Stories of Asian American physicians at Baylor University Medical Center

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I was invited to write about Asian physicians for the Baylor University Medical Center (BUMC) centennial celebration in 2004. As the writing progressed, the meaning of "Asia" grew to include the area from the Pacific Islands to the Indian Ocean. That is as it should be. The research, interviews, conversations, and review of the doctors' written memoirs changed the challenging assignment from a task to a pleasure. This article reviews the stories of 14 Asian doctors. Twelve of these physicians trained at BUMC, and eight became members of its medical staff. Two doctors received their medical training at other institutions before their appointment to the BUMC medical staff.

- Dr. Kinya Tsukahara was one of the first Japanese immigrants in Texas. He graduated from the University of Dallas Medical Department (later Baylor University College of Medicine) in 1906 and interned at the Texas Baptist Memorial Sanitarium (later BUMC). In 1908, he opened a medical practice in an area that is now southeast Dallas.
- Dr. William Tsukahara, a son of Kinya Tsukahara, was born in Dallas and graduated from Baylor University College of Medicine in 1934. Like his father, he interned at Baylor Hospital. He provided medical care to Dallas citizens for more than 45 of his 68 years.
- Dr. Julian Mardock completed his internship and training in chest surgery at Baylor University Hospital in the early 1950s. Dr. Mardock's father arrived in the USA from China when he was 13 years old, came to Tyler, Texas, and opened a restaurant there in 1890. While in the US Air Force in World War II, Dr. Mardock became a decorated pilot. He attended medical school under the GI Bill.
- Dr. Kaoru Dyo was sent to an internment camp during World War II. He served a rotating internship at Baylor University Hospital in 1954–1955. Before his internship, he married Alice Kitamura, an employee in Baylor's hematology laboratory. He later became an Austin pediatrician.
- Dr. Masashi Kawasaki became a member of BUMC's medical staff in 1969—the first Asian doctor granted the privilege. He completed medical school and internship in Canada before postgraduate surgical studies and otorhinolaryngology specialty training in the USA. Dr. Kawasaki held leadership positions in Dallas that included a diplomatic appointment as Honorary Consul General of Japan.
- Dr. Hasmukh Shah and Dr. Indira Shah, husband and wife, emigrated from India to pursue postgraduate medical training in the USA. Hasmukh, a thoracic and cardiovascular surgeon, joined BUMC's medical staff in 1970 and was a member of Baylor's heart-lung transplant team. He is active in the Texas Indo-American Physicians Society. Indira established a practice in obstetrics and gynecology and became a member of BUMC's medical staff in 1974.
- Dr. Rolando Solis emigrated from the Philippines and became a fellow in cardiology at BUMC in 1968. He joined the medical staff in 1971. The first cardiologist at BUMC to perform percutaneous transluminal coronary angioplasty (PTCA) and transvenous permanent pacemaker implantation, he also established the coronary angioplasty program in his home country.
- Dr. David Pita was born in Thailand to Chinese parents. After graduation from medical school in Thailand, he came to the USA for an internship and remained to complete postgraduate surgical studies and training in colon and rectal surgery. He joined BUMC's medical staff in 1972.
- Dr. Hassan Bukhari joined BUMC's medical staff in 1972. A peripheral vascular and general surgeon, he came to the USA in 1964 for postgraduate training. Periodically, he returns to his homeland to perform volunteer medical work and to teach. He is active in interfaith relationships and assumes a leadership role in the Association of Pakistani Physicians of North America.
- Dr. Cary Tanamachi was born and raised in Texas' Rio Grande Valley. An orthopaedist, he completed an internship at BUMC. After postgraduate studies and specialty training outside of Texas, he returned to Dallas and became a member of the BUMC medical staff in 1976. Involved in community efforts, he is proud of 18 years of service on the board of Mesquite Independent School District.
- Dr. Evangeline Cayton, a native of the Philippines, graduated from medical school in Manila. After medical training at US Naval and Air Force hospitals in the Philippines, she immigrated to the USA for an internship in Chicago. She came to BUMC for a residency in physical medicine and rehabilitation. At the completion of her training in 1980, she was asked to join the BUMC medical staff.
- Dr. Paitoon Tulanon was born in Thailand and received his medical school education and internship there. He came to the USA for his residency and became a US citizen. His citi-

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zenship led to service in the US military. After his military discharge, he sought specialty training in colorectal surgery at BUMC and joined BUMC's medical staff in 1985.

- Dr. Edson Cheung, a cardiothoracic surgeon, joined BUMC's staff in 1991. Born in Hong Kong but now a US citizen, he entered the USA for undergraduate studies at the University of Houston. After graduation from the University of Texas Medical School in Houston, he received his general surgery training at its affiliated hospitals and then spent 5 years at Emory University to train in cardiothoracic surgery.

The personal stories of these doctors are often tied into the history of their homelands and US history. They came from different countries and served BUMC at different times. Their backgrounds, knowledge, skills, and benevolence are contributions the Baylor community treasures.

DR. KINYA TSUKAHARA

I first heard about Dr. Kinya Tsukahara about 30 years ago when I visited with his son, Dr. William Tsukahara. To refresh those memories and gain information about this BUMC pioneer, I recently interviewed his daughter, Berta, and a grandson.

In 1900, when he was 26 years old, Kinya came from Japan to Honey Springs, Dallas County, Texas. He came to join his older brother, Kinta Tsukahara, who arrived in Texas in 1885 and came to the Dallas area. The earliest Japanese Texans were recorded in the 1890 census. There were three: one each in Cameron, Dallas, and Tarrant Counties. Kinta Tsukahara was the sole Japanese in Dallas County. In those days, some people from Japan emigrated one at a time. If circumstances were favorable and the family could pool sufficient finances for the voyage, the next chosen male family member was sent abroad to join a family member. At times, the entire family emigrated if location prospects in North America continued to be positive and the necessary funds were available.

Kinta, a farmer, came a year after the Meiji Restoration sanctioned general emigration—when it embraced the principles of the Industrial, American, and French Revolutions. Emperor Meiji's dream was to send people abroad to learn and then have them return to westernize Japan. Kinta worked at the Overton Farm in Honey Springs. The magnificent Overton homestead, built in 1844, is known as the oldest occupied home in Dallas County.

Rather than farm like his brother, Kinya wanted to follow the profession he selected in Japan—the practice of medicine. There were doctors in previous generations of his family, and he had graduated from Saisei Medical College in Tokyo in 1899. In 1904, for licensing reasons, Kinya entered Baylor University College of Medicine. At that time, medical school was generally completed in 2 years; Kinya graduated on April 24, 1906. He joined the housestaff as an intern at the newly created Texas Baptist Memorial Sanitarium and opened a private practice of medicine and surgery in Honey Springs on November 10, 1908. He was a member of the Dallas County Medical Society, the Texas Medical Association, and the American Medical Association.

Sometime during these years, Kinya requested his wife (formerly Yura Okagawa) in Japan to join him in Dallas. Their marriage had been arranged, which was customary in Japan. They had four sons (Henry Chuken, William Chono, Woodrow Chubin, and Theodore Chusho) and two daughters (Mary Kura and Berta Takako) *(Figure 1)*. They gave all their children western first names and Japanese middle names.

Figure 1. The Tsukahara family in front of their Dallas home in 1928. Front row: Berta, Theodore, Mary, and Yura. Back row: Woodrow, Kinya, William, and Henry.

Dr. Kinya Tsukahara died at age 57. The predisposing cause of his death is not a stated fact, but pneumonia was the precipitating cause. His wife lived until she was 75; a daughter, Berta, resides in Richardson, Texas.

While many Japanese immigrants did as the emperor authorized—returned to Japan and aided its westernization—Kinya, like his older brother, remained in Dallas and contributed to his chosen community.

DR. WILLIAM CHONO TSUKAHARA

Figure 2. Dr. William Tsukahara.

Dr. Julian Mardock introduced me to Dr. William Tsukahara in the 1970s *(Figure 2)*. A handsome Japanese American gentleman, Dr. Tsukahara spoke in perfect American English—without a hint of his background. Yet, his persona and body language were Japanese. Our meeting was rather brief. Since Dr. Tsukahara is deceased, I found it necessary to visit with his sister Berta, his widow, and his son William Edward to learn more about him.

William Tsukahara, nephew of the first Japanese resident in Dallas County, was the second son born to Dr. and Mrs. Kinya Tsukahara. He was born on July 12, 1912, in Honey Springs. After completion of secondary school, he enrolled at Baylor University at age 15. William was 17 years old when he graduated. His desire to go to medical school was tentatively thwarted when he learned one had to be 18 years old to qualify for enrollment. While he waited 1 year, he worked in the China Gift Shop in downtown Dallas. At 18, William became a medical student at Baylor University College of Medicine and received his degree 4 years later, in 1934. He interned at Baylor Hospital. In 1938, he served as health officer of the Texas Centennial Observance in Dallas and then established his medical practice on Forest

Avenue in South Dallas (now Martin Luther King Boulevard). Because his residence was in Dallas—not on the West Coast of the USA—William was not forced into a Japanese internment "camp" during World War II. However, while he dutifully gave medical care to patients, government security officials scrutinized his everyday activities.

With his first wife, Marion McClure, Dr. William Tsukahara had four daughters: Martha, Ellen, Linda, and Roberta (Bobbie). Two children, William Edward and Judy, were born in his marriage to Mary Jo Alford. In 1963, Dr. Tsukahara joined his wife and children for an enjoyable 3-week visit in Japan.

Devoted to his patients, he maintained his practice throughout 6 years of dialysis treatment. He treated patients up until the day before his death in 1980, at age 68.

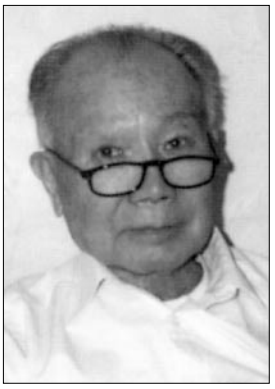

Figure 3. Dr. Julian Mardock.

DR. JULIAN MARDOCK

In the early 1970s, I met Dr. Julian Mardock *(Figure 3)* in the doctors' lounge at St. Paul Hospital. "Hey, look at us!" he bellowed. He cupped his hands around my arm, stood next to me, and said, "We're cousins! Somebody take a picture!" That ritual repeated. We became members of each other's map and shared life experiences. Known to indulge in harmless chicanery at times, he once falsely promoted my presence to a large group of doctors. He announced me as *the* famous Dr. Kawasaki who gave name to the Kawasaki disease. Not so!

Dr. Mardock wrote an autobiography titled *The First of Many—A Story of a Chinese Family in Texas for 100 Years*. His father, Mar Yum Eh, was born in BokSha (pronounced "Baisha") in South China and came to San Francisco in 1875 at age 13. He accompanied his 30-year-old uncle, but he soon realized that those who hired Chinese laborers portside would separate the two of them. As it turned out, he never saw his uncle again. Yum worked as a mess boy on a farm and learned quickly. When the farmer's wife heard his name, she announced, "You need an American name." Julian says *Yum* in Chinese sounds like "sun" to those who are not Chinese. So his father's American name became Sam. Errors by the immigration and naturalization officials are responsible for the surname, MarDock.

Sam Mardock was alone in the USA—the place the Cantonese Chinese called "Gold Mountain." From the West Coast, he worked his way eastward with other Chinese who laid railroad tracks. He was in El Paso, San Antonio, and Dallas before he arrived in Tyler, where he established a restaurant in 1890. Sam saved enough money to return to China and hire a go-between to find him a wife. The 28-year-old Sam chose 16-year-old Wong Shee for his spouse. After the death of their first child in China, Wong Shee decided it would be their fortune to leave China and settle in Tyler. Today, their restaurant remains a landmark in Tyler.

Julian, one of three children born to Sam and Wong Shee in Tyler, attended the University of Texas, Austin. He met his future wife, Ruth Wilhelm, there; both graduated from the university. Julian volunteered to serve in the Army Air Force in World War II and was a pilot in the 33rd Air Reconnaissance Corps. He was awarded the Distinguished Flying Cross and Air Medal for combat duty in the European Theater of Operation. Ruth and Julian married in 1943.

Two days after his military discharge, Julian entered Cornell Medical School in New York City under the GI Bill of Rights. Upon graduation in 1949, Dr. Mardock and his wife came back to Texas. He interned at BUMC and then spent 2 years in general surgery training at Hermann Hospital in Houston. After a few months of experience in chest surgery at the San Angelo Chest Hospital, he returned to BUMC for several years of training in chest surgery under Drs. Robert Shaw and Don Paulson.

In the 1950s, when there were more chest surgeons at BUMC than available chest patients, the possibility of Dr. Mardock's appointment to the medical staff appeared improbable. Too, a growing family strained the $100-a-month stipend he received as a resident. These circumstances led him to abandon cardiothoracic surgery and pursue a family practice with general surgery. He opened his medical office near Wynnewood Village in South Dallas and cared for patients for over 40 years. Throughout many of those years, his wife, Ruth, a registered nurse, was at his side. They have five children; two became medical doctors and one chose to be a dentist. When his medical office closed in 1992, it is appropriate to state that *they* retired, beloved by the patients they served.

DR. KAORU DYO

Once while perusing the Dallas County Medical Society Directory, I saw the name Dr. Robert Dyo (pronounced "Jo"). Although I had not heard that Japanese surname, I sensed it stemmed from the Japanese language. My curiosity outweighed my judgment, and I called the doctor. He is a family practice physician in Richardson, Texas, and a third-generation Japanese American—a *Sansei*. As we talked, he told me of his upbringing in the Texas Rio Grande Valley. When Dr. Robert Dyo told me he was a graduate of the University of Texas Medical Branch at Galveston, I asked him about the infamous Black Monday at that institution—the one day when all semester examinations are given. Our continued conversation led him to mention his father, Dr. Kaoru Dyo. My curiosity heightened when he said his father spent his teenaged years in a Relocation Center for Japanese during World War II.

Robert also told me his father was the first Japanese American admitted to the University of Texas Southwestern Medical School in Dallas. After medical school graduation in 1954, Dr. Kaoru Dyo interned at Baylor Hospital for 1 year. Robert reported that his father was still practicing pediatrics in Austin, Texas, and provided me his father's phone number.

Soon after the initial conversation with Dr. Robert Dyo, I called his father in Austin. Dr. Kaoru Dyo told me, "I have a story to tell and would like to talk, but I don't have the time." He explained that his wife recently fell victim to a stroke and needed his attention. In a busy pediatrics practice, he juxtaposed those demands with care of his wife. Despite my request to schedule a time when we could converse on the telephone about his life experiences, Kaoru declined. When I next spoke with his son, I learned that Kaoru died on March 22, 2002, and that his ill

wife died later the same year. After more conversations with Dr. Robert Dyo, I heard Kaoru's memorable life story and understood the son's admiration for his father.

Called "Kay" by his friends, Dr. Kaoru Dyo was born on January 21, 1927, in El Paso, Texas. His father and mother, Kenzo and Shige Kimura Dyo, came to the USA from Japan. Kaoru was 12 years old when his father died. An uncle, Tsutomu Dyo—the father of Kaoru's favorite cousin, Sei—lived in California. The families decided that Kaoru should leave his mother and go to California to live with his uncle's family. Life in California was enjoyable for young Kaoru. He and Sei were best friends. Meanwhile, Kaoru's mother also left El Paso after marriage to a Japanese farmer who lived in Mexico.

On the day of the attack on Pearl Harbor, Kaoru was 14. His pleasant life in California soon changed. He accompanied his uncle, aunt, and cousin when they were forced to travel to the Gila River Relocation Center in Arizona. An Indian reservation southwest of Phoenix, the encampment quartered approximately 15,000 Japanese Americans during World War II.

President Roosevelt's Executive Order 9066 empowered the US military to determine military areas, or "war zones," in the USA from which persons were to be excluded. A 62-year-old lieutenant general without combat experience, John L. DeWitt, set the "war zone." General DeWitt commanded the Western Defense Command at San Francisco's Presidio, and several historians suggest that he harbored a long-standing hidden prejudice toward Japanese Americans and other persons of color. The "zone" encompassed all the land 100 miles east (inland) of the Pacific coastline of the USA, extending from the southern border of California to the northern border of Washington State. Similarly, Canada established a "war zone." All Japanese who lived within this zone were evacuated inland.

In 1943, the Dyo family was transferred to another encampment in Crystal City, Texas, Zavala County. Approximately two thirds of the nearly 4000 internees were Japanese Americans; the remainder were German war prisoners. The stay in the Crystal City camp was brief. The Dyos were released when they promised officials they would move east to Chicago. Kaoru and Sei found employment there in steel mills. After the war, the family eventually returned to California. During the Korean War, Kaoru served as a medic in the US Army.

Determined to get an education, Kaoru enrolled in the University of Southern California in Los Angeles. Finances forced him to seek less-expensive institutions of higher learning, so he moved to his birth city, El Paso, and attended the Texas College of Mines—now the University of Texas at El Paso. During the 1920s, a Japanese community developed in El Paso; many were Japanese from Mexico who once lived in the border town of Juarez. The community had Japanese dentists and three Japanese medical doctors. Although the number of Japanese was not large enough to support the three doctors, many Mexican American patients sought their medical expertise. Kaoru remembered one of the doctors particularly, a Dr. Sadakazu Furugochi. Memories of that doctor, as well as Kaoru's experiences as a medic, sparked his desire to become a doctor.

Before medical school graduation and his time as a rotating intern at Baylor University Hospital (1954–1955), Dr. Kaoru Dyo met a sweet Japanese medical technologist, Alice Aiko Kitamura.

Figure 4. Dr. Kaoru Dyo with his wife, Alice.

Alice began working at Baylor in 1946 and eventually became chief technologist of the hematology laboratory. Their friendship led to their marriage in 1950 *(Figure 4)*.

Kaoru left Baylor after his internship and went to Monroe General Hospital in Monroe, Louisiana, for a general practice residency. At completion of the residency in 1956, Dr. and Mrs. Dyo moved to Harlingen, Texas, and he established a family medical practice. His son, Robert, said, "My father practiced like Dr. Marcus Welby on TV." By 1956, love for children ushered his turn to pediatrics. In 1964, he completed a pediatrics residency at the University of Texas Medical Branch at Galveston and began his private pediatrics practice in Austin, Texas. The first Japanese American physician in Austin, he became a diplomate of the American Board of Pediatrics and a fellow of the American College of Pediatrics. He cared dearly for children in Austin until his retirement in 1999.

Kaoru and Alice had two sons: Dr. Robert Dyo and Richard Dyo, a certified public accountant in Houston. Robert said, "My father loved his family and all the children he cared for over the years. He was gratified the most when those children brought their own kids to him. He knew something about each of his patients and was proud of their accomplishments as if they were his own children."

DR. MASASHI KAWASAKI

Dr. Masashi Kawasaki *(Figure 5)* wasn't surprised when he learned he was not just the first Japanese appointed to membership of the medical staff of BUMC, but also the first Asian. He had experienced the "first Japanese" title in other circumstances. After his family spent 4 years in a Japanese internment camp in British Columbia during World War II, they located in Windsor, Ontario. When he and his three siblings enrolled in school, they were the first Japanese in Windsor Public Schools. Although several other Japanese students attended the University of Western Ontario when he was an undergraduate there, he was the first Japanese admitted to that university's medical school.

Born in Vancouver, British Columbia, Canada, Dr. Kawasaki comfortably, and without a trace of bitterness, shared stories about his life as a young Japanese Canadian during World War II. Much like the Japanese Americans in the USA, Japanese Canadians were forced from their coastal homes by the Canadian government. They were sent to internment camps in the scenic but hostile environment of eastern British Columbia.

Figure 5. Dr. Masashi Kawasaki.

The onset of the war forced Masashi's parents to sell the small family store, valued by an appraiser at 6 figures, for a mere $1000. Two months later, the family was forced to register at Hastings Park Clearing Station—where the Japanese were herded in, processed, and later transferred to prisoner-of-war camps, called relocation camps. In Hastings Park, they lived in livestock barns and slept in bunk beds with straw mattresses. The family was split up—Masashi lived in one barn, his father in another, his mother, two younger sisters, and 6-year-old brother in still another. With other Japanese men, his father was transported to Slocan City, British Columbia, to quickly build shelter for the internees—their own families. Fortunately, 3 months later, the family reunited in Slocan City. Some families remained separated during the internment years.

Dr. Kawasaki is quick to praise a group of Catholic sisters who came into the camp where his family was interned those years. The Canadian government did not provide education for the interned Japanese children, and he contemplates what his life would now be if the nuns had not established a school in the camp.

When Masashi applied to medical school, Japanese in London, Ontario, told him his chance of acceptance was slim. He was told there were three top-notch Japanese students whose applications were denied. Later, however, the three received doctoral degrees. Aware of preferential treatment to military veterans and relatives of alumni, he requested an interview with the president of the university. Bravely, he asked if it was futile for a Japanese to apply to the medical school. Despite the president's response that there was not a barrier, Masashi was surprised when he learned he was accepted in the medical school.

The acquisition of needed funds for medical school presented even more of a challenge for Masashi. Focused upon accumulation of money for his first semester, he worked double shifts during the summer. Early the first semester, he was hospitalized with pneumonia. When weeks of hospitalization caused him to progressively lag behind in his studies, he worried that his opportunity for a medical career was over. Slowly but steadily, his health improved. After 2 years of care and convalescence, he returned to medical school.

Dr. Kawasaki completed internship at Victoria Hospital in London, Ontario, and received an appointment to a 4-year otolaryngology residency program at Washington University–Barnes Hospital in St. Louis. Although he held Canadian citizenship, the USA considered him a Japanese National for purposes of the quota system. Unfortunately, the annual immigration quota that allowed 185 Japanese entry to the USA was filled. Actually, it was oversubscribed, with a waiting list. The only avenue available for him to begin his residency was the Foreign Exchange Student Visa Program. Little did he know that this visa would cause him much anguish with his immigration status. Ultimately, the problem was solved, but it was a 10-year ordeal that required involvement of a US congressman and the introduction of private congressional bills on behalf of Dr. Kawasaki.

Dr. Kawasaki became a fellow in the Department of Otolaryngology at Washington University for the National Institutes of Health. After 4 years of fellowship research in nasal obstruction and pulmonary function, he was appointed research assistant professor; he later became assistant professor. His research extended into the mechanics of swallowing and larynx transplantation.

With a twinkle in his eye, he related an invitation he offered to a young lady in the hospital: "Why don't you come up to my lab sometime and see my chimpanzees?" She did—and became his wife nearly 38 years ago! He also explained the miscegenation law that was still in effect in Missouri when they married. Because Missouri would not permit "mixed" marriages at that time, they were forced to marry in Illinois—an adjoining state that would grant them a marriage license. They are parents to two sons; neither resides in Texas, and both chose professions other than medicine.

Association with Dallas Medical and Surgical Clinic brought Dr. Kawasaki to Dallas in November 1968—and to BUMC. Frequently he responded to calls from nurses in the emergency department who asked him to stop nosebleeds. Despite his affiliation with Dallas Medical and Surgical Clinic, the hospital did not allow him to admit patients under his name. He confronted the administrators about medical staff privileges. Dr. Kawasaki recalls the time a patient waited to be admitted while he pursued the night administrator, Howard Chase, to obtain temporary privileges. That was in December 1968. Dr. Marvin Shepard, chief of the BUMC otolaryngology department at that time, helped him obtain permanent medical staff privileges in February 1969.

Dr. Kawasaki established a solo otorhinolaryngology practice in 1971. Throughout most of his years of medical practice in Dallas, he was a volunteer clinician in the Department of Otorhinolaryngology at the University of Texas Southwestern Medical School. Recruited to serve as vice chairman of a medical task force when Annette Strauss was mayor of Dallas, he became a member of its outgrowth, the Health Industry Council. Board certified in otorhinolaryngology and a fellow of both the American College and International College of Surgery, he was also a fellow of the American Academy of Cosmetic Surgery. He was active in numerous professional medical societies. In addition to serving on the staff at BUMC, he was on staff at St. Paul, Medical City, and Doctors hospitals.

At BUMC, Dr. Kawasaki was the first to introduce several new procedures in otorhinolaryngology:

- Until the mid 1960s, the corrective surgery for crooked nose had two steps: the otolaryngologist corrected the septum, and the plastic surgeon corrected the external anatomy. Dr. Kawasaki did both parts of the surgery in 1969. (He took the suggestion of a mentor who said it would be best to wait a year before doing the combined surgery—to maintain rapport with other surgeons.)
- In 1969, Dr. Kawasaki was asked to make a diagnosis based on a patient's head and neck symptoms. He recommended either a neck scalene node biopsy or entrance into the mediastinum to pursue a diagnosis. (Dr. Kawasaki knew about these diagnostic methods because of an article written by an otorhinolaryngologist, Dr. J. Carlen, in Holland.) Dr. Kawasaki was able to correctly diagnose lung cancer after he entered the patient's mediastinum.

- A BUMC emergency department patient had difficulty breathing due to paralyzed vocal folds that met in the midline—a result of diabetes mellitus. The vocal folds needed to be permanently opened, a medical procedure named laryngopexy. After he enlisted Dr. Jean de Leon, a physical medicine and rehabilitation specialist, to perform electromyographical studies in the operating room, Dr. Kawasaki performed the successful laryngopexy.
- In 1970, Dr. Kawasaki performed a supraglottic subtotal laryngectomy. This procedure preserved the ability to talk in selected patients with cancer of the larynx.

Dr. Kawasaki was Honorary Consul General of Japan in the Dallas–Fort Worth metroplex from 1986 to 1992. He has also served as president of the Japan-American Society in Dallas. Since his retirement from medical practice in 2000, he continues to keep in touch with Baylor, attends medical lectures and conferences, and maintains his medical license. "Medicine is a noble profession," he stated. Retirement has also given him time to pursue interests other than medicine. He said, "Enrollment in art, history, computer, and writing classes—as a whetstone to help keep my mind sharp—enables me to fill in the blanks I missed while I was doctoring!"

DR. HASMUKH H. SHAH AND DR. INDIRA SHAH

Dr. H. H. Shah *(Figure 6)* wrote this story in third person:

Dr. Hasmukh H. Shah was born on June 18, 1926, in the small town of Nadiad, India. At age 14, he went to live with his uncle, aunt, and two elder cousins while his dad traveled extensively for business. One of his older cousins was a surgeon who became his role model. In 1942, he wrote an essay called, "Why I Want to Become a Surgeon," and that forever changed his life. It took him 25 years to realize his dream and become a thoracic-cardiovascular surgeon. In 1946, with the financial backing of his uncle and under the watchful eyes of his parents, Dr. Shah traveled to Bombay to enter medical school.

Dr. Shah met his future wife, Indira *(Figure 6)*, in medical school. They both graduated from Bombay Medical School in 1952 and married in 1953. Along with his wife, Dr. Shah started his general practice in Bombay in 1953. Seven years later, both husband and wife made a difficult decision. They decided to allow Dr. H. H. Shah's parents to raise their son while they pursued their medical education in a foreign land. With the blessings of his parents, Dr. Shah, along with his wife, came to the USA to start his surgical training in New York. In 1965, Dr. Indira Shah completed her training in obstetrics/gynecology and passed her board exams. That same year, Dr. H. H. Shah came to the University of Texas Southwestern Medical School. In 1967, he finished his thoracic and cardiovascular residency and passed both the surgical and the thoracic and cardiovascular board exams.

In November 1967, at age 41, both Drs. Shah left the USA and returned to India with the intent to practice medicine in their native country. The Indian medical board, however, did not recognize their US surgical diplomas and insisted that H. H. Shah spend an additional 5 years to obtain his thoracic and cardiovascular qualifications. In 1970, both Drs. Shah, along with their son, Mukesh, immigrated to the USA. Dr. H. H. Shah joined the private practice of Dr. Milton Davis, a doctor on staff at BUMC, in 1970. In 1974, Dr. Indira Shah started her private practice and became a member of the staff at BUMC.

In 1980, Dr. H. H. Shah started teaching religion classes within his own community. His broad knowledge of Hindu scriptures allowed him to impart his learning and help others. In 1982, he started Sunday classes for children. The class attendance evolved from 3 children to 350 at the present. The subject matter now includes various Indian dialect classes, preparatory classes for young adults, and classes in music and religion.

Figure 6. Dr. H. H. Shah and Dr. Indira Shah.

Dr. H. H. Shah became the founding member of the Texas Indo-American Physicians Society (TIPS) of North Texas in 1980. In 1987–1988, Dr. Shah was elected president of TIPS, which now boasts a 1200-physician membership and is part of the American Association of Physicians of Indian Origin. He became a member of the Baylor team of heart-lung transplant surgeons in 1986.

In 1996, at age 70, Dr. H. H. Shah semiretired from his active practice. Recently, the two Drs. Shah celebrated their 50th wedding anniversary.

DR. ROLANDO M. SOLIS

Dr. Rolando Solis *(Figure 7)* told his story in his own words.

On January 10, 1966, I arrived in Dallas fresh from a 1-year straight medical internship at Albert Einstein Medical Center in Philadelphia to start my medical residency at BUMC. I immediately proceeded to the office of the late Dr. Ralph Tompsett, then chief of the Department of Internal Medicine and director of medical education. After introducing myself, he queried, "Rolando, do you know how to read EKGs?" To my affirmative reply, his simple retort was "Okay, you start tomorrow." That was the breadth of my interview. Previously, I had communicated with his office only in writing and had neither seen him nor visited the ever-expanding institution where I was to spend 38 years of my professional life.

For someone so foreign, my experiences at Baylor and the opportunities afforded by the institution were dreams I had not ever coveted. . . . If I could tack a title to my professional life, a fitting label would be *"Living the American dream through Baylor."*

I came from very humble beginnings in the Philippines. My father was a judge, and my late mother was an elementary school teacher in home economics. I was third from the eldest in a family of seven children. To their merit, my parents sent all their children to college, with three of my brothers becoming lawyers. I was the first in our clan to become a physician. Mother thought there were already too many lawyers in the family so I had to choose another career. My primary and secondary education was all at small-town schools with only 20 in my high school graduating class. Throughout, English was our mode of instruction in an educational system patterned after the US counterpart.

I went to college in Manila, the capital city, and obtained my medical degree from the Far Eastern University Institute of Medicine on November 23, 1963, at age 23. Due to the international dateline time difference, it was November 22 in the USA, the fateful day President John F. Kennedy was assassinated. The name Dallas was flashed all over the land and got registered in my mind; that experience was partly instrumental in my choosing Dallas for further training.

Figure 7. Dr. Rolando Solis.

A year after obtaining my medical degree, I left for postgraduate training in the USA intending to stay for only 5 years and then return to the Philippines. There was travel frenzy among new medical graduates, as the USA was actively recruiting foreigners to fill the void left by conscription for the Vietnam War. . . . I was accepted for medical internship at the Albert Einstein Medical Center in Philadelphia. . . .

My odyssey was harrowing. I had lived a very sheltered life, had never been away from home except for brief domestic vacations, and had never flown in an airplane. There I was, a 25-year-old Filipino, totally naive in the ways of the world, headed towards the unknown. America was familiar to me only through movies. I had one tropical suit on my back (in the height of winter in the USA), a small suitcase containing all my earthly possessions, and $100 in my pocket. The meager travel allowance was all my parents could afford. In fact, I had to pay for my flight utilizing an airline "fly now—pay later" plan out of my monthly $200 salary as an intern at Einstein. . . .

The new environment was very challenging because of cultural quirks and a different approach to health care. It was indeed a difficult entry into the world of disposables and acronyms. I had to work harder, read more, study more, and observe more to fit into the new system. On top of this, I had to hone my way of conveying ideas verbally. I thought I knew conversational English fairly well with its attendant colloquialisms, but I began to get the message when most replies I got from my coworkers were "Say what?" or "Do what now?" . . .

The year went by very fast. One disadvantage I had was that I started my internship in the middle of the training year. Luckily, BUMC had an opening for a medical resident position. . . . After 2 years of medical residency at BUMC, I became Dr. John W. Hyland's third cardiology fellow in January 1968. Thus began my career in cardiology at BUMC.

At that time, the cardiology staff consisted only of a chief, Dr. John W. Hyland, and an associate, Dr. James Matson, who had just completed his fellowship training with Jack. . . . I was the sole fellow. Six months into my fellowship, Jim was drafted for a 2-year stint in the navy. Henceforth, Jack and I held the fort for the next 2 years before Jim returned.

Those were great learning years for me. They were years of discovery and innovations in the field of cardiology. The personalized preceptorship with Jack served as a great foundation for my career. He was and still is a great teacher and a patient one at that. . . .

Cardiac catheterization with selective coronary arteriography was still in its formative stages, but demand was burgeoning with the advent of coronary bypass surgery. As the only fellow, I was directly involved with all of Dr. Hyland's catheterization lab procedures. I ended up doing his brachial artery cutdowns and surgical arterial repairs. Our laboratory was a small extension of the radiology department. The cine equipment had a small image intensifier, with reflected images in a side mirror. To the observer, the fluoroscopic images were inverted and difficult to decipher, but after incessant quizzing from Jack while he did his cine procedures, I learned to read angiograms upside down! . . .

I was in a dilemma after completing my fellowship training. Jack offered me placement in his division, but I possessed only an exchange student visa. With the help and influence of Dr. Hyland and his friends, my immigration status was converted to permanent resident, thus allowing me to take the Texas medical licensure board exams. The process took about 6 months. In the meantime, I was designated "senior medical technologist" in the department, although I was actually doing a fellow's job, sans the right to sign documents. I had to clock in and out like all regular hospital employees! Those were frustrating and depressing months, as the transformation was hard to bear. In the long run, it was well worth the wait.

Complicating matters was the fact that I had married my college sweetheart, Margarita, 2 years prior, and by then we had a son, Michael. Margarita was also in residency training in pediatrics but was forced to switch to the less time-consuming specialty of physical medicine and rehabilitation at BUMC. The prospect of raising a family with an uncertain future was daunting. Our second child, Margaret ("Gigi"), came shortly after I started full-time practice in 1971. A few years later I earned my US citizenship.

After obtaining my Texas medical license, Jack formed our practice corporation, Cardiology Associates, with him as president and myself and Jim Matson as associates. This became the forerunner of HeartPlace.

The pacemaker era was also evolving when I was in my fellowship training. Dr. James Blain, who preceded Jack as cardiology chief, was the leading local expert in this field. Transvenous implantation of the device was in the exclusive domain of thoracic surgeons. After Dr. Blain cut down his practice, nobody was left to formally follow pacemaker patients, so I decided to do this myself. I followed these cases in the most primitive manner—with a portable EKG machine, pacemaker checking device, and magnets loaded in a grocery cart, which I rolled to patients' rooms. As the pacemaker devices became more sophisticated, I visited the pacemaker gurus of that period, Dr. Victor Parsonnet of New Jersey and Dr. Seymour Furman of New York, to observe their follow-up systems. Shortly thereafter I established the first formal pacemaker clinic in Dallas at Baylor.

My interest in pacemakers did not end with establishment of the follow-up clinic. I started observing transvenous implantation techniques from our surgical colleagues and although I had no formal surgical training with the procedure, I was able to convince Jack to allow me to do implantation alone. With some trepidation, such was accomplished, making me the first cardiologist to implant a transvenous permanent pacemaker in North Texas. This, in essence, opened the gate for other cardiologists in town. Consequently, the procedure was incorporated into our fellowship training program.

PTCA became the next milestone in cardiology after the late Dr. Andreas Gruentzig of Switzerland presented a paper showing his successful cases in humans at the American Heart Association meeting in Miami. I remember getting goosebumps during his presentation and thought this was the "missing surgical aspect" of my career. With Jack's support, I attended Dr. Gruentzig's Second International Live Demonstration and Training Course in PTCA at the University of Switzerland in 1979. At that time he had only 75 cases under his belt, but he was the sole person doing it. He was a profound innovator, scientist, and teacher and quite a showman. Singlehandedly, he changed cardiology forever.

Because of the experimental nature of the procedure and overwhelming demand, procurement of the new balloon device became a problem. The sole US balloon manufacturing company entertained purchase requests only with the rigid concurrence of the two main US investigators. After observing the procedure in San Francisco, as required, and after many months and numerous letters and telephone calls, I finally achieved approval for the investigational procedure. However, as anticipated, no balloons were available. Serendipitously, while attending the course in Zurich, I met a German cardiologist. He told me to write him as soon as my protocol was approved so he could send me the device. This I did, and true to his word, I received one unused balloon through the mail from Germany. Predicament solved! In August 1981, I utilized this balloon to successfully dilate a tight right coronary artery lesion in a diabetic woman—the first coronary balloon angioplasty case at BUMC and North Texas. The rest is history.

I feel humbly gratified with my small contribution to the growth of cardiology at BUMC and bask in the fortune of working in an institution where I was given the freedom to innovate. I also enjoyed my participation in training many cardiologists who are now pillars in their chosen fields. I relished the experience of watching them metamorphose from raw neophytes to real experts.

I am also lucky to have been associated with colleagues who encouraged me in my undertakings and allowed me flexibility in pursuing other endeavors. This gave me the opportunity to travel and impart my expertise to physicians in other countries, foremost of which was establishing the coronary angioplasty program in the Philippines, my home country. I have also demonstrated cardiac catheterization and percutaneous interventional techniques in Damascus, Syria, and Costa Rica and have given lectures in the field in other nations.

My international forays extended beyond medicine. In 1981, I participated in an audience with King Khalid at his summer palace in Al Taif, Saudi Arabia, when I accompanied my patient and friend, Senator Benigno Aquino, Jr., the late Philippine martyr and national hero. It was quite a moving experience—just like a page torn from *Arabian Nights*. His widow, Corazon Aquino, eventually toppled the Philippine dictator, Ferdinand Marcos, after which she became the first woman president of the Philippines. People Power was born with her as the midwife. When she campaigned for the presidency, I went home to participate in the struggle and served as her personal physician during the later part of her national sorties. It still gives me the shivers to remember what we went through to overthrow the strongman. It was a David-and-Goliath encounter. Subsequently, President Aquino was invited for a state visit by President George H. W. Bush, which also earned my wife and me an invitation to the state dinner tendered in her honor at the White House. I can actually brag that we danced in the White House ballroom!

After climbing many mountains, I am purposely decelerating gradually, while trying to recoup, as well as savor, the niceties of life one invariably misses on a fast climb uphill. I am currently practicing with a great group of younger cardiologists, the Cardiology Consultants of North Dallas, based at Baylor Medical Center at Garland, Texas, doing primarily interventional cardiology. By virtue of seniority, I have been forever freed from night calls. I still enjoy teaching. New procedures and techniques, as well as medical discoveries, continue to give me an adrenaline rush.

I am eternally grateful to my family for their sacrifice and understanding while I pursued my career objectives. Sweet recompense comes in the form of spoiling our two young, lovable grandsons.

DR. DAVID PITA

Dr. Pita *(Figure 8)* introduced himself to me in a Baylor hospital corridor in 1971, soon after he came to BUMC. I noticed his quick step and graciousness as he approached me and stated, "I am David Pitavivadhananoud. May I ask, what is your name, doctor?" Surprised by his lengthy surname, I immediately answered, "Kawasaki," and presented my business card. We met again and again and enjoyed conversations, but it was just recently that I visited with him and heard his interesting life story.

"My parents left China and went to Thailand in search of fortune," Dr. Pita said. He was born on June 19, 1938, in the Surajthanee province in southern Thailand, the third of five children born to Chinese parents. "It was the year of the Tiger," he mentioned. He was a mere 3 years old when his parents placed him under the care of his father's landlord while they went to Bangkok to establish a wholesale business. Five years later, his parents sent for David to join them. During those years, the young lad did not see his parents—not even once. He remarked, "They were like strangers to me then." I also understood when he shared with me that because of the Japanese bombings in Thailand during the war years, he developed unpleasant feelings about the Japanese.

Figure 8. Dr. David Pita.

Because of Mao Tse Tung's victory over Chiang Kai-shek in a civil war and the communist party takeover, David's family remained in Thailand. Fearful of the spread of communism, the Thai government granted the Chinese immigrants amnesty and used two methods to facilitate their assimilation: Chinese schools in Thailand were closed, and the Chinese were forced to change their names to Thai, which is Sanskrit in background. David could no longer attend the Chinese school in which he was enrolled, and he lost his Chinese name, Hong Jing Huang. His first name became Suvidhya, written in Thai as Suvidtia. Dr. Pita explained that because the *tia* is silent, the name is pronounced as *Suvid;* the Sanskrit word means "good knowledge." He extended his language lesson by telling me that *Pita* means "yellow" and the meaning of *vivadhananoud* is "forever and ever progressing."

An older sister did not want to remain in Thailand. She begged to go to school in China, but David's father forbade it, so she ran away. "My father did send money to help support her," he explained. "She went through the Cultural Revolution of the People's Republic of China, which led her, at one time, to work on a farm. She married another runaway from Thailand who went to China." Eventually, both Dr. Pita's sister and her husband became doctors. His sister specializes in obstetrics and gynecology, and the husband is a pulmonologist. Today they live in Guangzhou, or Canton, China.

After the Thai government closed all the Chinese schools, David took tutorial Chinese lessons. His father "paid a large sum of money at the time" so that David could attend a French Catholic high school in Bangkok named The Assumption College. After high school, he continued his studies and completed his premedical education. He graduated from medical school at the University of Medical Sciences in Chiengmai, Thailand (now called the University of Chiengmai, Faculty of Medicine) and served a rotating internship at Chiengmai University Hospital. Because of the paucity of postgraduate medical programs in Thailand, Dr. Pita searched catalogues in the medical school library. He found an internship at Wayne County General Hospital in Eloise, Michigan. The internship salary of $500 a month, with room and board, enabled him to send money to his younger brother, a postgraduate business student in Rochester, New York. David also purchased a car (gasoline then priced at 37¢ per gallon).

Postgraduate studies took Dr. Pita to Chicago in 1966. He spent 2 years in general surgery at the University of Chicago. At a welcome party hosted by the medical faculty, he met his future wife, a redheaded medical student. He spent 1969 in Madison, Wisconsin, in medical oncology. That same year, a Japanese Buddhist monk in Chicago made Alice his bride. "Father did not approve of marriage with Alice," he stated, "but when he saw her washing his clothes, that brought on approval." When

he was naturalized, he changed his name to David Pita. He and Alice are blessed with two children, Alan and Amy, and their first granddaughter, 1-year-old Allyson. Alan is a computer engineer with IBM in Austin. Amy is going back to Rice University to get a master's degree in computer science and business.

Dr. Pita completed general surgery training in Syracuse, New York, in 1971. He learned of an opportunity to study colon and rectal surgery with Drs. Wallace Bailey and Jack Kerr at BUMC and came to Dallas. When he completed the residency in 1972, he was appointed to BUMC's medical staff as an associate attending and joined Dr. Alvin Baldwin in practice. In 1974 he became a solo practitioner. His wife was appointed pediatrician for the city of Dallas—a position she held for 20 years. On January 25, 2004, she was featured in the "High Profile" section of the *Dallas Morning News*. The article was subtitled "During 20 years as Dallas' chief pediatrician, Dr. Alice Pita demonstrated that generosity of spirit is the greatest gift to have—and to give."

I asked Dr. Pita about his family, specifically about the sister who ran away from Thailand to China. He told me that she and her husband have three children—one a doctor. "Years later, when China opened up," he explained, "my parents were allowed to go into China to visit. But the feelings were different. Gone was their young, innocent little girl." He also said, "None of my brothers live in the Western Hemisphere."

Dr. Pita stated, "I have been with BUMC for 33 years and have seen tremendous growth and change—impermanence. I chose to change with all and be happy—following the Four Noble Truths. I, as well as others, am devoted to treating patients with kindness, compassion, and courtesy and am gratified to receive the same in return."

Figure 9. Dr. Hassan Bukhari.

DR. HASSAN IMAN BUKHARI

Dr. Hassan Bukhari *(Figure 9)* wrote his story:

I was born in Gujranwala, Pakistan, on June 12, 1938. I finished primary school in Gujranwala and graduated from the government high school in the same town. In 1953, I moved 45 miles southwest of my hometown to Lahore, a city famous for colleges and the site of the University of Panjab, where I had been admitted to the Forman Christian College. In 1957, I was granted a bachelor of science degree in biological sciences.

At a very young age, I became interested in medicine. I often went to my father's clinic and watched him talk to and treat his patients. My father's diligence and the patients' gratitude, when they got well, interested me so much that I decided to become a doctor. In 1957, I applied to medical schools and was accepted at the King Edward Medical College in Lahore. This college was established about 150 years ago and was the second medical institution to be established in the Indo-Pakistan subcontinent. The medical degree program called MBBS—bachelor of medicine and bachelor of surgery—entailed 5 years of education and training based on the British system of medical education. Upon receiving the medical degree in 1962, I completed residency in surgery at Mayo Hospital, Lahore, a well-known teaching hospital affiliated with King Edward Medical College.

The United Kingdom and the USA were the countries of choice for postgraduate education in surgical disciplines. I had passed the examination of the Educational Council for Foreign Medical Graduates, which qualified me to enter postgraduate education programs in the USA. In 1964, I applied for an internship and was accepted at St. Charles Hospital in Toledo, Ohio. I came to the USA in June 1964.

At that time, there were not many physicians of foreign origin in the USA, and foreigners were motivated to work very hard to show that they were no less qualified than other graduates. The year passed rather quickly but successfully. The next step was to seek a residency training program in general surgery. The Tucson Hospital's medical education program accepted me as a resident in general surgery in 1965, and I completed the 4-year training program in 1969.

During my training in Tucson, I was fortunate to work with a well-trained vascular surgeon by the name of Dr. Mark Kartchner, who incidentally was the first peripheral vascular fellow who had graduated from BUMC under the tutelage of Drs. Jesse Thompson and Dale Austin. I became interested in specializing in peripheral vascular surgery. When the time came to seek a fellowship, Dr. Kartchner gave an excellent recommendation. In July 1969, my wife and I, along with our two children, said good-bye to our good friends in Tucson.

After completing my year of fellowship in June 1970, I attempted to return to Pakistan. I was told that I had overspecialized and no facilities existed in an underdeveloped country such as Pakistan where I could practice my specialty. Therefore, I decided to apply for immigration to the USA. For the next 2 years, I waited for my immigration status to be ratified and did a year of hematology fellowship at the Wadley Institute of Molecular Medicine in Dallas followed by another year (July 1971–June 1972) of peripheral vascular surgery at BUMC, this time with Drs. Wheeler and Hempel. Drs. Wheeler and Hempel asked me to join their group as a surgeon, which I accepted. I started my practice of peripheral vascular surgery and general surgery in July 1972.

Since joining the aforementioned group in 1972, I have worked at BUMC through my private surgical practice. I am on the staffs of a few other institutions, but BUMC has remained the main work place for me. I have benefited from the contributions of different cultures, and I hope my contribution has been a source of strength for others in some way.

I am fortunate in having been married to my wife, Dr. Talat Bukhari, who was my classmate at King Edward Medical College. We have two children: a son, Dr. Rizwan Bukhari, who is a successful peripheral vascular surgeon and has been on the staff of BUMC for many years, and a daughter, Nighat Bukhari, who chose finance and banking as a profession and resides in Ohio. We have two grandchildren, Rizwan's daughters, 5 and 4 years old.

Having come from abroad and being a Muslim, I learned there were not many places of worship for Muslims in the USA, and none existed in the Dallas–Fort Worth area in 1969. Therefore, a few of the Muslims who lived here got together and laid the foundation for a place of worship, which is called Masjid. It has progressed significantly, and a large number of Muslims attend the services. The central, or main, mosque is located in Richardson on Spring Valley Road. I have been involved with the development of the centers. I was the founder and the first president and am still an active participant.

I took an active part in interfaith relationships, primarily being involved as one of the original fellows of the Thanks-Giving Square Foundation and a director of Thanks-Giving Square from 1971 onward. It has been enlightening to be able to sit down with persons of other faiths and find and promote the commonalities among us, thus hopefully producing good relationships so we can live together peacefully. I have imparted information and have spoken at different churches throughout the years, as well as the Perkins School of Theology at Southern Methodist University.

After getting established in my practice, I have made an effort to go back to Pakistan, especially in winter, to volunteer in the

medical field and to teach in the medical colleges. I have promoted continuing medical education among the family practice physicians in Pakistan.

It is estimated that there are 10,000 physicians of Pakistani origin who are practicing in the USA and Canada. I was the president of the Association of Pakistani Physicians of North America in 1985–1986 and was recently appointed the chairperson of the charitable arm of this association, called APPNA-SEHAT. APPNA-SEHAT is primarily involved in basic health care education of the people of rural Pakistan who do not have easy access to health care. APPNA-SEHAT has close to 120,000 lives under its care, and the work is being done with voluntary contributions of money and time from the physicians. I hope that in the next few years I will be able to bring more lives under the care of this organization and be able to provide basic health care education to the rural masses in Pakistan.

To my knowledge, I was the first Muslim surgeon at BUMC, and until our son started to practice with the group about 6 years ago, I was the only Muslim surgeon on the BUMC staff in the discipline of general and vascular surgery. I am Pakistani by birth and an American by choice. My relationship with my colleagues at Baylor has been very cordial and respectful. I have enjoyed working in a place with such diversity of personnel.

Figure 10. Dr. Cary Tanamachi.

DR. CARY TAKEO TANAMACHI

"I'm an old country boy from South Texas," said Dr. Cary Tanamachi when I requested his life story *(Figure 10)*. Born in Harlingen and raised in the Rio Grande Valley by his Japanese parents, he added, "I'm proud to be an American, proud to be a Texan, and proud to be of Japanese heritage." I liked the way this BUMC orthopaedist, who uses "samurai" in his e-mail address, described himself.

Since I anticipated that Cary's parents experienced Japanese internment during World War II, I asked about them. What he told me was, indeed, an interesting saga. At the outbreak of World War II, Cary's father, Tom (age 19), lived with his parents and two sisters on a farm in Long Beach, California. Cary's grandfather, Torazo, was taken from the family soon after the attack on Pearl Harbor and sent to an alien internment camp in Bismarck, North Dakota. Meanwhile, the family left behind was evacuated to Poston Relocation Center in Arizona. After separation from his family for 1½ years, Torazo joined them in Poston. It was in the Poston camp that Cary's parents met, fell in love, and married.

In 1945, when the war ended, the US government would not allow the Tanamachi family to return to their California farm; it had become a government ammunition dumpsite. Government officials sought areas where Japanese families could move and located Kumazo Tanamachi, a distant relative of Tom's family, in Texas' Rio Grande Valley. Kumazo offered the displaced Tanamachi family from California a place to live in South Texas. Kumazo Tanamachi extended his invitation to the large family of Tom's new bride—the Nimuras, also prewar farmers in California. The two families, which included both sets of Cary's grandparents, started new lives in Texas. Cary's father, Tom, is deceased; his mother now lives in Richardson.

Dr. Tanamachi explained that his father, Tom, became like a son to Kumazo Tanamachi. Kumazo's son, Saburo, was a war fatality. A member of the famous all-Japanese 442nd Infantry Regimental Combat Team that was sent to rescue the First Battalion of the 141st Infantry of the Texas Division, Saburo was killed in action. He was one of the first Japanese Americans buried in Arlington National Cemetery with full military honors.

Cary continued discussing his life:

> Living with my grandparents and parents in a small wood-frame farmhouse was quite an experience. I was fluent in Japanese and spoke very little English until I went to school. We finally moved to a larger home designed by Allen Tanaguchi, who became a dean of the school of architecture at several Texas universities. Growing up in the Valley was wonderful, and it brings back fond memories. My most embarrassing moment occurred when a local paper headlined its sports section with an article about me. The headline read, "They call him the Tank, the human pile driver!" My football teammates nicknamed me "Tank." With that fame behind me, I left for college. Because I was Baptist and because my cousin attended Baylor, I decided to join her there. Besides, she drove a brand new Chevy Impala Supersport!

Despite misgivings expressed by a college advisor, Dr. Tanamachi was accepted into medical school in San Antonio. In 1968, he was a member of the first 4-year class of the new medical school. When it came time for internship, he visited numerous hospitals and chose BUMC. He told me, "Dr. Robert Sparkman had a very positive influence on my life and career."

Although his first exposure to orthopaedics left him unimpressed with the specialty, the "farm boy" in him identified with the "hammering, drilling, sawing, chiseling, and grunting" that went on in orthopaedic surgery. After postgraduate studies and specialty training in Wichita, Kansas, and a trauma fellowship in Basel, Switzerland, he opened his practice in Mesquite. He mentioned that it was moonlighting in Mesquite during his internship at BUMC that made him aware of the town's need for specialty physicians. He has officed in Mesquite since 1977. "Baylor is just 15 minutes away," he stated.

A member of many professional and nonprofessional organizations, Dr. Tanamachi ranks his association with the Mesquite Independent School District the most significant and rewarding. For 18 years, he's been a member of that district's school board and "enjoyed every minute of being with such a dedicated group of teachers and administrators. My source of strength and renewal comes from my religion and my family."

Dr. Tanamachi proudly mentioned that his daughter, the author of two books, is currently writing her third novel; his son is a recent college graduate. With his wife, Patty, he has two stepchildren—a girl in college and a son in high school. He added, "The Tanamachis are a tight-knit group."

I liked Cary Tanamachi's parting words, "We all have our ups and downs in life, and how we persevere determines our fate. I like telling my kids to enjoy the good times and learn from the bad times." Those thoughts sound like teachings from his parents—and grandparents—when he was a lad in Texas' Rio Grande Valley.

DR. EVANGELINE TAJONERA CAYTON

This study of Asian doctors at BUMC introduced me to Dr. Cayton *(Figure 11)*. I consider it an unexpected gift. She provided information about the Philippines while she told me about her life. Her birthplace was in a suburb of Manila, in the

Figure 11. Dr. Evangeline Cayton.

Cavite province. A US military facility located nearby ignited young Evangeline's imagination of the USA. She recalled watching, from a second-story window of the family home, airplanes take off and land. The annual July 4th visits to the base open house left her in awe of its cleanliness and modern appearance. She recalled her amazement at the variety and amounts of food. The supply of chewing gum and M&M's seemed limitless, and there was a display of fireworks at night. This young girl wished to go to the USA!

An American GI, Nicholas Tarbuck, befriended the Cayton family. After his return to the USA, Mr. Tarbuck wrote to her parents. There were gift exchanges with him—even an invitation to the Cayton family to visit him in the USA. Mr. Tarbuck was a role model to one of Evangeline's brothers and inspired his enlistment in the US Navy. Another brother and an uncle joined the US Coast Guard. Nicholas Tarbuck's friendship contributed to Dr. Cayton's desire to seek her future in the USA.

In the Cayton household, piety was an unspoken rule. Dr. Cayton explained that family loyalty plays a dominant role in Filipino life—not only to siblings and parents, but also to grandparents, aunts, uncles, and cousins. Research into sociological aspects of Filipino culture points to the importance of this loyalty, reflected in the near absence of orphanages and homes for the aged in the Philippines. Her grandfather, Dr. Lolo Victor, influenced her parents. She remembered her grandfather as "handsome and gentle, a doctor who carried a black bag and made house calls. Chickens and eggs were common payment from patients for his medical care." Dr. Victor treated Evangeline for childhood illnesses, and she recalled how she endured antirabies shots.

When her parents determined she should be a doctor and sent her to Far Eastern University Medical School in Manila, Evangeline had no reservations. Two older male cousins attended the same medical school, and two female cousins attended a different medical school. Dr. Cayton recalled the pride of their parents when they talked about their children who were in medical school: "The presence of a doctor in the family spoke volumes."

After graduation from medical school, Dr. Cayton accepted a 1-year postgraduate training appointment in general practice in the US Naval Hospital at Subic Bay. The next year, she trained at Clark Air Force Base. At that time, Vietnamese refugees funneled through Clark, and Dr. Cayton delivered many refugee babies—in addition to providing medical care to US military dependents. She values the initial training experience she received in the military hospitals and credits it as a determining factor when she decided to complete her postgraduate training in the USA.

Dr. Cayton began her internship at Louis A. Weiss Memorial Hospital in Chicago shortly after her arrival in the USA. She came to Dallas at the conclusion of her studies in Chicago to begin a residency in physical medicine and rehabilitation at BUMC. At the completion of her BUMC training in 1980, Dr. Ed Krusen asked her to join the medical staff in the Department of Physical Medicine and Rehabilitation.

The 1980s held important milestones for Dr. Cayton. In addition to appointment to the medical staff at BUMC, she became board certified in physical medicine and rehabilitation, acquired US citizenship, and received a consultant appointment to the Jewish Home for the Aged (a position she relinquished in 1999).

The years since Evangeline's arrival at BUMC brought newsworthy breakthroughs in physical medicine and rehabilitation. She feels thankful for her mentors, BUMC's Drs. Ed Krusen and James Caldwell, pioneers in her specialty. Dr. Barry Smith's continued leadership transformed the Department of Physical Medicine and Rehabilitation from a clinical to an academic focus. Dr. Cayton published scientific articles pertaining to her specialty and to Asian health issues and gives lectures throughout the medical community. The *Dallas Morning News* honored her in 1988 when she was featured with notable Dallas women physicians.

In 1994, Dr. Cayton completed studies in acupuncture at the University of California in Los Angeles and now offers acupuncture to her patients. The Dallas County Medical Society highlighted Dr. Cayton in 2001 because of her interest in the emerging complementary and alternative medical field. She continues to support the education of Filipinos in her native country.

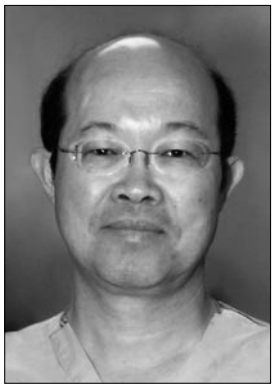

Figure 12. Dr. Paitoon Tulanon.

DR. PAITOON TULANON

Dr. Paitoon Tulanon *(Figure 12)* agreed to take time from his schedule to join me for breakfast and share information about himself. I told him, "Your name has a melodious sound." He said *Paitoon* is pronounced "Paitoon" and *Tulanon* as "Tu-la-non." I found it interesting when he revealed that his family name is *Tung* when spoken in Chinese. He also said that his original surname was Sritulanon, but he removed the *Sri* when he became a US citizen.

While I listened to his stories about the Tulanon family, I understood why Dr. Tulanon mentioned Chinese when we discussed his name. Both his paternal and maternal grandmothers were Thai; his two grandfathers, Chinese. At age 17, his paternal grandfather fled China and went to Thailand when he thought he killed someone. Involved in an argument that developed into a serious altercation, his grandfather stabbed the adversary, but it did not cause his death. His maternal grandfather left China in 1943 because he viewed Mao Tse Tung's communist party as a force to be feared.

Dr. Tulanon names Ayuthaya, Thailand, as his birthplace. He mentioned that the city was Thailand's capital 800 years ago. After elementary school, he enrolled in Suankulard High School in Bangkok. Mahidol University awarded him a bachelor of science degree, and he attended Siriraj Medical School in Thonburi, Thailand. "Anyone who showed good grades, among other things, went to medical school," he reported.

While in a year of surgical internship at an accredited hospital in Thonburi, Paitoon realized that there were only 20 postgraduate positions available for the 125 medical school graduates from the five medical schools in Thailand. The low odds for acceptance into one of the positions caused him to look elsewhere.

The Vietnam War forced US physicians into military service, so opportunities for postgraduate training in the USA became plentiful. In 1973 he married another physician, Vanee, and the two embarked for the USA. Paitoon sought surgery training, and Vanee pursued a psychiatry residency.

Fortunately, Paitoon received a residency appointment in general surgery at Agnes Hospital in Baltimore, Maryland, an affiliate of the University of Maryland. When he completed the 4 years of residency training, he was asked to become a member of the Agnes Hospital staff as a trauma surgeon. Dr. Tulanon served in that capacity for 2 years. His US citizenship also made him eligible for US military service, and he served as a physician at Andrews Air Force Base for 3 years. Because he was the youngest doctor on the base, his assignment was in the proctology clinic.

The Tulanons intended to return and practice medicine in Thailand—the home of "happy people." However, the almost utopian economic and commercial opportunities once available in Thailand changed in 1975 when Vietnam fell. The threat of communism caused Paitoon and his wife to rethink their future. They decided to remain in the USA, where they had spent 10 years. Paitoon searched for an accredited program in colorectal surgery and found BUMC. Dr. Wallace Bailey was the chairman of the colorectal surgery department when he trained in 1984 and 1985. At the conclusion of his training, Paitoon joined the practice of Dr. Robert Jacobson and became a member of the BUMC medical staff.

The Tulanons have one son—a college graduate who plans to become a lawyer.

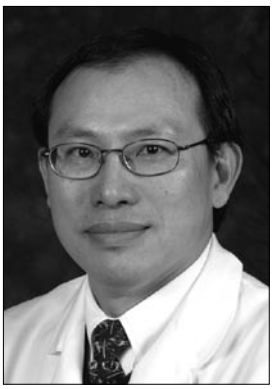

Figure 13. Dr. Edson Cheung.

DR. EDSON HOI-KAM CHEUNG

Dr. Edson Cheung *(Figure 13)* told me that the glamour of the "Space City" attracted him to Houston, Texas. As a young Chinese boy in Hong Kong, he watched the TV reports about the astronauts' nearly unbelievable achievements. He shared with me his favorite Neil Armstrong phrase, "Houston, we are coming home." When he came to the USA and enrolled at the University of Houston, he stepped up to his attraction.

Because of World War II and civil war in China, Edson's parents migrated to Hong Kong individually, on their own, at relatively young ages. Neither had the opportunity to continue an education past elementary school. His father owned a tailor shop that specialized in Chinese female fashion. His mother, a housewife, was occupied with raising five children. Edson, born in 1955, was their eldest and the only son.

Dr. Cheung stated:

> I went to a small parochial elementary school and finished my secondary school in 1971 at the largest all-boy technical school. After 1 year of college matriculation classes, I came to Texas and enrolled at the University of Houston. Choosing Houston was an interesting decision. I did not know anybody in the USA except a good friend from grade school who had immigrated to Houston years earlier and planned to attend the University of Houston.

I asked Dr. Cheung how he gained a western first name. He said his Chinese given name was Hoi-Kam, but when he entered secondary school, his British teacher insisted he have a western name; he chose Edson, the first name of the great soccer player, Pele, his childhood idol.

Dr. Cheung liked life in Houston. He met many interesting people from all over the world—including his wife, Anita. A 1976 summa cum laude graduate in biophysics from the University of Houston, he also claims membership on the school's only undefeated soccer team of 1974 as an outside fullback. He remained in Houston to attend the University of Texas Medical School there and graduated in 1981. Dr. Cheung told me about his wish to become a doctor:

> I had wanted to be a surgeon since I was in sixth grade. When I was in primary school, I was a small, sickly child and was a frequent visitor to the hospital. In those days, my surgeon was also our family physician, who was kind, knowledgeable, and yet authoritative. He was a strong role model for a young boy. I was fortunate to be accepted to the University of Texas Medical School as a foreign student. I was the first student from my secondary school to enter medical school. Since we were all selected for our mathematics aptitude when we graduated from primary school, our curriculum was pre-engineering oriented, with no exposure to biology or any health science subject. To this day, I still wonder how I got through freshman biology when most words and terms were totally foreign to me and I could never take adequate notes in class.

After medical school, Edson accepted an appointment for training in general surgery at hospitals affiliated with the University of Texas Health Science Center at Houston. These hospitals included Hermann Hospital, M. D. Anderson Cancer Center, Texas Heart Institute, and community hospitals. Throughout medical school and general surgery training, he was especially interested in cardiac surgery:

> It was only logical that when you watched the best heart surgeon in the world, Dr. Denton A. Cooley, operating every day, you wanted to follow his footsteps and be the best surgeon you could be.

Dr. Cheung spent 5 years in cardiothoracic surgery training at Emory University in Atlanta and continued there for 2 years of research—mainly in myocardial protection—plus 3 more clinical years to hone his surgical skills.

Edson brought those cardiothoracic surgery skills to BUMC in 1991 when he joined the medical staff. He joined Drs. Robert Hebeler and Carl Henry, fellow medical school alumni; Dr. Hebeler was his chief resident. He is grateful for the good fortune that followed him since he was that 17-year-old young adult, a foreign student in search of an education in the USA. Now a US citizen, he and Anita are parents of a daughter in the fourth grade. Together, they support a foundation at BUMC and established scholarship funds at his Houston alma maters.

Acknowledgments

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