a remarkable institution.

RS: It is. Marilyn had a clinic just for them.

MM: That's right. I forgot. Because she did infectious disease.

RS: That's all she did was AIDS when she was here.

MM: I had forgotten that.

RS: She'd threaten my life if I ever said she was my sister.

MM: It's like me and my brother.

RS: I always respected that.

MM: Yeah and we did it and we did it well and I think still do.

RS: Although there are thankfully a lot fewer children.

MM: Right. But I can remember with the blood transfusions with the neonates. When we finally realized that it could be transmitted by blood transfusion. They were called... Marilyn would remember. I think they were called call backs in the nursery. We had all those babies we had to call back and test ultimately. This was in maybe the late '70s, could have been the early '80s...

RS: It was early '80s

MM: ...When we had to start doing those call backs. Some of them came back positive. They had received blood transfusions while they were in the intensive care unit.

RS: Which is not unusual.

MM: No.

RS: The school has grown and prospered here.

MM: I think we have a footprint here. People know who we are. I think for a long time, Baylor and UT were side by side, both doing very good work but the University of Texas... "Oh is there a University of Texas Medical School in Houston?" "Well yeah there is." I think it is interesting how we have come to our own.

RS: You have a public health school. You have a graduate school of biomedical.

MM: Nursing, dental...

RS: Yeah nursing, dental...

MM: Informatics...

RS: And the bioinformatics is an amazing school. I'm glad I don't have to do it, but it's an amazing school. What do you think is going to be the future? It can't keep growing physically can it?

MM: I don't know. I know there are whispers of another medical school erupting in Houston. As you know, there's the much talked about third campus that's coming online. What it's going to be and how we are going to finance it, I don't know. I have friends and family in Brenham and I know many of them have had illnesses and needed to come into Anderson. The way they talk about how they get into town every day and the doctors in the Brenham area. "We would love come and be seen but getting our patients into town is just exhausting." I mean you might as well pack a lunch and be ready to spend the entire day. We've got to figure out how we can provide quality care outside. I think the Memorial Hermann system is trying to do that and I am sure other hospital systems are as well. Putting out satellite clinics and satellite hospitals that hopefully can be staffed by faculty from the medical school and take care of these people for whom really coming into town is prohibitive now.

RS: It almost is.

MM: It's prohibitive for me to get to and from work. If I had to get on a freeway I can guarantee you it would be a long time before I got to work every morning.

RS: I used to ride my bicycle.

MM: I did that in Galveston.

RS: It was lovely.

MM: Not any more.

RS: Being here and being here so long, what do you see as maybe your own best contribution?

MM: Well again, I'm going to say to the institution as opposed to the medical center, which maybe they are hand-in-hand. I think hopefully on my tombstone you can say "she tried." I think that is truly I really hope that every day that I try to take self-interest and self out as much as I can and step back and do what's best for the institution. I hope that would be my epitaph.

RS: Is there anything more you would like to say.

MM: Not really. It has been an unbelievable journey. When I was told about this honor, I thought, "Well wait a minute I can't be that old." Then I realized, "Oh yes you are."

That's what's frightened me. I've been here so long, and the time has been seamless. It's as though this little subculture or little city that I'm living in, it's not such a little city, is my home. I'm proud to be a citizen of this spot.

RS: Well thank you so much for talking with us today.

MM: Well thank you

RS: We will transcribe this. If something comes up, give me a call.