

Interviewee: Perry, Eula

Interview: May 9, 2007

**UNIVERSITY OF HOUSTON ORAL HISTORY OF HOUSTON PROJECT
AND
THE AFRICAN AMERICAN PHYSICIANS OF THE 20TH CENTURY HOUSTON
PROJECT**

Interview with: Dr. Eula Perry

Interviewed by: Kathleen Brosnan

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Transcribed by: Suzanne Mascola

EP: I remember field trips to the symphony, to the opera, the Coca Cola plant, the milk plant, the bread factory, we did all of that, and this was in the late 1930s, of course, and early 1940s, but we did it here in Houston.

KB: And I notice a lot of musical instruments around the room.

EP: Oh, yes. Incidentally, my mother and father agreed to let me take piano lessons. I took piano lessons from literally first grade until 12th grade. In fact, my father thought that I was going to be a music major and because I was an excellent seamstress, learning the skills from my mother, my mother thought I would be a home economics major. But, of course, this was never my dream. My dream from the third grade was to be a physician.

KB: What propelled that dream?

EP: Well, I think it is because when I was a child in elementary school, I could not play physical sports like the other kids. We had recessed times during that period of time

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that I was growing up and the kids would go out and play ball, kickball, baseball, everything, and I always had to sit in the classroom and look at them. The reason was I was a severe asthmatic and I always . . . I said, well, one of these days when I grow up, I am going to find out what is stimulating this in me, and this was the time when I formulated in my childhood mind that I wanted to be a physician.

KB: And did you have any role models in Houston, physicians that you admired?

EP: Not really. I had one during that time. The only physician I knew at that time was a black physician, Dr. Thelma Patten Law, and that was sort of a distant role model for me.

KB: Tell the kids a little bit about Houston in the 1930s and 1940s. You mentioned you lived on the north side.

EP: Yes.

KB: Were the neighborhoods in Houston integrated or segregated?

EP: No, they were not integrated. I remember so well when it was time, of course, I had to sit on the back of the bus. When I rode the bus, I had to get on and go all the way to the back and sit. And, at that time, we lived within walking distance of Jeff Davis High School, yet, when I finished elementary school, I had to ride two buses to go to

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Wheatley High School and that always worried me. Another thing that worried me was across from Jeff Davis High School which was located on Quitman, there was a beautiful library, city library but I could not go because I was black. And there was a supermarket, a Weingartens supermarket, right next to that library, and I would often go with my mother when it was time to shop for groceries, and I would just look with dreams and almost tears in my eyes at the kids sitting on the lawn reading books and I could not do that.

KB: Was there a library that blacks were allowed to . . .

EP: No. There was only one old library with dusty books located in Fourth Ward. Now, all of the black people knew that we received castaway books from the white libraries to stock our library. It was very dark and dismal in this place. I don't know how they ever expected people to read because you could barely see in there. It looked like, if you can imagine 40 watt bulbs in the library this is what it was like.

KB: How did it make you feel as a child growing up and riding in the back of the bus? The students would be interested in that.

EP: Well, it is a funny thing. I always looked forward to the day when I would not have to do that. I never operated in anger. My mother was a very mild-tempered person and she always pushed us to achieve the best that we could in life and I did not look disdainfully on this, it just sort of passed over me as if I knew I had to do it. I had no

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control over it at the time but I would not let it stop me from getting educated and achieve my goals.

KB: And did you expect it to change? Did you see change, even in your childhood?

EP: Yes, it is not that I expected it to change, I knew it would because when I was a little girl, my grandfather used to read different selections from the Bible to me and I knew that things would change, and indeed it did. I just happened to be fortunate enough to be of an age when I could see changes in history. Of course, when I went to college, the first change came because one of our outstanding civil rights leaders at that time was Mary Church Terrell. I was in Washington, D.C. attending Howard University and it was at this time when they were having sit-ins to integrate the restaurants in Washington. Now, this taught me one thing about America that was always so unusual. When I was at Howard, I took German, and some of my friends took French, some Spanish, and then, we had a lot of African classmates. Before the days of integration, before those restaurants were integrated, we could go to the white restaurants if they thought we were foreigners, so we would go and speak a foreign language and we would be admitted. Of course, as you know, the rules of our country were that you could not discriminate against foreigners. So, sometimes we were Africans, sometimes we were French, sometimes we were German. But we were accorded the pleasure of having dinner at some of the finest restaurants if we did that.

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KB: Let me back up and ask you a question. You mentioned you went to Wheatley High School?

EP: Yes.

KB: And is that named for the poet, Phyllis Wheatley?

EP: Yes, Phyllis was named for the poet. I was the valedictorian for the class of 1950.

KB: What types of classes do you take in high school if you are thinking of being a doctor?

EP: Well, at that time, and it should be like that today but I understand it is not . . . I took all the English I could take which was 4 years of English, 4 years of math and including calculus. And I took 2 years of physics, 2 years of biology, 2 years of chemistry, and of course, I took Latin. At that time, everybody said . . . I took Latin from the 8th grade on because I was told if you wanted to be a doctor, you should be familiar with Latin because Latin is the basis of all languages.

KB: When you shared your dream with your parents as a child, were they encouraging of that dream?

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EP: I did not share that dream with my parents. My parents never knew I wanted to be a physician until I finished Howard University undergraduate.

KB: Were there teachers at Wheatley High School that knew?

EP: Yes.

KB: And were there teachers who were particularly helpful to you in pursuing that goal?

EP: Well, it just so happened that all of the teachers at Wheatley were very nice to me because I was a very good student, I was a very docile child, and I never made less than an A. So, everybody was very supportive of me.

KB: Why did you choose Howard University?

EP: Because at that time, blacks were not admitted freely to white universities or white medical schools. Do you mean for undergrad?

KB: For undergrad.

EP: Because at that time, I knew I wanted to be a physician and it was a known fact that if you wanted to be a physician, if you went to Howard, you would be a physician. And, as I said previously in the interview, we did not have a lot of money. And one of

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my high school math teachers knew that I needed scholarship aid if I was to go. So, he talked my father into struggling up to pay for me to enter Howard. They did not give incoming freshmen scholarships, but we were on the quarter system at Howard and if I got there and I proved that I could do the work with good grades, I would get a scholarship. After the first quarter, I made all A's and B's. I think I made 5 A's and 1 B. So, I promptly got the scholarship and I remained on that scholarship until the day I graduated.

KB: You mentioned when you were at Howard University, of course, in Washington, D.C., there was a civil rights leader, Mary Church Terrell.

EP: Yes.

KB: And she was organizing some sit-ins of Washington, D.C. restaurants?

EP: Yes.

KB: Were those successful in forcing the restaurants to integrate?

EP: Of course.

KB: And this actually occurred in the 1950s before things in North Carolina?

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EP: Yes. Well, I am not sure about that but I do know that this occurred about . . . I went to Howard in 1950 and graduated in 1954 with my first degree. So, it was about 1952, 1953 when she was doing her sit-ins.

KB: What was it like for you as a young person from Houston to suddenly be in Washington, D.C.? What was exciting, what was new to you about the city?

EP: Well, I loved it because I got a chance to see the different parts of our government, you know, the top parts of the government. We went to Congressional Library to study. I was denied, of course, access to very good libraries as a young child and here, I had within my grasp, the library that was a dream of any student. And my friends and I would often walk from Howard's campus to Congressional Library, which was quite a distance. And we just were thrilled – we could order any books we wanted, write excellent papers. It was just a dream for a child.

KB: In part because in 1948, President Truman issued an executive order to stop segregation in the federal offices and the federal facilities. So, that was a big part of it. So, you would have been at Howard then when the Brown versus Board of Education decision was reached? Do you remember that case?

EP: What was the year of that?

KB: 1954.

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EP: Well, I graduated June of 1954 from Howard. You see, I did not enter medical school right then. I waited 1 year before entering.

KB: O.K., so you decided to go to Howard for medical school?

EP: Yes.

KB: And did you apply to any other schools besides Howard?

EP: Yes, I did, but, of course, being a Texan, my dream was to attend the University of Texas, because at that time, the tuition for a Texas resident was \$125 a semester. At Howard, it was \$600. But, of course, I remember being devastated because the first year I applied, I wanted to apply to University of Texas. I was not sent an application because they told me I was not a Texan. Of course, I was at Howard and I wrote and told them, I am a Texan, I just attended undergraduate school out of state. They never sent the application. So, I came back home and the next year, I applied. I got an interview for Southwestern Medical School in Dallas. I was devastated because I had spent my last \$22 to ride the train to go up for that interview. The very first person that interviewed me was a professor that had recently moved down from Chicago. He looked at me in the eye, he said, "Young lady, I want you to know something." He said, "Your credentials are better than many of these guys they are going to admit but you are not going to get in this time because it is not the time for you to come here. So, you know, I was just so

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crushed and I came on back home and I just thought . . . oh, and incidentally, I had tried to apply to Baylor. They did not send me an application because they said they were not admitting blacks at the time. So, I just forgot about everything and just focused on Howard because I knew that would not . . . and I promptly got in Howard but I simply wanted to go to my state school because it would have been cheaper.

KB: Well, and I know University of Texas had started to accept some African American students but they were, I am assuming, limiting the numbers?

EP: Yes, ma'am, that is true.

KB: So, in other words, they was a quota protecting spaces for the white students?

EP: And it is almost like that is still today. It is very sad.

KB: Let me ask you a different question. When you went to Howard University as an undergraduate, did Howard University tend to attract a certain segment of students from the African American community.

EP: No, well, what do you mean by a certain segment?

KB: I mean, obviously, you mentioned you were a scholarship student. Did it tend to attract middle class members of the African American community?

EP: No, it was known as the capstone of education for blacks. They accepted all races of people. Many of them were well-to-do. I was in a distinct minority being a poor child. And there was another thing about Howard: to get in Howard, you had to have excellent grades. Almost all of the students they accepted at that time were either number one or number two in their class.

KB: So, it was a very elite institution.

EP: Yes, extremely so.

KB: And how many years did you spend in medical school?

EP: Four.

KB: Oh. I meant to ask you, because you said your parents were not aware of your dream until you finished college.

EP: That's right.

KB: What did they say when you told them you were going to go to medical school?

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EP: My father was just sort of devastated. I had to send Howard a \$50 deposit to hold my spot. He refused to do it, and my husband sent it.

KB: Man! Was there any question for your parents about the idea that a woman would become a doctor?

EP: No, not at all.

KB: That was not an issue. And that leads me to a good question: when did you get married?

EP: We got married in 1955, June 11, 1955.

KB: And did you get married here in Houston?

EP: Yes.

KB: I will talk about that. Let me come back to that. So, in medical school, it is 4 years – what types of classes do you take in medical school . . .?

EP: O.K., beginning, you take bacteriology, biochemistry, physical diagnosis, anatomy. Physical diagnosis the second year. Neuroanatomy. Embryology.

KB: And what classes did you like best in medical school?

EP: I think bacteriology.

KB: Why did you like that?

EP: Because I had an excellent professor in undergraduate school. I had taken it and I knew . . . it was very fascinating to me, especially the tropical disease part.

KB: And while you are in medical school, is there a certain part where you start rotating into hospitals?

EP: Yes. The second year is when you get your white coat and go into the hospital, with some hands-on experience.

KB: Right. The idea, I assume, when the medical school sends students to rotate through the hospitals is the idea that you will get some hands-on training?

EP: Yes.

KB: But you will also get exposed to different specialties?

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EP: Exactly. That is why, when you go in, for the first several years, you are not expected to tell somebody, "I want to be a surgeon." "I want to be a pediatrician." Because they would like for you to look at the total picture before you decide.

KB: That's right. And when you finished medical school, you had to do a one year internship?

EP: Yes, and we did what is called a rotating general internship.

KB: And what is that?

EP: With a rotating general internship, you rotate through selected medical specialties. OB – I delivered 125 babies. You go through pediatrics, you go through pathology, you go through surgery, you know, like that. Psychiatry. Medicine. Those are the major medical specialties you go through in a rotating general internship.

KB: And where did you do your one year internship?

EP: At what is called Freedman's Hospital. It is now known as Howard University Hospital. It was a hospital connected with my medical school.

KB: Were there other options in the 1950s for African American physicians? Could you have done an internship at another school?

EP: Oh, yes. Now, internship was different a lot from medical school because we could apply to positions all over the country. There were spaces for African Americans. It wasn't as restricted as medical school.

KB: And did you consider applying to other places outside . . .

EP: We did. We wanted to come home to Houston. The only reason we did not come to Houston for internships was that the only place that we were accepted as interns was Hermann Hospital but they wanted to restrict us to work on black patients only. So, we refused. We said, no, we wanted to work on all races of people. So, that was why we decided to remain at Howard.

KB: And what did you do after your one year internship?

EP: After my one year internship, I applied and was accepted, ironically, to Baylor University College of Medicine as their first black pediatric resident.

KB: O.K. Well, that is great. How long of a residency is pediatrics?

EP: Pediatrics is 2 years but I did not complete that residency.

KB: How come?

EP: Well, during that time, I was actively having children.

KB: So, you were taking care of your own kids.

EP: Yes, and I stopped that residency because when I started that residency, I was expecting a child and it became difficult for me. So, I applied and was accepted to a position at the Veteran's Administration Regional Office which was a desk job as a rating board specialist and I evaluated, along with two other members of the team, which was an occupational person and a lawyer, I evaluated veterans for compensation and pension.

KB: O.K., and how long did you hold that job?

EP: I held that job for 3 years.

KB: Did you go back and complete a residency?

EP: No, I did not, but after that time, it was 1965, my husband had completed his internal medicine residency, so we went and we built our own little clinic and I practiced there with him; he in internal medicine initially, and I restricted my practice to pediatrics.

KB: Where was your clinic located?

EP: 3502 Liberty Road.

KB: Why did you choose to come back to Houston?

EP: Because this was home. We always wanted to come back and serve our community.

KB: What changes did you notice in the city of Houston with respect to race relations from when you were a child to when you returned as a physician? Had things changed, gotten worse, gotten better?

EP: Well, you have got to realize, I no longer had to sit at the back of the bus. Generally, things were a little better but not much. One thing that sort of frightened me when I entered my pediatric residency at Baylor, I was assigned a mentor who had to go with me to the cafeteria for fear that the white cafeteria workers would not serve me, and they wanted to ensure that everybody was nice to me. But I never had any problems. And when I rotated through old Jefferson Davis Hospital, I would see about 50 pediatric patients a day and I saw more white children than blacks really. And they were very nice. "Oh, I want to go to that doctor." "I want to go to her." Because I would figure out infant formulas for them and things like that.

KB: So, by the late 1950s, early 1960s, more white patients were willing to accept African American physicians?

EP: Well, I would not say this. What I just related to you was a very limited thing in a pediatric clinic at old JD.

KB: O.K. How many children did you and your husband have?

EP: Ten. Five boys and five girls.

KB: All of these children matter, of course, but because of what we are doing, I will ask how many children became physicians?

EP: Seven.

KB: Seven of your kids became doctors?

EP: Yes.

KB: Wow! O.K. That will take a little bit of time. If you could just tell me, perhaps, the names of your children but tell me, the ones who are physicians, what they do.

EP: O.K., well, I will start from the first child to the tenth.

KB: That is the easiest way.

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EP: O.K. The first child was Levi Vincent Perry, Jr. Levi was a very excellent student. He finished Strake Jesuit. He was accepted to Harvard, Stanford, Yale, Princeton and Rice. He elected to go to Harvard but being so far . . . he did not finish Harvard because, being so far away from home, he just never settled in real good. And he came to Rice. But he finished Texas Southern University in biology. Now, he became a teacher. But Levi was killed at MacGregor Park and, of course, this was very devastating for us. He was jogging one night and 4 boys attacked him, and all 4 are in prison now.

KB: What was the reason that they attacked him?

EP: Car jacking. He would always park his car – had a little VW.

KB: I am sorry.

EP: The second son, Maurice, finished Strake Jesuit. Maurice was the inspiration for all of the other children finishing high school one year early. He went from Strake to Morehouse when he was age 16, and they accepted him because he had all of the credits, enough credits to enter without a high school diploma. And, O.K., he went on to Meharry Dental School. But Maurice never settled in well with anything. He died at M.D. Anderson of renal carcinoma.

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The next child, Lynn, was born 1961. She was our graduation baby from medical school because when she was born, it was between my final exams and commencement.

KB: She timed it well!

EP: Yes. Lynn is currently Assistant Professor of Cardiology at Columbia in New York City. She is a cardiologist and married to Dr. Irvin Bottinger, a German scientist who is a tenured professor at Mount Sinai School of Medicine. They have two little boys, Max and Leo.

The next child, who is a physician and ENT specialist is also a captain in the Navy. He is currently stationed on Okinawa. He has two little children, a boy and a girl – Lauren and David.

The next child is Angela Faye Perry. Angela is an oculoplastic surgeon. She is located in Texarkana, Texas. Now, oculoplastics is a subspecialty of ophthalmology. So, she is first an ophthalmologist and secondly, an oculoplastic surgeon. She is married to Dr. Charles Fortenberry who is an emergency room physician. They have one little son, Dewitt Charles.

The next child is Dr. Patricia Perry. Patricia is a dermatologist in Hartford, Connecticut. She is married to Dr. Leo Polosajian. Leo is Armenian. Leo is just completing his subspecialty training in electrophysiology. It is a subspecialty of cardiology, at Cedars Sinai.

O.K., the next child is Dr. Victor Perry. Victor has been an Assistant Professor at University of California at San Francisco. He just moved across country because he was

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asked to establish a department of pediatric neurosurgery at the University of North Carolina in Chapel Hill. He called me about 3 days ago, he said, "Mom, I will have my lab up and running in about 1 month. I don't want you and daddy to come until everything is all set up."

The next child is Dr. Pamela Maria Perry. Pamela is an emergency room physician. She is located in California in the LA area. I am sorry.

KB: You are doing great.

EP: It starts with a B. Anyway, the next child is Dr. Diana Perry. Diana is a neonatologist. She is on the teaching staff of Harvard and Boston University College of Medicine. Now, Diana is located in Boston, Mass. She is married to a teacher and she is, of course, an attending in the neonatology department at South Shore Hospital in the Boston area.

The next child is Christopher, the baby. Christopher is a lawyer.

KB: Oh the black sheep?.

EP: Not really, because Christopher went to medical school also. Starting out, two of our children wanted to be physician and lawyer. Angela, who is the ophthalmologist, was accepted to Northwestern Medical School and law school. She decided to do the medicine first. So, she went and talked with the people in law school and told them. But when she finished medical school, she decided she was going to stay in medicine. O.K.,

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Christopher went to law school first. He went to Washington University Law School. O.K., after then, he was accepted to New York University School of Medicine. When Christopher entered medical school, within 2 months, Levi was killed, and he was just devastated. He asked for and requested a leave of absence. He never went back. So, that is the 10.

KB: Well, you know, you have some underachievers! That is a pretty impressive educational record. Very impressive. Why did you choose to specialize in pediatrics? What was it about pediatrics that appealed to you?

EP: As I told you, as a young child in elementary school, I always . . . and I guess because of my asthma. Then, when I got in medical school, Dr. Roland B. Scott was my pediatric professor and we became very close. I did research, original research and wrote a paper with him which is published in the *American Journal of Pediatrics*. 1961, that paper came out. It had to do with sweat testing allergic children. Dr. Scott was a specialist in treating allergy and sickle cell anemia, and he was one of my great inspirations for going into pediatrics.

KB: For students who will look at this, what is pediatrics? How is pediatrics defined?

EP: Pediatrics is the part of medicine that deals with prevention and treatment of diseases of children.

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KB: As a pediatrician, did you deal with a lot of sickle cell, kids who had sickle cell anemia?

EP: I had some but sickle cell is not as devastating as it used to be because of better treatment modalities. I had some but not a lot of them.

KB: Were the treatment modalities improving even in the 1960s?

EP: Yes, they were.

KB: What are the main problems that children with sickle cell anemia face?

EP: They are faced with a lot of joint pains due to the clustering of cells within the arteries and also, they, of course, as you know, they are very anemic. That is part of the disease. It has to do with low hemoglobin within the cells.

KB: And what happens to a person who has anemia?

EP: Well, that is a general thing. Do you mean sickle cell anemia or just anemia in general?

KB: You mentioned that their problem is the collection of cells in the joints but also that they are anemic. What is anemia, for the students who will listen to this?

EP: Anemia is low blood count. With sickle cell people . . . I have hospitalized kids with hemoglobins of like 4 and 5, whereas, the normal hemoglobin may be 13.

KB: And what is the problem for a patient who has low hemoglobin? It makes you tired? It makes you maybe pass out?

EP: Yes, and paleness. Pale skin, joint pains and sometimes yellow . . .

KB: Jaundice?

EP: Yes.

KB: Why are African Americans more prone towards sickle cell anemia?

EP: Because that is something inherent in the black community and it is also inherent in people of Mediterranean descent. Did you know that?

KB: Yes. So, it has a genetic component.

EP: Yes.

KB: When you came back to Houston, did you and your husband join the Houston Medical Forum?

EP: Yes.

KB: Why did you join the Houston Medical Forum?

EP: Because at that time, we could not join . . . were we able to join HCMS, than, in 1961?

LP: I do not believe so.

EP: You see, black physicians always had to have their own organizations where we could network and also have speakers to come so that we could keep up education-wise because we were not afforded the opportunity of attending and joining white medical societies.

KB: So, I think it is later in the 1960s that the Harris County Medical Society . . .

EP: Yes, and we became members when we could but early on, we could not.

KB: Did you continue to be members of the Houston Medical Forum after there were opportunities to integrate?

EP: Yes, always.

KB: Why?

EP: Because you don't bite the hand that feeds you. You know, it would be devastating to let an organization go that is so historically important to black people.

KB: And what is the value Houston Medical Forum today? Is it the continuing education?

EP: The value is, you see . . . networking just like when we learned that Victor was going to North Carolina, I just happened to mention in the forum meeting, "Hey, Victor is going to North Carolina. Who knows someone from North Carolina?" I promptly got a call 3 days later from this nice little physician who was sitting next to me, told me who she was and told me the people -- a pediatrician Victor could contact, and told me that one of her uncles was a cardiologist and she was a student from University of North Carolina who graduated in 1983. She said, "There were 31 blacks in my class which was absolutely unheard of in the 80s." And she was just the sweetest thing. And 2 nights later, I got a call from her friend who was also in her class, a pediatrician, she said, "So and so told me to call you because you have a son coming." And she said, "I am in Durham but I am only about 10 miles from Victor and I am a pediatrician and I am working at this city health clinic. I was only supposed to be here 2 years and I have been

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here 21 years. Have him call us.” So, I asked her, I said, “Are you in a sorority? Is your husband in a fraternity?” She said, “I am a Delta but my husband is an Alpha.” I said, “Oh, Victor is an Alpha.” She said, “O.K., have him call us and we will set him up with everybody here.” So, the Forum does networking as well as we have a speaker, an educational speaker, every meeting. So, we are continuing the legacy of carrying on, you know. And years ago when mothers would . . . we had an auxilliary. It is not functioning now which I fussed a lot about because a lot of black Houston doctors are from other cities and the wives would always call me to ask what school should they send their children to, what are the best schools in Houston? So, we miss that part of it now. But, by all means, it is very important today.

KB: In the 1960s, I know that there were certain civil rights activities happening in Houston and that the Houston Medical Forum . . . the physicians who were members of the Houston Medical Forum supported those organizations financially and in other ways. Were you and your husband involved in any of the civil rights efforts in the 1960s when you moved back to Houston, involved with any of the work with the Houston Forum in that area?

EP: I do not quite understand.

KB: For example, Dr. Stone told us that when some of the students from TSU were having sit-ins at various facilities in Houston, that the Houston Medical Forum chose to participate by offering financial support, providing bail and stuff for students . . .

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EP: Yes, well, you got to remember that was a general thing from the Forum's treasury, so by us being members . . . now, you have got to realize we did not go into practice . . . we built our clinic in 65, so a lot of that had happened before we came on board.

RH: If somebody wants to go ahead and be a doctor today, what would be your advice, what would be something that . . .

KB: If a young person approached you today, a high school student and said they were considering a career in medicine, would you advise them to pursue a career in medicine? Do you think it has been a rewarding profession for you?

EP: It has been rewarding for me and I would advise them that they could do it but there are a lot of changes that have come about.

KB: Which leads to my next question. In the years you have been practicing medicine, you know, more than 40 years now, what are the biggest changes you have noticed in the practice of medicine?

EP: Reimbursements.

KB: The forms for payment?

EP: Yes.

EP: My husband and I practice in what we call the golden years and by that, I mean, there was close alliance. We had a doctor/patient relationship. It is no longer like that. That is heartbreaking for us because the one-on-one doctor/patient relationship is so different now.

KB: Because of the system of reimbursement?

EP: Because of the system. Because a person can't . . . it is like if you have a friend and you said, "I want you to go to Dr. Perry," that friend may go to their employer and they may say, "You cannot go to Dr. Perry because our insurance says that you should go to Dr. X, Y or Z." O.K.? If you go to Dr. X, Y, or Z, that is going to be an HMO most likely which means that you may see Dr. X one time, you may see Dr. Y one time. You never see the same person.

KB: So, you think managed care is obviously a change?

EP: A big change.

KB: Obviously, you are absolutely right. In terms of the actual practice of medicine, what technologies or what medicines, what things have you seen as big changes over

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time? Are there diseases that are treated more easily today? Are there new health problems that have arisen that we did not see 40 years ago?

EP: Now, the main thing that disturbs me that we see among children today is obesity, and it is like that because mothers no longer cook meals for their children or prepare meals at home. You know, women are working, they are tired, they will stop by and get a bag of McDonald's hamburgers or they will get some Church's chicken for supper, you know? And the little kids are just eating . . . I see a commercial on TV all the time where the little boy says, "Don't take the drumstick." Do you remember seeing that? But it is sad because I was a mother of 10 children. We never ate fast foods and we always ate as a family. We had breakfast together and we had dinner together every night, all 12 of us sat around a long table we have in there now.

KB: Are there any problems, particular . . . we talked about sickle cell anemia . . . are there any other health problems that are particularly acute for African American children?

EP: Well, African Americans have a problem with a lot of hypertension. And also, diabetes. Mexican Americans and blacks have a lot of diabetes. But I really think the main problems today for blacks are hypertension, diabetes and obesity. And eye-wise, of course, it is glaucoma.

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KB: Over the 75 years you have lived in Houston, what are the biggest changes you have noticed in Houston? We talked about the changes when you came back from medical school. How do you see Houston now compared to when you were a kid?

EP: Well, for me, of course, it is more gratifying because one thing, I can live in an area and I was able to raise my children in an area where they were close to the parks – Rice University, Texas Southern University, University of Houston – all of the downtown centers, and that was very, very important to us because as children growing up, they had classes at the science museum. Maurice and Levi, the two older boys, were some of the first to go to the Contemporary Arts Museum. Even before they got their new site, they were located on Fannin in like, it is not a high rise but it was a tall building there. And then, they built a new one. Our kids look fondly on the paintings they made at Bell Park on Montrose. All 10 of them attended summer school for high school students at Rice University. That was one of the best programs I have ever seen for a child on a secondary level because they could take Latin. You could take 3 courses. And I would always tell the kids, “O.K., you select one but I will select two for you.” So, they could select the fun course and then I would always select a heavier thing. And it really, really helped them get settled in better in high school.

KB: So, the changes you have seen in Houston with respect to race relations are there are more opportunities for housing for African Americans?

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EP: Well, yes and no, because you have got to realize, we are still very restricted because as you know, you can be kept out of any place that they want to keep you out of and we still have pockets of blacks living together, and the reason is, just like I have a friend that lives in an area where she is afraid to let her kids ride their bikes because people used to try to run them down all the time. And when we originally bought this house, it only had 4 bedrooms. And, at that time, we had 3 children. So, when we started increasing the size of our family, we knew we would have to have more room. So, I looked all over Houston. The only place that had the 7 and 8 bedroom homes was in River Oaks at that time because Meyerland, I could have lived in Meyerland, but those homes were smaller. O.K., so I went to looking in River Oaks and I found out that at that time, blacks were not allowed . . . I think blacks and Jews were restricted from living there. And it was really heartbreaking for me because at that time, 8 of our kids were attending St. John's School. So, it just so happened our neighbor on the corner where you see the white fence decided to move. We bought that little home, tore it down, extended the garage, made the kids a huge swimming pool which we got rid of 2 years ago because they were all grown and gone, and we added bedrooms on the back of this place and decided to stay here. And by remaining here, I did not have to worry about someone running over them. But still, things are not quite right.

KB: Things are better but there is still room for improvement?

EP: Of course.

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KB: Are you still practicing medicine?

EP: No.

KB: O.K., when did you retire?

EP: 1989.

KB: Lucky you! I think that those are all the questions we have but I wanted to thank you for taking the time to speak with us today and just for the record, I wanted to note that also present at the oral history was Jennifer Lazarro filming it, graduate student Ramona Hopkins and Dr. Levi Perry. Thank you.

EP: Thank you.