

FORT BEND COUNTY HISTORICAL COMMISSION

ORAL HISTORY COMMITTEE

Interviewee: **Dr. James Doyle Condrey**

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Interviewer: Jane Goodsill

Transcriber: Marsha Smith

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Transcript

GOODSILL: Why don't we start with your full name, date of birth and a little bit about your history.

CONDREY: I'm James Doyle Condrey. I was born on May 27, 1947, in Vidor, Texas, between Beaumont and Orange, Texas, on I-10. We actually had a hospital there in Vidor at that time. I think it was a few months after my birth that they shut the hospital down. My mother was Sarah Louise Quinn Condrey and my dad was Roy Doyle Condrey. Both are deceased but were born and raised in the Orange, Texas area, over by the Sabine River, close to Louisiana. They sought residence in Vidor. My father was in the military and after the war he went to work for the Orange shipyard and was a welder in the shipyard for four or five years. Then he got a job at DuPont refinery in Orange, Texas, the Sabine River Works there in Orange. Mom never worked. She raised kids. I had two sisters; Mary Lee Condrey, deceased and my younger sister, Sharon Kay Condrey. We were about five years apart in age.

I went to Vidor High School and graduated in 1965. This was during the height of the Vietnam war and I had gotten my induction physical notice and was prepared, right out of high school, to go in the Army and be shipped out to Vietnam. One of my dad's friends in Vidor suggested I go over to Houston and visit with the 4005th Army Reserve Unit on Old Spanish Trail and try to get into the medical unit. I did so and found out they didn't want me in the Army because of an asthma issue that I had as a young child, and still have today. Anyway, I was not accepted in the Army which was very disappointing to me at the time, since all my family had served in different wars. I went to college at Lamar University in Beaumont, Texas. While I was there, I majored in biology and minored in chemistry and got a BS Degree in 1969. Shortly thereafter I met my wife, Jan, and we were married.

While I was in my senior year at Lamar University, I had already gone through the interview process and had accepted a job with a pharmaceutical company in Dallas. I wanted to be involved in the pharmaceutical business. It just seemed like drugs were going to be a thing of the future (which we all know they HAVE). So I accepted the job with the pharmaceutical company and I was going to move to Dallas. The head of the Chemistry department at Lamar, asked me to do him the favor of interviewing with IBM. I said, "Why do I want to do THAT?"

Lamar Tech as it was known in those days, didn't even have a Data Processing Department or computers on campus. (laughs) He said, "Well, for some reason IBM has decided they want to look at biology/chemistry guys rather than math and engineering guys." I said, "Okay, I'll do it as a favor to you." And so I did and they offered me a deal I couldn't refuse. I let the pharmaceutical company know that I was not going to be coming up to Dallas. I graduated on Saturday night and showed up to work at 8:00 AM Monday morning with IBM here in Houston, at the corner of Holcomb and Fannin at the IBM Houston Siteman Building. That's where I began my career with IBM. My job with them was to be the medical marketing rep for the Houston Medical Center, which included all the major hospitals in the Houston Medical Center, which was part of the reason I accepted the job.

It was quite a challenging offer. Up until that time, the hospitals in the Medical Center — Hermann, St. Luke's, Methodist, M. D. Anderson — all had computers they used for business applications, such as patient census and inventory control, payroll, receivables. But they never had gotten into the clinical environments and that's what they wanted to do, to use the computers in the clinical environment, the chem labs, the hematology labs. So that was my challenge and it was quite BIG but exciting. So for the next two and one-half years, I worked as a medical marketing rep for IBM. And a lot of good things happened. I'm really proud of some of the things that happened.

GOODSILL: What was your job?

CONDREY: To expand the use of computers that they had in the hospitals, used in the business environment, into the clinical environment.

GOODSILL: So how hard a sell was that?

CONDREY: Actually it wasn't all that hard. The physicians were very much impressed by the fact that instead of having a patient chart a foot thick, so to speak, we could print out all their historical clinical data, the different pieces of chemistry, on a sheet that they could look at with one swoop of their finger and see that this is staying stable, this is elevating, this is decreasing. They could make better diagnostic and clinical decisions with that data.

GOODSILL: So how hard was it to set it up? IBM was right on top of that?

CONDREY: The systems engineers were available to me. We had guys and gals that I would present the challenge to and then they would develop the software. You've got to remember that this was back in the late '60s and early 70's and just putting computers IN a facility required elevated floors, extra air-conditioning units to keep them cool. It was a MASSIVE hardware installation. We sold software. If the customer needed the software, they would buy the necessary hardware.

GOODSILL: That's an interesting introduction to medicine for you, the record-keeping aspect.

CONDREY: It was. I cold-called on the dental school one day. Nobody in the Dean's Office, which is of course where I went, knew anything about computers or why they would even want one. But they said there was a guy upstairs that you might want to talk to. He knows something about computers. He was a Ph. D. in pharmaceuticals/chemistry and his wife was an instructor at Rice University. He was familiar with computers enough to where we started visiting. Over time we developed a course of action to present to the administration on computer-assisted instruction (CAI). Students coming in to the dental school may have been practicing pharmacists for several years, or a microbiologist in some lab for years. With the use of computers they could advance-place out of these courses and didn't have to waste their time. They could invest their time where they more needed it. So with CAI there came about this whole curriculum in the University of Texas Dental School of computer-assisted instruction and self-paced curriculums.

The challenge never was over, but I kind of lost interest in being part of the corporate world. I decided I wanted to be my own boss. My contact was influential in suggesting that if I wanted to be my own boss maybe I ought to go to dental school.

One day a bunch of IBMers were at a Zig Ziglar presentation in Houston. We're all in this big line, trying to get in, and I turned around and here were six or eight of us IBMers with our corporate 'uniforms' on and everybody else was casual. There were a number of factors that were working on me to think that I didn't want to stay with a big company like this forever. My father said, "What are you doing?! Leaving a great company like that to go back to school! I think it's a MAJOR mistake." But my wife was with me. She had to go to work for the first time and by then we were having our first child. So I left IBM and went to dental school. I worked forty hours a week in addition to school. I'd work nights and weekends at Hermann Hospital, in the blood bank, typing and cross matching blood and stuff like that. It was to support the family.

After four years of dental school I wondered, "Well, what am I going to do now? Where am I going to practice?" I was fortunate enough that the school offered me an opportunity to start teaching, right out of school, which they normally didn't do.

GOODSILL: Was that because you had a particular talent for teaching?

CONDREY: I'm not sure. I guess it was partially because I was a little older than most graduates because of my years with IBM. I had some skills in crown and bridge particularly and I knew the instructors well in the crown and bridge department. For whatever reason, that opportunity to teach was there. They wanted full-time and I really didn't want to be a full-time instructor but I would consider part-time. At that point, a dentist who was coming out of school, and I decided to practice together up on FM1092 by US-59 in Stafford.

GOODSILL: Where I first met you as a patient! (both laugh)

CONDREY: This was back in 1975, in the first office. You met me in the next office building. I started practicing there in 1975. I shared that office. It had two operatories and a little hygiene operatory. Just big enough for one at a time dentist. So he would practice there on Monday, Tuesdays and Wednesdays, and I would teach at the dental school on those days. I would come in to 'our' office and work Thursday, Friday and Saturday. I was working six days a week for a number of years. I guess it was three or four years later, I decided that it was just too difficult to teach and manage a practice.

In 1974-1975 I had selected Fort Bend County in particular because I saw a lot of growth potential out here. Quail Valley existed and Sugar Creek existed and the shopping center for all this area was US-59 and FM1092. First National Bank of Stafford, Randalls, Weingartens — those kinds of stores were up there in those days. So I focused in that area and decided that's where I was going to start my practice and it grew as the community grew. There was commercial development in Stafford and some surrounding residential development, like Glenshire and places like that. I was right off US-59 and it was easy for people to get to the office. We decided that we needed more room and we couldn't expand that building as it turned out. So I bought the land next door and built that building where I first met you, that white brick building there. I moved into that building in 1977. My second office location was in Stafford.

GOODSILL: A friend of mine who worked at Texas Instruments referred me. I expect you had a big clientele from Texas Instruments, because it was so close.

CONDREY: We did. Texas Instruments was very commercially prevalent there in Stafford and we had a lot of clients from that area. That was one of the reasons I moved there. It was just where everything seemed to be happening. There was a restaurant on the corner, too, called Venetian Village Italian Restaurant. Shortly after I opened the building, one of my classmates from dental school, Dr. Allen Kincheloe, came out and started practicing with me part time and teaching part time. He eventually left the school as well and became full time and we shared that office, which was equipped for two dentists.

I guess we practiced there about ten years and in late 1986 or early 1987, Dr. Singletary and I met on the tennis court and the golf course and got to know each other as colleagues. I found him a very charming fellow and we started talking about the future of the FM1092 and Highway 6 area. Because of my work with the Chamber of Commerce I became convinced that a big part of the commercial development at US-59 and FM1092 was going to shift down to Highway 6 and FM1092. And the Highway 6 corridor was going to REALLY develop with the coming of First Colony. We had the Fort Bend Hospital being built across from here, and all of that.

GOODSILL: And you had already moved your residence out here?

CONDREY: During the last year of dental school, Jan and I moved from our apartment into Fondren Park over off of South Main. We had a small home there that we enjoyed and had great neighbors. We moved to Quail Valley around 1977 and we've been in Quail Valley ever since. We're in our second home in Quail Valley.

GOODSILL: You're busy with your practice AND you got involved with community activities? You mentioned the Chamber.

CONDREY: I guess I've always just had the desire to be a part of whatever community I live in. I like to know what's going on in that community and have an effect on that community — a positive effect, hopefully! Back in those days, I'd gotten involved in Oyster Creek Rotary Club, which was founded in January of 1979. We met at the Quail Valley Country Club, in their dining area. Then the Chamber was starting to roll along. It had been kind of hit and miss for a while. Back in the early '80s, I was getting involved with the Fort Bend County Chamber and we met right across FM1092. There's a Wendy's down there now.

Jim Glanville had some open space back in there that he hadn't leased out and he allowed the Chamber to function out of there. This was back when John Null and Fred Grates and Bill Jameson and Dutch Lichliter and all those guys were active. Clyde Jacks and Mary Gayle Brindley. I misspoke. The Chamber started with Ursula Coates and Dee Martini and some of the original people. They had a little place down on Main at one point.

GOODSILL: What kind of things were they focusing on?

CONDREY: Promoting businesses and 'shop locally' type things and do your business in Fort Bend County, and not run back into Houston for everything. It was good for dentists, it was good for physicians, bankers, everybody. With the growth we were attracting more professional people, more businesses of all sorts. The place was just booming, really. It was exciting. When I left the building with Dr. Kincheloe, he decided to stay in that building because his patients came from that area.

There was a group of us who were going to build our own building near Quail Valley. There was NOTHING out here. Frost Ranch was still a working ranch, running cows, horses and what-have-you. An oral surgeon and an orthodontist and Dr. Singletary and I decided we were going to build a building down in this area, the Township area and move our practices into that. We had some land under contract and we were moving along, discussing plans, and we were approached by a developer who said, "Hey! Would you guys consider bailing out of your deal and coming to be a part of MY deal? I want to build a 55,000 square foot building, multi-storied, etc." We looked at it and decided it was the right thing to do instead of becoming landlords ourselves. About the time that this (5819 Hwy 6 Missouri City, Texas 77459) building was being built, the hospital was also being built. Dr. Singletary and I had our choice of office space. We wanted to look out over the hospital. Frost Ranch was still live and working. It was a beautiful place! Of course it's all changed now with the highway widening, and Home Depot and Target. It changed the landscape!

GOODSILL: You don't look out onto ranch land any more. You look out on parking lots! Still a nice building.

CONDREY: Still a nice building. Luckily the trees got taller so we don't have to look at so much of the commercial stuff. But it's all good. It's all growth and positive stuff. It brings more people to the community. Besides the Chamber and Rotary Club, I've been involved in the Missouri City Business Association. I was president of that for a while, trying to promote businesses within Missouri City.

The Quail Valley Proud group — we were trying to revitalize Quail Valley and we started the Neighborhood Watch to increase eyes and ears on the ground just to protect our citizens and their property better, we hoped. And it turned out to be a good thing.

As far as dentistry itself, I've been quite active. I've been on the board of the Greater Houston Dental Society and was president. By 'greater Houston' it means outside of Houston, too. It's not JUST Houston. For that reason we were the largest dental society in the world for a number of years. We were larger than some state dental associations, small states, such as Rhode Island and Delaware. We had about 1,600-1,800 members. I also got involved in the Texas Dental Association and was on the board of that for a number of years. I got very active in the American Dental Association (ADA) as well and went on a committee called ADPAC [American Dental Political Action Committee] for the ADA. And I was on the Texas Dental Association's DENPAC. It was all political action stuff. You have to pay attention to the rules and laws that are being made if you're in a profession like dentistry, because everybody wants to take over and run the profession. So the dentists have to pay attention. And so do physicians, and lawyers and everybody else. So I was chair of DENPAC for a long while.

Then I was on the ADPAC board with the ADA for the federal issues. We worked with our congressmen in Washington on that. After four years of being on the ADA ADPAC, I was asked to be on the ADA's Council of Governmental Affairs, which was REALLY exciting! This was pre-Obamacare, we were looking at issues that affected dentistry in the entire nation. We were kind of on the cusp (pardon the pun here!) of things that were really going to happen. If they happened federally, they were going to start happening at the state levels. So I had ADA positions going on, I'm in Washington, I'm in Chicago at the ADA headquarters. Washington is where our governmental affairs group met a lot with our Washington office staff. The ADA has its own building in Washington, but the ADA's headquarters is actually in Chicago. So I was back and forth between Chicago and Washington, but still involved at the TDA level and at the Greater Houston level.

GOODSILL: I think most people just go see the dentist and then go home. I don't think most people understand how the business works, what the politics are, how there are some groups that want to take over the minutia of how a dentist should run his business.

CONDREY: For that reason you have to be vigilant. You have to pay attention to what the legislature, either state or federal, is doing. What's being presented to them to consider to vote into law? Some things are not in the best interests of the patients in Texas or the United States, if the professions aren't watching.

GOODSILL: Some regulations would be good and some regulations would be detrimental.

CONDREY: Right.

GOODSILL: So you felt like you had some input in that.

CONDREY: Yeah, we did. We still do! I'm not any longer on the ADA's Council of Governmental Affairs because that's a four-year term limit and I term-limited off of that.

I represented Texas to the ADA from the governmental affairs standpoint. I worked with our current legislators, Cornyn and Kay Bailey back in those days, not Ted Cruz now, but I would be if I were still there. All of our congressmen. It was very exciting! We would go to Washington and visit with our senators and congressmen and I would present the ADA's position on things to Senator Cornyn or our different congressmen.

GOODSILL: Would you say that you think the business of dentistry is going in the right direction in our nation?

CONDREY: We have some concerns. I'm not part of the ADA action stuff now. I'm no longer on the Council of Governmental Affairs or ADPAC due to term limits, but I'm STILL on the Texas Council of Legislative Regulatory Affairs. We meet in Austin and we develop legislation that's necessary to protect patients in the state of Texas, for their safety and well-being and protect them from bad legislation. We have to watch all the little things that come in and try to get attached as amendments or earmarks. We have a full-scale lobby team in Austin just like we have in Washington.

This past year, one of the things that we've been concerned about is the professional opportunities for young graduates. What are their choices? I had the opportunity to come out and practice dentistry as an owner/practitioner. I owned my business and took care of my patients and was not burdened with onerous federal or state regulations. All those regulations are increasing. OSHA and HIPAA type things are increasing. Not all of them are bad, but they ARE increasing. It's more difficult for a young person to come out and set up an office and take charge and make sure they're doing all those regulations. We find a tendency for some young graduates to not want to deal with all the burdens of running their own business, and also some not being able to borrow the money to set up their own practice. The BIG tendency is for them to go to work for corporate owners — people who are not dentists.

Dental Service Organizations is a term that is sometimes used. It is a group that maybe owns the facility, owns the equipment, provides the staff, they hire dentists and they contract with whichever insurance groups, and then the dentist works for that group. And they don't have to worry about the administrative burdens.

GOODSILL: What would be negative about that trend?

CONDREY: My concern is who's making the diagnosis and treatment plan for that patient, the corporation or the dentist?

GOODSILL: The corporation making it for their financial benefit as opposed to dentists making it in the best interest of the patient?

CONDREY: You said it, I didn't! (laughing) Who for sure knows? I have to live with that patient, hopefully for a long, long time. Not have to, but have the pleasure of living with patients like you, for years. So if I try to misuse patients they're not going to be around long. They may feel that there's unnecessary dentistry.

GOODSILL: Or insufficient dentistry?

CONDREY: All of the above. What the dental profession should want is for dentists to be the ONLY people to be in charge of diagnosis and treatment planning for that patient. Not an entrepreneur who is more concerned about the profitability of a business. You've got to be profitable to stay in business but you've got to be fair. And you've got to do things ethically. And the ethics of dentistry, and medicine, are a real challenge for a lot of professionals now. Texas was somewhat effective with these issues this year. The State Board of Dental Examiners for the state of Texas did not have the means to approach a non-dentist who runs a dental facility because they didn't have a license. They could only approach the people they license. Because of that, a young dentist may be doing things at the direction of the entrepreneur, the non-dentist, and doing things that he or she shouldn't BE doing, but they're doing it because they need a job. They are out of school and they have MASSIVE debts — you can maybe understand the pressure.

But they're young; maybe they haven't gotten their character levels up to where they should be. But when they mess up, over-treat or whatever they may do, abuse a patient or misdiagnose, THEY are the ones at risk. If the State Board finds out about it, they lose their license. The entrepreneur just hires another dentist to fill in the spot.

At least that was the image that we as a profession were gathering and it was becoming very uncomfortable. We had a lot of young dentists who were saying, "I don't like this" and they quit the profession, after wasting taxpayer's money going to dental school.

GOODSILL: So how did you intervene to help with that?

CONDREY: What Texas managed to do this year was get House Bill 3201 passed and a companion Senate bill and the Governor signed it. Now DSOs or entrepreneurial-owned facilities have to register with the state of Texas Dental Board.

GOODSILL: So they are liable also?

CONDREY: We're not sure how far that's gone technically, but at least there's a connection. And that's what we felt was the first step. At least make a connection with the State Board, not just with the young dentist working in that facility, but with the company that manages the company that young dentist works for.

There have been some interesting committee hearings that I've watched on the Internet; testimonies from dentists who worked for them. "Who actually runs the company?" "Well, I do." "Do you get paid by somebody?" "Well, they pay me." "Well then, do you own that company or do you just work for them?" It was kind of a tit-for-tat.

What will come from it? Hopefully it will deter some of the fast-growing concerns for our profession. May slow it down a little bit, may totally correct it. It'll probably be after I'm out of the profession. (laughs) But it's a start.

GOODSILL: Do you want to give us some thoughts on what you think may happen with the current changes with insurance in our country with the Affordable Care Act?

CONDREY: That's a REALLY big question right now. I know when the Affordable Care Act was passed I was just coming off the Governmental Affairs Council and the ADA did a good job of actually reading the bill. They divided it up amongst staff persons and did presentations on different sections. At least we had SOME idea about the changes, the delays, what's mandatory, what's not. It's really quite confusing to all of us.

GOODSILL: I'm not quite sure how much the Affordable Care Act would actually impact dentistry.

CONDREY: We think that more children should be seen and have access to care, which is a GREAT thing. One of the positive things about Obamacare in my opinion, is to try to open up access for the kids. But, unfortunately, it doesn't cover adults so there's nothing for indigent adults.

GOODSILL: Tell me about that.

CONDREY: Obamacare will cover kiddoes up to the age of 26 with some limits. It's called essential benefits; some limited care but SOME care. But after age 26, there is nothing for a poverty-level adult, other than some of the safety nets, like in Houston they have the San Jose Clinic and the dental school and emergency rooms.

GOODSILL: It doesn't cover regular annual check-ups?

CONDREY: No, not at all. As we understand it, when the patients go into the Exchange, their medical, if they get a medical plan, doesn't necessarily have a dental plan attached to it. It'd just be medical. They would have to go find separate dental.

GOODSILL: What would that do to dentistry?

CONDREY: We're kind of thinking that pediatric dentists will be in high demand. It's good for the pediatric dentist and those practices that work with kiddoes. It should at least keep their business models stable. But as far as dentists who don't see a lot of children, they may see a slow-down in the people who come in to their practices. We don't know that for sure but that's some of the speculation.

GOODSILL: With the Affordable Care Act, can a dentist have their own practice and continue to practice independently or do they need to be involved with the government regulations set up by the Affordable Care Act?

CONDREY: That's what dentists are trying to figure out right now. Surely there will be some large corporations that keep their health plans for their employees, the 50+ employee corporations and have nothing to do with the Health Exchange. Those patients should still have their medical and dental benefits and that business should be normal. It's the people in the middle who work for small businesses, not large corporations that will be impacted. If they go to the Exchange, there may not be any dental coverage for them. It may just be health.

GOODSILL: Is it possible that eventually the direction dentistry goes is more 'doc in the box' working for corporations instead of independent practices?

CONDREY: We've seen moves that way, years ago, when there were emergency medical clinics on every corner. Unfortunately those things have a business model problem in that you can't afford to keep qualified staff people sitting there with no schedule. That's why you don't see as many of them any more. There are more 'after hours' clinics. You can't go to them during the workday. You go to them between 8:00 PM and 8:00 AM. That type business models seem to be working a little better. But dentistry is a VERY expensive process.

GOODSILL: I remember 30 years ago when I first started with you there was smaller, less sophisticated equipment. Now there doesn't seem to be much more equipment but the computerization and technology is at a much higher level. It must be VERY expensive.

CONDREY: And that's the problem. I've spoken about it at the TDA level and at the ADA level. In medicine and dentistry as technology increases, as we get digital X-rays, robotics, lasers, etc., it increases the level of care you can provide to the patient but it also increases the price that the patient or somebody has to cover. As these technologies increase, the 'standard of care' also goes up. If I don't stay up with that 'standard of care', then I'm practicing 'ancient' dentistry' and if a patient has a problem, I could be sued. Well, the 'standard of care' gets expensive to keep up with. Gets VERY expensive. And my business has to stay open. Somebody has to share that expense. My profitability may come down but my prices have to go up. To me, that's a real conundrum for medicine and dentistry.

GOODSILL: Good explanation. Let me ask you a question. If you were teaching the course on fixed multiple restorations, crowns and bridges now as opposed to when you were teaching it when you first got out of dental school, would the curriculum be completely different?

CONDREY: Yes, it would, including impression techniques, tooth preparation techniques, the type of preps, the way you prepare teeth, impression materials, different types of crowns, porcelains and metals. Back when I was in school, we did a lot of gold crowns. That's how old I am!

GOODSILL: Do you miss the good old days? Or are you happy with the changes?

CONDREY: Actually there was nothing more functional and prettier than a good gold crown or gold inlay. I'm still seeing patients with them and they look as good today as when I put them in. If they are well cared for and maintained, gold is a wonderful material. It's just that we don't get a chance to use it much anymore. I occasionally use a gold crown if it opposes another gold crown and does not show.

I think similar metals working against each other are better. A porcelain crown can grind a gold crown flat over time because porcelain is so hard. So there are times I still do a gold crown. Very seldom do I do gold inlays in bicuspids. I can't tell you the last time I did. Most people want resin tooth-colored more aesthetic things. I believe in aesthetics. I don't believe in changing a person's smile just because I think their teeth are not as pretty as they could be. As long as the patient is happy with their smile, I'm happy with their smiles. To me, it's about keeping the gums and the teeth healthy and functional. A lot of people forget about function. If you see people wearing their teeth away, you need to bring it to their attention. That's just as detrimental as decay or gum disease.

GOODSILL: I guess you would say you haven't been surprised at how the area has developed because you saw a long time ago that this was going to turn into a boom area.

CONDREY: It became obvious to me and lot of other people. I was just in a position where I could say, "Let's go, guys. It's time to look at moving our practice down to a really big growth area." Dr. Singletary retired some ten years ago but he's still around. Now I have a younger partner. We developed a business model designed to keep our practice young. Not a couple of old guys like Singletary and Condrey, staying together until all of a sudden, we're gone. We thought transition was a good business model and we staged it so there's about ten years difference between each partner. Singletary's ten years older than me, I'm ten years older than Dr. Glenn, he's ten years older than Dr. Machart, and then Dr. Peccora.

Eventually I'll transition out the upper end and they'll bring in another associate who eventually will become a partner with Fort Bend Dental Associates. And we have a long courting time. The associates are usually here for two or three years before they are offered a position as partner. The idea is to make sure they treat people like we want them to; their skills are at the level that we're comfortable with, seeing my patients in emergencies, if necessary. So it's been a business model that's worked so far in transitioning the practice. The key thing is most of my friends are my age. Most of Dr. Machart's and Dr. Peccora's patients are their age, which is late 20s to 40s. That keeps our practice younger.

GOODSILL: Let me go back to a question about the development of this area. There are a lot of decisions to be made before any development ever happens; infrastructure, planning, zoning, building. Is any part of that process interesting to you?

CONDREY: I was on Missouri City's Planning and Zoning Council for a while. Enjoyed that because you see the new things that happen and the planning of things that should eventually happen. I think from my years in Rotary, and the Chamber, I've enjoyed learning what is going on and having a voice.

When they were widening of Oyster Creek through Quail Valley, digging this massive drainage facility it got my attention. I would go to some of the meetings of the drainage committee. It was called the Fort Bend County Flood Control and Water Supply Corporation Board. I would voice my concerns about this and that. They took out a lot of trees, and when you take out the trees, you're going to have slope failures and erosion. You need to work around the trees. This was my opinion. It wasn't that I was there as a constant complainer but I went to some of the meetings to voice my concerns. And the next thing I know, I was asked to be on the Fort Bend County Flood Control and Water Supply Corporation board forever it seems! We have had some big issues, big projects, and it's been very exciting. We're concerned about water, the Brazos River and all the tributaries that go into the Brazos.

I've enjoyed my years of serving, and I still do. Besides the Flood Control Board, I got involved with the toll road.

GOODSILL: I don't know much about the toll road.

CONDREY: At that time Fort Bend County Judge Mike Rozell called and asked if I would serve on the toll road board. They were forming a board in 1997 and looking to do the Parkway because there was some land over there that had been reserved. As I remember, the story was that Louie Welch and a bunch of others in the 1960s decided they were going to build a Bay City Expressway all the way out of Houston to Bay City. So they started reserving some land for that corridor. It had been a road district for years and years — that's what they called it. They paid minimal taxes but they still maintained the tax levels. It got to a point where it looked like they were going to dissolve the road district and let the land go to adjacent property owners.

Mike was looking at not letting that land just disappear but doing something with it. You've got IH-610 as a concentric circle around Houston. You've got Beltway 8 developing. Now you've got SH-99, so we've got all these concentric circles. So let's start building some radial arms, where you could get out to the circles. It made beautiful sense to me! I agreed to serve on the Fort Bend County Toll Road Authority.

This was 1997. Norm Mason was our initial chairman. I was vice-chairman. We developed the Fort Bend Toll Road over time and sold bonds. It was a big deal. We don't use taxpayer money; we use bonds that will be paid for by the users. We got that done. Then we were asked to look at Westpark and the extension of Westpark. When HCTRA [Harris County Toll Road Authority] was building their leg out to FM1464, we picked it up and carried it out to SH-99 there at FM1093. So now we've got two pieces of the Fort Bend County Toll Road Authority that make up our system: the Westpark Toll Road and the Fort Bend County Parkway. And we're extending both of them. We've got projects to extend Westpark out to Fulshear and we're now extending the Fort Bend Parkway across SH-6 to Sienna Parkway and we're looking to extend it across Sienna Ranch Road, so the people in Riverstone never have to get out on SH-6. They can go down LJ Parkway.

GOODSILL: Is it interesting to you to have a birds-eye view and watch the development?

CONDREY: Oh, I LOVE that! And try to influence some of that. Just like the phone conversation I was just having with the Mayor about the intersection up at SH-6. I like to be a part of those things in a positive way.

GOODSILL: You like problem solving.

CONDREY: I guess. Well, that's what I DO every day! (laughs) I start with a patient sitting in the chair, that hates needles. (laughing)

GOODSILL: But other issues too, water, development, roads, transportation, keeping our county accessible and not over-crowded.

CONDREY: That's right. Highway 6 just can't take the volume it's getting. It's got to have some help. If we can fund roads where people have a choice of NOT getting on to SH-6 but they can go through the back side there, such as LJ Parkway to the toll road and on in to the Medical Center. That unloads Highway 6 some for others.

GOODSILL: Most of us don't think about this bird's-eye view. We don't think about the arteries and the boulevards. So it must be fun for you to look at the big picture and help to design it and make it happen.

CONDREY: I find it fun. I enjoy it. I feel like I have a little piece of it anyway. For example, we've got things like the Westpark toll road. It can't get wider. We have no right-of-way. It is what it is. And it gets jammed up. How can we expect people to PAY to sit there in traffic? Well, we can't.

So what we really ought to be able to do is spread the traffic out. Well, how do you do that? You look at time-of-day pricing. If you go between 7:00 and 8:00 am, it's \$5.00. If you go between 6:00 and 7:00 am, it's \$3.00. You give people incentives to spread out their drive-times. They can always look for alternative routes. That's everybody's freedom of choice. So they can get on a road that gives them safe, free-flowing traffic, that's what a good toll road is designed to do.

I find mobility, water and drainage exciting. I also serve on the Sienna Plantation Master Municipal Utility Board (MUD). It is interesting because you get down to the residential level with water and sewer and garbage services. You see the development from within. The people doing water meter taps. And it's exciting to see the growth of that community.

GOODSILL: And thank heaven there are people who are paying attention to these larger issues, because those of us who just live in our houses, don't know where the water comes from, don't know where the garbage goes.

CONDREY: They've had issues with water out there. At one point they had a well that had a little too much fluoride.

GOODSILL: That would be interesting for a dentist! (laughs)

CONDREY: Well, it was. When I first got on the MUD they had already installed a fluoride reduction unit where they actually were removing some fluoride out of this well because it was elevating the level of fluoride slightly. In West Texas, people can get what's called 'fluorosis' where their enamel gets kind of mottled and stained. They have a very high level of fluoride in their well water. Here they chose to safely reduce that level. In Sienna, which is a part of Missouri City's ETJ, there's such a thing as a subsidence district where all our ground is slowly subsiding.

All along the Gulf Coast they've asked inland counties not to pump water out of the ground anymore but use surface water. Use water out of lakes, rivers and available water on the surface of the earth instead of pumping it out of our aquifers. So Missouri City worked with Sienna on their infrastructure and developed it to satisfy the requirements. I think 30% or so of our entire population has to get water from the surface to satisfy the subsidence district requirements.

GOODSILL: Do they do that by building more detention ponds?

CONDREY: They are actually taking water out of the Brazos River. The city has built this huge surface water treatment plant. In the Sienna area the pipes are getting very clean surface water. And all that surface water will eventually go to the wastewater treatment plant and be cleaned up and placed back into the river. It will go downstream and the next user will take it out, purify it, drink it and put it back in, and then it will go further downstream. (laughing) Surface water is kind of an interesting process! It's been fun being part of that. How do we solve this problem? How do we keep our ground from sinking and having big sinkholes? I'm also very intrigued about desalination, taking seawater and using it. Taking the salt out of it and making it drinkable, potable water.

GOODSILL: Is that feasible now or are we talking about the future?

CONDREY: I believe Dow Chemical, down by Angleton, takes water from three miles out in the Gulf, pipes it in, desalinates it, uses it, and pushes it back out. The big concern has always been the distance. How do you get the water FROM the Gulf to here to desalinate it? But the thoughts I'm hearing discussed at some of the water meetings is to use brackish water. We've got brackish water that comes up canals or the San Bernard River. We've got brackish water that comes inland quite far. So maybe consider desalinating brackish water.

It's going to be a combination of a lot of things like conservation — people may have to stop watering their acre and a half yards to keep them perfectly green. We may even have to start looking at xeriscaping — having cactus in our front yards, no grass but rocks. Who knows for sure or when?

GOODSILL: It's going to happen eventually. If we don't conserve, it's going to happen naturally.

CONDREY: But conservation and desalination work. And using surface water and bigger basins to store rainwater — capture it, hold it, use it.

GOODSILL: In many older developments there are not many detention ponds. The new ones have a lot of them.

CONDREY: And there's a difference between DEtention and REtention. Detention means the water is collected temporarily and eventually will flow out in a slow manner so it won't flood the area. But if they Retain it, what are they retaining it for? Surface water for future use possibly.

GOODSILL: This was very interesting. We've covered so many topics. Thank you so much, Jim.

CONDREY: Thank you, Jane. I appreciate your time to express my comments and opinions.

Interview ends