

Dr. Hector P. Garcia-
1315 Bright St.
Corpus Christi, Texas 78405

I am writing to you as a physician and fellow professional residing or practicing in Region 8 of the Texas Health Department to request your support in establishing a charity hospital in this region.

Ironical as it seems we are in one of the poorest areas within one of the richest states in the country. Since my arrival to this area I've been aghast at the poor health conditions and lack of in-patient hospital care for some of the less fortunate individuals, namely the poor. We are not only plagued by poverty, burdened by illegals seeking a better way of life; but we also have to contend with a poor solution to a immense health care problem, by this I mean sending patients hundreds of miles away for care.

Presently there are four institutions in the State providing state-wide medical care. M.D. Anderson in Houston is restricted to patients with a confirmed diagnosis of cancer. The chest hospitals in San Antonio and Harlingen providing primarily for patients with chest related problems; and the well-known University of Texas Medical Branch in Galveston provides for patients with multiple medical problems.

The State hoped that by concentrating these somewhat related cases they could provide for a great number of citizens with a minimum expenditure, bearing in mind that some of the counties were too poor and underpopulated to provide these same services to their residents.

Many counties in Region 8 can still be described as being poor and underpopulated either partly or in whole. Some counties however, have prospered substantially in the past decade, particularly in the quantity and quality of its health care institutions. What has resulted is a dependency by the residents of the less equipped counties on the better equipped counties. The burden was out-weighed by the benefits derived from the additional clientele so that institutions continued to prosper despite the huge losses incurred by caring for the impoverished.

Several changes have occurred recently which threaten the continual improvements planned for many of these institutions. The devaluation of the peso, rising unemployment and overall deterioration of the economy together with the great need and inadequate resources threaten not only the improvements but the continued existence of some of these facilities.

Establishing hospital districts in some areas has not helped much simply because each county cannot afford to provide at least a level two hospital to its residents so that residents in these counties continue to cross into adjacent counties for the higher level of health care. Additionally, of the twenty six (26) counties in Region 8 only eleven have such hospitals, requiring indigent patients to use non-subsidized facilities or make the long journey to Galveston at a great hardship to patient and family.

Take for example, R.L., an elderly but sound woman who suddenly collapses and is brought to one of these district hospitals which is supposed to be providing level one care. The woman is obtunded, breathing shallow but has no metabolic or electrocardiographic disturbance. Blood gases are not available in this hospital. Based on the history of hypertension and clinical findings the impression is that the woman has suffered a cerebral vascular accident. A frantic search ensues in an attempt to find a hospital to place this woman where she could be appropriately cared for. McAllen Methodist is called but their neurosurgeon is out of town and they themselves have been sending all such patients to Valley Baptist in Harlingen. Arrangements are made with Valley Baptist and the patient shipped via a local private ground ambulance, which by the way, took some time to arrive. At Valley Baptist a battery of tests are run, CT scans, x-rays, several blood gasses, etc.; the patient requires intensive care and respiratory therapy for several days, running up a bill of thousands of dollars. The Cameron County indigent program could not assist her because she is not a resident of the county, not to mention that her family would probably not be "poor" enough to qualify. The county in which she resides will not assist her because they put all their money into the hospital district. She is not old enough for medicare and had not been previously ill enough for medicaid. The result is a huge loss to the treating hospital in return for its humanity.

This story is not fictitious. Unfortunately, the outcome was not as stated. The patient died enroute to Valley Baptist Hospital. This same occurrence could have taken place between any of the twenty-six counties in the region. The patient should have been adequately taken care of at the initial starting point. Less time should have been wasted finding a place to care for her. This patient could have been you or me. But how could these institutions improve when they are constantly being drained of that potential, or even worse, annihilated completely.

Across the country rationing of hospital care is becoming a big concern but many counties here lack even the basic care needed to sustain life. To think that a hospital like UTMB in Galveston, several hundred miles away is the answer, is to have complete disregard for human suffering and the support the family structure provides.

Ideally, the best thing would be to provide each resident with a capable facility which is easily accessible; but this is neither practical or possible at this time. We can however, make this a more obtainable goal by supporting the funding of an institution which could alleviate some of the load.

I have proposed that the Chest Hospital in Harlingen be converted to meet the needs of the indigent patient population in the region primarily because it is an institution which is currently being utilized at less than one-fifth of its originally intended use.

Conversion of the Chest Hospital would probably take the least amount of time and money which makes very good sense.

If you support this concept I urge you to let your legislators know. Some of you have already done so and I would like to thank you. Additionally we need to encourage local government, hospital administrators and their boards, and our professional societies to pass a resolution supporting this concept.

It is hoped that funding for this project can be obtained from sources within the region and from the State. Presently we are all paying for indigent health care in inflated hospital bills, taxes, etc. This may be a last ditch effort to get the State to send back some of the money they have been getting from this area.

I have spent much in terms of time and expense on bringing this about, won't you take out just a little of your time to better the circumstances in which we all have to live and work. THE PEOPLE WILL THANK YOU!

Sincerely,

A handwritten signature in cursive script that reads "J. A. Caquias, M.D.".

Jesús A. Caquias, M.D.
City Health Officer for
Brownsville, Texas.