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Tape number: OH 17
Date of interview: February 22, 1984
Place of interview: Office of Randall W. Rodgers, D.O.
Interviewer's name: Ray Stokes
For: TCOM Library, Oral History Section

RANDALL RODGERS, D.O.

Dr. Randall W. Rodgers, a TCOM graduate, practices in Lindale, Texas, which is about 12-15 miles north of Tyler, Texas. Lindale has a population of about 2,000-2,200 people. Dr. Rodgers grew up in Tyler, played high school football, was captain of the football team, and graduated from Stephen F. Austin at Nacogdoches. He entered the Texas College of Osteopathic Medicine in 1977 (graduated in 1981). Dr. Rodgers has been in general practice in Lindale for about eighteen months. He is actually with one of the pioneers of the osteopathic profession in this part of Texas, Dr. Earle Kinzie. They share the same building, but have separate practices.

Mr. Stokes: Dr. Randy, we'd like to hear from you as to how you feel you stand after some three years of being out of the College there in Fort Worth and are eighteen months into practice. Kind of give us some of your feelings about where are you at this particular juncture in your life of making a contribution to the healing arts.

Dr. Rogers: Well, first of all, Lindale is a rural area. Most people make their living through agriculture or blue collar-type job -- self-employed or working for some larger industries in the area. We have rose growers, which is a high dollar industry in this part of the world. We have construction industries -- clay brick manufacturers. There is quite a bit of diversity in the economic base for East Texas, which is really good - it's one reason I did choose to come here. I felt like we're not dependent on any one industry. Recently, Longview suffered a very severe setback,

economically, and many of the physicians over there felt it - when Lone Star Steel shut down a few years ago. Overnight the town was destitute. Many of the patients lost their health insurance and the ability to pay the doctors. Of course, when you have children to feed and other things due, the doctor's fee seems not so important any more and this leads to one thing that I opened up in probably the worst business recession since 1929. Interest rates were higher than they had ever been before - 18 and 20% for business loans, even long-term loans. My home - when I tried to purchase my first home - it went 18% interest on a thirty year note, if you can imagine. A few years from now people may think those were the "good 'ole days". My parents have a 5% interest note on their twenty year old home - about $125 a month for a home worth a great deal more than mine and I'm paying almost $800 a month. There is a big difference when you're talking interest rates. However, when you put things in perspective, really, we only have today and tomorrow to think about so, what really drove me to the East Texas area, (1) I grew up in Tyler. It was a small town then of about 50,000. It's about 75,000-80,000 now. The complexion of Tyler has completely changed. It's more metropolitan. It's much more like Dallas and the larger cities now. Traffic congestion, population on the increase, consumer services are much greater than they used to be. However, the town has also lost some of its charm . . the quietness, the family atmosphere, and all that has suffered. Lindale, on the other hand, is still emerging. It has another five or ten years before it will

come into its own right and not just be a suburb of Tyler. Lindale has a population of about 2,180; however, our school system, in which my wife is employed as a third grade teacher by the way . .

Mr. Stokes: And your wife's given name is . . Peggy?

Dr. Rodgers: Peggy. The school system has over 2,000 children and now they anticipate an 8% a year growth. I have noticed this also in my practice. Many, many new families with young children are moving into the area because of the availability of land, homes, water, jobs, good school system, churches. It's just the good old green East Texas bible belt. It's a nice place to raise a family. Things are a little more sedate - laid back - the pressures aren't there like they are in the metropolitan areas. The crime rate is not as bad. However, the main reason I chose Lindale was an opportunity given to me by Dr. Earle C. Kinzie, who has been practicing there for 43 years. Dr. Kinzie, who is a D.O., from Kirksville . . . I can't remember . .

Mr. Stokes: Kirksville, I believe.

Dr. Rodgers: Anyway, Dr. Kinzie came to Lindale in the 1940's and established a practice there, has been there ever since, raised his family there. Of course, he has grandchildren now and he can enjoy the fruits of his labor. Dr. and Mrs. Kinzie were gracious enough to invite Peggy and I to come to Lindale to open our practice. Now he and I are not associated, because, mainly, our difference in years. He's 77 years old this May and I'm 32 years old. Simply the difference in our training, our needs, our family needs, are so different that a partnership was not feasible. Dr. Kinzie did enlarge his medical facility. I have a complete

clinic on one side of the building, my own waiting room, business space, laboratory, etc., office, and exam rooms. So, we are essentially two doctors who just happen to be next door to each other.

Mr. Stokes: Well, if I may observe, it has a real excellent eye appeal from a patient point of view. I'll put it that way.

Dr. Rodgers: Thank you. Well, Dr. Kinzie did do something very nice for me. He built the clinic. It was his dream clinic. He's still practicing in the clinic he built in the '40's. He has remodelled it and revamped it. But it still has the architecture and the style of that era. Mine's a little more modern, a little more functional as far as I'm concerned and I do appreciate that. However, when I graduated from TCOM, I still wasn't quite sure what I wanted to do. I served several years in the United States Navy in a border patrol plane over the Pacific Ocean. This is where I became interested in medicine, simply because people out there were so far removed from any kind of medical help, much less a physician. They were lucky to have a corpsmen or nurse or anyone with just first aid knowledge. We did a lot of medical evacuations. This particular aircraft we had could land on remote areas and we retrieved people. So, we had some interesting exploits and I became interested in Medicine. I came back and went to Stephen F. Austin in Nacogdoches, Texas - the deep piney woods - did a biology and chemistry major, which, of course, is a pre-medical major. And, then, I went on to the Texas College of Osteopathic Medicine in Fort Worth after that.

Mr. Stokes: May I ask you what attracted you to TCOM?

Dr. Rodgers: Basically, I applied to all the medical schools in Texas . .

Mr. Stokes: Which, generally, is the thing to do.

Dr. Rodgers: Certainly. I intereviewed at several. TCOM was actually my second choice at the time, because it was new and growing. Matter of fact, they only had the bowling alley at that time. The big, beautiful buildings they have now didn't exist. That was just an old hilltop in Fort Worth. I was going to classes in the attic of the old Biology Building at North Texas State, which we called "The Cave". We had 125 students crammed in a space that should have held about 60.

Mr. Stokes: I've been there, I can attest to that.

Dr. Rodgers: The fire marshall probably would have run us off if he had seen it. No windows. We'd come in in the morning and it would be dark and we'd leave at night and it would be dark and you didn't know if the sun had ever risen. Anyway that was quite an experience my freshman year, but it passed. And the new buildings came about and things worked out nicely. Of course, it's very nice to have an alumni that's this beautiful school in Fort Worth, especially now that it's expanded even more since I graduated. They have two nice skyscrapers now. It's very impressive. And, of course, Fort Worth Osteopathic Medical Center, the hospital there, has expanded greatly and added buildings, which I think is good for osteopaths in general.

Mr. Stokes: Incidentally, where did you intern?

Dr. Rodgers: Dallas - at Stevens Park Osteopathic Hospital and Methodist Center. I rotated at both hospitals. From there, I had

approached the United States Air Force for a family practice residency. Matter of fact, I had interviewed and was just about to sign on the line for a six year commitment when Dr. Kinzie invited my wife and I down on Christmas Day. We drove down that evening for leftovers - a little supper, leftover turkey. He just flatly asked if I would like to come down and practice medicine in Lindale.

Mr. Stokes: Did you know Dr. Kinzie when you were growing up here in Tyler?

Dr. Rodgers: No, I did not. My father, who is a pharmaceutical representative, called on him for thirty years. Dr. Kinzie knew me through him. The first time I met the man was when I asked him to write me a letter of recommendation to TCOM. And what happened, I applied to all the medical schools in the state and was interviewing, in my college days, and my father said "Now, don't discount the osteopathic medical school, I think there is one in Fort Worth . . . but I think there is another kind of doctor." I didn't even know what a D.O. was at that time. So, I talked with Dr. Kinzie. I spent some time with him and watched him conversing with patients and I really enjoyed the pace that he had. . . the friendliness, the people appreciated him, he had time to talk with them, and it wasn't such a technical, purely . . .

Mr. Stokes: In other words, he was treating the whole person, in a sense.

Dr. Rodgers: Yes, he was a complete physician. Treating all the psychological and physical needs. He seemed to know - people would walk in and he could put them on a family tree. "You're the son of . ." or "You're the daughter of . ." and he would put them in perspective in a certain family group and it made it easy for him to

diagnose and figure out what their life and family stresses were at home, what their job situation was and I could see quickly that he really had his hand on knowing these people and really knew what was going on. I kind of enjoyed working with him and mentioned that. He didn't say much at the time. He's a real quiet fellow when you put him to point sometimes. Later, I was a little bit surprised that he offered to set me up in practice there. But he quite literally built this clinic--added on to his existing building and I lease it from it, just like any other renter or lessee would. It has worked out very well. We have our own schedules and don't rely on each other for coverage or anything else. It's nice to know that / we're going to be out of town, we might mention to the other one "I'll be gone this weekend, would you mind . ." "Oh, of course not, I'll be glad to take any calls". Whatever. If you have patients in the hospital - which Tyler is about a forty mile round trip from Lindale. For that reason, I don't do obstetrics or gynecology--well, I do gynecology, but not obstetrics. And there are some good D.O.'s here in Tyler that do obstetrics, so I refer my patients to them. That has worked out rather well for me. I handle two nursing homes - one in Lindale; one in Vann, Texas; and of course, Vann is a thirty minute drive from Lindale, and this is a bit of a problem, but I've worked it out. I see these people once a month. It's rewarding - psychologically, if not financially. Anyway, to get to the point, more or less, practicing in a rural area is somewhat different than I expected.

One thing, the people are so much more independent. They are used to standing on their own and being self-sufficient. They are generally cash-paying customers. Because of the financial hardship I mentioned earlier - the high interest rate, etc., I decided right off the bat that I better be a good businessman as well as a physician, so I have said to my patients "Pay me at the time service is rendered." Now my charges are below the going rate, simply because Dr. Kinzie was below the going rate when I started and I didn't feel like I could raise my exorbitantly above his and I do have to compete with him, unfortunately, and he got a 43 year headstart on me. But, after eighteen months, the clinic is paying its own way. I basically live at home off of what my wife makes. Now she supports our house payment and utilities - that sort of thing. So, it's not as glorious as it seems to be, but we're comfortable.

Mr. Stokes: Well, Dr. Randy, you've, in essence, already told me the answer to this next question. Can you kind of give me an idea of an average day - how many patients you see and some of the various types of maladies?

Dr. Rodgers: Of course, you see your seasonal maladies. Right now, we're coming out of early spring, late winter. We're coming out of the flu season. Of course, associated ear infections, throat infections, bronchitis, urinary tract infections, associated with suppressed immunity in patients and secondary bacterial invasion and opportunistic infections, etc. What we're transitioning into now, in the spring, things are starting to green up and grow now.

We'll see contact dermatitis - poison oaks and ivies, allergies, pollens, allergic rhinitis, weeds will start growing.

Mr. Stokes: Now, do you get more of that than if you were practicing in the middle of Fort Worth, Texas?

Dr. Rodgers: I doubt seriously. My last month in the metroplex, I covered Dr. Jimmy Johnson's practice in south Oakcliff. That's as urban as you can get. And saw 50 patients there a day and saw about the same as here. Essentially, you don't have allergies until the weather clears up and people get outside - the wind is blowing and you have air pollution. People are going to react to it. Bees start buzzing and biting and all this, then people are going to get stung no matter if they're in town or out in the country. The difference being that so many people are self-employed. They are very independent. They'll come in with severe injuries - lacerations, puncture wounds, pieces of machinery imbedded - they want me to pull it out, sew 'em up, and their tractor is still running - see, they've got to go make a living. Whereas, in the metroplex, a guy with a cut finger has to have a week off of work, with pay, if you'll sign the note, here, doctor. It's quite a different situation to get people to slow down enough to get well. But it is a gratifying feeling. Most - 99%-of my patients are wonderful people. I enjoy being a physician. It just amazes me that people will pay you to have that much fun. But, then there are always those that kind of ruin the day for you, like anywhere else. They place unreasonable demands on you and psychotic-type patients. And, of course, a new doctor, anywhere you open up, the other doctors have all

gotten rid of these people, so they are going to flock to you, being new in town. My first year in town, I had more than my share of what I call "bad patients" - for lack of a better word. They are just miserable people who can't get along with anyone. I think young doctors should stay in one place more than just a year. You need at least a year to see. Six months is not a fair evaluation of any place.

Mr. Stokes: Yes, I notice they did - quite often I see surveys - but one I recall reading about recently that the average doctor or physician moves about three times in the first five years. I don't know whether that is good or bad.

Dr. Rodgers: Well, I'll tell you, I was tempted. Of course, Dr. Kinzie provided the space there. I had to buy a lot of the equipment and, course, like I said, it was expensive at the time. It cost me about $15,000 to buy basic office equipment, furniture, business machinery - very basic. I didn't even have a typewriter when I opened up. We were borrowing an old beat-up manual typewriter from my mother-in-law. I finally bought a used IBM electric typewriter and we thought it was the greatest thing in the world. I've since acquired a photocopier and mecosonilater and a hydrocolater and all these other things that make it convenient that help you build your practice and bring in some revenue. But you've got to bring in a little revenue to buy the equipment to make more revenue. One thing that has helped, though, is my wife started work with my first employee and she ran the business office and I was the doctor and I took care of people in

the back, took care of their problems, diagnosed them, treated them, and she took care of the financial end of it. This was a great burden off of my shoulders because I didn't have to do both. I didn't have to be the good guy and the bad guy at the same time. It was sort of a Mutt and Jeff situation. I could be nice here in the back and then Peggy could really wring them out for not paying the bill. My collection rate is quite good compared to a lot of my colleagues when I checked around. For instance, I know some physicians in Tyler had about a forty percent collection rate. Now, let me tell you, you don't eat well when you're only collecting forty percent because that is about what your overhead is when you're starting up an office, literally. If you're chargin the going rate, about forty percent of your income is going to go for necessary expenses - rent, salaries, insurance. Fixed expenses are going to go up, not down. Anyway, so I didn't see how they were surviving and obviously, they weren't doing too well. My collection, the first year, was about seventy-five percent. Right now -- one time I was about ninety percent -- and then I got into Medicare and Medicaid and nursing homes and that has lowered my collection rate somewhat. That is a very disappointing situation, but someone has to take care of these older people and I feel like this is something a young physician can do to pay his dues, so that is why I am doing that. I don't plan on making a big part of my practice geriatrics or nursing home care. Although East Texas is the fastest growing area for people over the age of 65. And they are planning a retirement community between Tyler and Jacksonville

at some time, but, of course, I am north of Tyler and Jacksonville is south. Lindale, in probably another five or ten years, will really come on and, hopefully by then I will be well established. The private practitioner, right now, is being threatened economically by these preferred provider organizations where these group practice people will get together with big industry and say "Hey, we'll give you cut-rate discount if you'll send all your people to us." This is already occuring in the Metroplex.

Mr. Stokes: Is that kind of the HMO structure?

Dr. Rodgers: No, HMO is a health maintenance organization. This is like insurance. It is a pre-paid medical care. You join the club, pay the dues and then when you get sick, it doesn't cost you anything. You see the club doctor and he takes care of you. But you are paying all the time, essentially, whether you use the service or not. It's more like an insurance policy. HMO's are loosing favor - I think they're loosing money. Mainly because the patient does not have a physician who is their doctor. They must use one of the group physicians - whoever is on call when they need them. This is much like socialized medicine or the military, which, of course, I considered at one time. But now I am in private practice medicine and I am my own boss and no one to answer to but myself and the State of Texas and this is good and, of course, I assume all the responsibilities - financial, medical liability, and everything - and I have to consider everything that I do - is it going to give me a good return for my efforts - not just money, but psychological return.

You face new situations all the time. In eighteen months, I am just now starting to see a return of patients who were sick last year this time and have the same thing this year - which is making my life a little easier, because I am knowing the people a little better. I am beginning to place the families, their socio-economic situations, and it helps me diagnose their problems and stress levels. I have become accepted in the city of Lindale now - as a member. This outsider moved in and went to work there, my wife teaches there, we're president of our Sunday school class at the Methodist Church there. My grandparents have now moved from Sherman - they enjoyed Lindale so much visiting that they just moved there. So, my grandparents live there, who are in their late 70's. They are doing well. So, Lindale is a nice place to live. It's about a population area of about 10,000 people. Of course, we have a basic lab and x-ray at the clinic, but I have the hospital in Tyler for anything that is above and beyond the average.

Mr. Stokes: That is Doctor's Memorial in Tyler?

Dr. Rodgers: Right. And, of course, we have a big allopathic institutions here in Tyler, too. It's sort of the medical center of East Texas, more or less - the county seat and all that. But, we have a 55-bed hospital here at Doctor's Memorial and most of my patients love it once they've been here, especially if they've been in the large hospitals in the Metroplex, because here the attention is so much greater. The nursing service is friendlier, and, of course, the staff is excellent. We have our specialists here and all the backup I would ever need.

Mr. Stokes: One of your colleagues I know - Dr. Bob Breckenridge, who is an internist at Tyler - was in the first class that graduated from TCOM.

Dr. Rodgers: And, of course, Dr. Rod Wiseman, Dr. Conners . . .

Mr. Stokes: He was about two or three years ahead of you - that's Dr. Wiseman, I believe. He graduated in 1978 . . .

Dr. Rodgers: But, anyway, I am adjusting to small town life. I really enjoyed Fort Worth and the Arlington area when I lived there. It was really an ajustment to quieter small town life of Lindale, but we seem to be accepted now. The patient population, by the way, is quite different than Dr. Kinzie's. We are not seeing the same people. His patients have grown older with him - he's not seeing the younger families.

Mr. Stokes: I'm glad you pointed that out.

Dr. Rodgers: They tend to migrate to the younger physicians. So, this is something I have noticed and something that other people have said would occur and it has. Human nature is not all that different from one area to another. Being an osteopath in East Texas, most M.D.'s I've encountered, when I had to use a specialist M.D. that I did not have at my osteopathic facilitiy, have been very courteous and professional. Matter of fact, I've been well accepted and invited to join many of their organizations. I have not simply because of economic reasons. I can't afford that many dues. I am active in TOMA and I am a delegate, matter of fact.

Mr. Stokes: District III, isn't it?

Dr. Rodgers: District III. I was a delegate in my first year of practice, also. This is my second year for that. I enjoy the comradery, the

espirit d'corps, if you will let me borrow from the Marines. I enjoy being a member of a smaller, more elite group that being a a minority, you might say. The barrier that used to exist - the prejudice - are still there, but they are somewhat less and I can forsee the day when D.O.'s will be invited to be on all the staffs in the area. It will be more economic than political at that time. There is an old hospital in town that has a joint staff and I have thanked them for their gracious invitation, but I am not joining at this time. It is purely economic, in order to have more input into that hospital. I feel like as long as my D.O. facility can support me and take care of my patients, then I will use them. That's the way it is right now. As far as economics go, which I know if anybody is listening to this - like medical students - in the future and are trying to make up their mind what to do - what kind of practice - I consider a long-term, low-risk relationships with patients. In other words, you see them many many times over many years. The medical liability risk is low, because you have good rapport with them. You're their friend. You're their doctor. And instead of being just the doctor I went to see, what makes you my doctor? You know, Dr. Rodgers is my doctors. . . This is just a matter of listening, being attentive, trying to understand these peoples' situations - being emphathetic if not sympathetic. Giving them your time. This is one thing in a beginning practice that you do have - time. I might not know the right thing to do for them. They

may have some terminal or in-stage disease process - arthritis or cancer or something that I cannot doing anything for them, but I can listen to them, try to give them understanding, try to ease their fears and pains. To many people, this is all they want. They are very pleased if you'll just do this. Other physicians won't take the time. This is one thing that has helped fill my practice. Of course, living in the town where you practice. This is important. It would have been easier to find a place to live in Tyler. And, of course, the hospital being in Tyler, I would have had a good excuse to live here and then just drive to my clinic and go to work in Lindale. I know other physicians do this and some get away with it. Lindale is very clannish - very small town. I try to support my local businesses there, when I can. I am a member of the Rotary Club in Lindale, which is quite active. So, this also helps. I work with the student atheletes - the football team, the basketball team, things like that. I find this generally helps. It really doesn't generate that much practice from these students, per se, because they are a healthy bunch of people. But, exposure, community service - word gets around - "Hey, he's a nice person. Why don't we try him instead of driving all the way to the next town?" Then you've got them. If they like you, you get along, you're congenial, you cost less than the other people, why shouldn't they use you?

Mr. Stokes: In other words, you have become involved with the community activities?

Dr. Rodgers: I have found I enjoy it. I actually taught the senior high Sunday school class - which I have never been a Sunday school teacher in my life. As a physician in a small community, you are one of the more educated people. And, as such, you kind of looked up to and expected to perform certain civic roles. At first, I thought this was a bit of a bother, but I felt good about it and I enjoy it and now it doesn't bother me at all. I work it into my schedule and enjoy it. My wife and I have no children. Have a home out on the edge of town and about an acre and a half around it. We have plenty of room to stretch our elbows, get on my lawn tractor and mow my yard during the summer. Wintertime, we just sit by the fireplace and drink hot chocolate. So, things are kind of quite, but I like it that way.

Mr. Stokes: Dr. Randy, if we can go down memory lane a little distance - leave Lindale and get back into Fort Worth as a student doctor, can you think of any particular experience that you had that kind of highlighted your four year tenure at TCOM. That you would either admonish or praise or what would come to your mind about some experience that you had . . .

Dr. Rodgers: Well, for one thing, I guess we were sophomores when we moved into the new facilities, and I realized that TCOM was coming into its' own. The things that I had been taught must be worth something, because here the State of Texas had endowed all these millions of dollars and built this wonderful facility for years and years to train osteopathic physicians of the future. So, at that time, I sort of realized a sense of worth. I went out on my clinical rounds my junior and seniors years and began

to realize that an osteopath does have a lot to offer the patient if he will use all of his osteopathic training. I do use a lot of manipulation and musculo-skeletal diagnostic work and therapy. A lot of them come seeking only that and don't realize that I do practice medicine and surgery as well.

Mr. Stokes: And you are offering what they often preach, then . . .

Dr. Rodgers: I am very proud to be an osteopathic physician. There is a big difference. If I just want to sit across the desk and write a prescription, then I wouldn't need a "D.O." at the end of my name to do that. But I find the laying on of hands, the touching the human being. . . in fact, in nearly all my patient situations, even on a routine physicial exam, I try to touch the patient in a comforting and confident manner so that they know yes, I am concerned and this is important. Human beings need this touching. But, anyway, I am eighteen months along, I am long way from being where I would like to be. It might be interesting to listen to this ten years from now and . . .

Mr. Stokes: I hope we are both here ten years from now, Dr. Randy . . . It has been a real pleasure to visit with you in your office and see you at work. I have observed some of your practice this morning. I have been to your office, just before we went out to lunch together. Of course, I am not an authority by any stretch of the imagination, but I do observe a great deal in going around from doctor to doctor's office, sitting in the waiting room waiting to shake his hand and take a bit of his time and I am very grateful on behalf of the school and the TCOM library

for having the opportunity to interview you today to get some of your reflections on the present and the past and/what you might be able to accomplish in the future, hopefully, We are grateful for this chance and thank you again for this interview.

Addendum:

Dr. Rodgers: One thing that I wanted to mention and I got off on a tangent was that in the private practice of medicine, we are competing with a number of different organizations right now - the group practices, PPO's, PMO's. As far as competition goes, I think one thing a private practitioner in a solo practice must do is to provide service to his patients. They must have reasonable access to you, availability, reasonable cost, and location that is convenient for them. If we are going to compete in the future, with these big, high-dollar organizations that have their overhead cut to the bone, and survive, because I have my rents, my salaries, and my taxes and all this is going to keep going up, is that I have to provide a better service to my patients so that they are willing to pay me for this service. It's just as simple as that. Or else the private practitioner in our country, as we know it, will all die out. We'll all become salaried employees of some bigger corporation or some bigger medical facility. Of course, I enjoy being independent. That is one reason I wanted to be a general practitioner was to have this independence and as long as I can make a living, I am going to remain independent. It's silly to think about the future because it

will be interesting to see in ten years how many physicians are still in private practice.

Mr. Stokes: Thank you, Dr. Rodgers.