

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

**Interview with: Dr. June Colman
Interviewed by: Ramona Hopkins
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Transcribed by: Suzanne Mascola**

RH: Well, today is September 24, 2007, and we are at the Center for Public History at the University of Houston. We are talking with Dr. June Colman about her experiences as an African American doctor in Houston for the African American physicians project, Houston Medical Forum. So, thank you for coming and meeting with me today. I appreciate it.

Well, first I want to kind of get a little bit about your background. When and where were you born?

JC: Well, I was born in the mid 1960s, I guess, in Galveston, Texas, at John Sealey Hospital. I lived there for the early part of my life. I lived there until junior high school and then I moved to Houston.

RH: And when you did come to Houston, what part of Houston did you live in?

JC: In the south. I guess it is sort of central southwest over near behind what used to be Astroworld - the Hiram Clark/West Fuqua area. I went to junior high school here at Dowling Junior High School and then high school at the Vanguard Program at Jones.

RH: I am not familiar with the Vanguard Program . . .

JC: Well, the Vanguard Program . . . originally, I was going to go to the High School for Health Professions but at that point - now they have the nice DeBakey campus but all they had were just trailers at that point because this was in 1978, I think is when I started high school. My dad said, "I don't know if that is really what you want to do because it is just so limiting. It is not like a real high school." He said, "You know you want to be a physician so, you are going to do that the rest of your life." So, we looked into the Vanguard program which is a college preparatory program. And so, they have it starting from elementary to junior high at Lanier and then the high school was at Jones. It is now at Carnegie Elementary. They have separated them so they are in a school all by themselves over the last 3 or 4 years. But, at that point, Jones was out of my neighborhood but the reason they did that and still do with a lot of Magnet schools is Magnet schools tend to be a little more diverse and they will put them in predominant campuses as a means to say this school is racially balanced, because Jones was a predominantly African American school. And so, in the Vanguard Program, we had Caucasians, Indians, Asians. And so, it allowed more diversity for our school, although our classes were separate except for gym and music or something like that.

RH: O.K., so you did have to take some of the . . .

JC: Electives, right.

RH: Tell me a little bit about your parents. What were their professions?

JC: Both of my parents were in the medical field but they were not physicians. My dad was a burn technician. He worked originally at John Sealey like as probably some kind of orderly at first and then he moved to the Shrine, Shriner's Burn Hospital across the street and they trained him as a burn tech, so he did harvesting of skin and cells and replacement on the burn kids. Actually, he was a very, very smart man. He just did not have the opportunity . . . he was born in a place called Center, Texas. His mother died with the birth of my youngest aunt and he probably only had about a fourth or fifth grade education but you would not know it because he was a very intelligent man, he was well-read and that is why he wanted so much for us. So, the job that he actually did, like now, no one less that probably had at least a bachelor's degree would be hired for that job. But he did the job. They trained him. He was smart. And then, my mother was a nurse. So, I came from, like I said, a background of medicine but I was the first physician . . . well, I guess maybe I am the first physician in my family.

Once he knew that I wanted to be a physician, it was his goal for me to meet every single physician that he knew. There was only one African American physician down there at the time, Beverly Lewis, who was a general surgeon. And I guess probably when I first met Beverly, she was a resident, maybe. And so, he wanted me to meet her because this was somebody who was doing what I wanted to do. But he was very, very instrumental in making sure that I achieved my goal.

RH: O.K., so he was very supportive about that.

JC: Correct.

RH: So, after you moved then, did your father continue working at the burn hospital in Galveston?

JC: Actually, when I moved here, my parents were divorced so then when junior high school . . . we moved up here and we lived with my mother. My dad stayed in Galveston. He worked at Shriner's up until the time he died. But yes, he stayed working there. My mother did private duty nursing here in Houston.

RH: What about siblings? Did you have siblings?

JC: I do. I have a sister, that I mentioned to you. She is my only full blood sibling, so we have the same mom and dad. She is not medically inclined. She is actually in the business world. She has an MBA in marketing and she is a vice-president at Black Entertainment Television for off channel marketing. I had a half brother. My mother was married before [she married] my dad, but he [half brother] is deceased now. And then, I had younger half brothers. I have one older half sister. And so, they are here and around. My older half sister lives in Port Arthur and she works. She is one of the operators at one of the chemical plants. And then, my younger half brothers - one is in the service and the other one kind of works in the restaurant industry in Galveston.

RH: And when it was time to go to college, where did you go to college?

JC: I went to Fisk University. In my senior year, or, I guess it was the end of my junior year, I was invited to Duke for a . . . you know how they send out the things, for this kind of a minority student weekend and everything, and boy, I fell in love and that is where I was going to go, I was going to Duke, but we could not afford to go. And so, in the end, my dad said, "There is no way we can make this work." And so, I ended up at Fisk kind of on a whim, because I said I was not going to go to school here in Texas. A lot of my friends were going to UT. I did not want to go to school here anywhere in Texas. I wanted to go out of Texas. And so, I did not really know much about Fisk but a family friend mentioned that to my dad and said, "O.K., well, if she is not going to go here, why don't you look at Fisk?" So, that is where I ended up. And I was miserable the first semester because after having been at Duke, you know, this big sprawling campus and everything, and Fisk was a very small liberal arts school, I am thinking what is going on? But after I sort of let it go and said, do you know what, maybe there is a reason God placed me here, then I loved it, you know, and I would not do things any differently. And so, I graduated from Fisk with a bachelor of arts in biology. And then, actually, I did not get into medical school initially.

I am a very social person. My dad would say, "All this stuff you are doing - sorority, president of this, president of that, I don't see these kids down here doing all that," you know, that are going to medical school. I said, "Oh, dad, it is going to be O.K." So, I did not get in right away. So, I came back here and I did research at Baylor

for one year. I was like, no, I don't want to be back in Houston, because I needed to be where I was, you know, really making sure I was focusing on my goal which was to get into medical school. So, I went back to Nashville and just took a couple of classes, masters level classes at Fisk, and then I got into medical school the next year at Meharry Medical College.

RH: Now, what medical schools did you apply for?

JC: I applied for the schools here in Texas, and at Meharry. I think I even applied to like University of Minnesota because I had a friend who was there. But that is probably it. Just basically Meharry, and the schools here, University of Minnesota. I think that may be it.

RH: What made you choose to go to Meharry Medical School?

JC: Well, Meharry was right across the street from Fisk. I had a great support network there. So, I just thought that that was where I belonged because I had poor study habits, very poor study habits. I remember, Dr. Rogers and I went to high school . . . and Joanne has always been so focused. Oh, we had a project and her project was just over the top and, of course, I was doing whatever social things there were to do. And I never ever . . . I always used to tell my parents, boy, if I could do it over again, I don't care the fact that we were halfway smart. You guys should have made us sit down every night, get in the habit of sitting down for how ever many hours and studying. So, we never had

those good habits. So, as you went further and further in your educational career, well, you just did not know it or it was not that easy to learn. You actually had to study. And that was just the hardest thing. And so, I needed to put myself in an environment where I thought I was going to have the most help because I knew that I could do the work but it was just the focus, you know, the focusing was going to be difficult I thought for me.

RH: I have heard a couple of the doctors talking about just how much help and support you do get from the other classmates in your medical class, just with study groups and things like that.

JC: Correct.

RH: What year did you graduate from Fisk University?

JC: In 1985.

RH: And then you started Meharry . . .

JC: In 1987.

RH: And graduated in?

JC: 1993.

RH: When it came time for your residency . . . well, first of all, what is your specialty?

JC: I am an obstetrician/gynecologist. Probably entering into the third year is when you start thinking about what you want to do. And as you go through the third year, you do like 6 basic rotations. So, internal medicine, surgery, OB/GYN, pediatrics, psychiatry and there was one other one. And you get to do a little bit of the subsets of the things. And so, as you go through the different rotations, you really have to see what it is you like, what your strengths are, what your weaknesses are. And I could sort of go through a lot of those things and say, oh no, this is not for me. And so, I was originally interested in ophthalmology and I do not know how I came up with that. I think I was thinking lifestyle. But I could not see through the ophthalmoscope. It was really difficult. And I said I do not think I can have a career in something that just the basic beginning of it, I am struggling with it. And when I looked at OB/GYN, I always enjoyed it. But then you heard the lifestyle is so hard, this and this. But it really was going to be a good field for me because, one, it was a field that the patients were young and healthy, for the most part, so it was not like you were going to have to remember these long, intricate histories and all of that. The patients would come, you would see them, they would go - I liked that. I wanted to have the continuity of care but I did not want any patients in the hospital for 60 days and 90 days and 30 days, the discharge summaries that you had to do. And then also, this was something -- when you looked at the books, like for medicine, for any of the specialties -- cardiology, hematology, gastroenterology -- you know, 6 or 7 books, huge, and I am thinking how can one person master what is in there? And OB/GYN,

even though it is divided into a lot of subspecialties, it is a learnable . . . you know, something that really . . . someone who is not brilliant because I am not professing to be brilliant . . . could master and it is a field that you can do. And I was sort of looking for that. I wanted young, healthy patients, I wanted a variety because I do get bored very easily, probably because I said on the concentration, diagnose me now - maybe I do have a little bit of ADHD, because, you know, concentration things. And I like variety. That is what keeps me going in OB/GYN. We operate, we have to deliver the babies, we have an office, so it is constantly, every day. It is the same but it is different. It has the potential to be different. So, that is what really attracted it to me.

RH: All right, well, for the students, can you please tell what obstetricians do? And gynecologists?

JC: Well, we deliver babies, so for any of you listening, if you were not delivered by an obstetrician, then you were delivered by a midwife which is a nurse who delivers babies in home cases. But we deliver babies. We take care of moms throughout their prenatal . . . prenatal is the course where they are pregnant . . . we take care of moms and then we deliver the babies. But that is it. Once that is done, we stop. We do not take care of little munchkins, we just deliver them and pass them off to pediatricians. As a gynecologist, I take care of the needs of women as it refers to their reproductive tract. So, that would be their uterus, their ovaries, their fallopian tubes, their vagina, and any issues that come up with that, those are the areas that I treat. So, whether it be in the office through an office exam and diagnosis or surgery. So, I am also a surgeon. So, I

operate on those areas like I just detailed: the vagina, the rectum, sometimes the bladder, the uterus, the fallopian tubes and ovaries.

RH: I wanted to ask you and I have forgotten to do it - we talked about it before the interview but I wanted to say it again. When did you know you wanted to be a doctor? What inspired you to want to be a doctor?

JC: Well, like I said, from what everyone can tell me, I have always said that and it probably just had to do with the fact that both of my parents were in the medical field. But I never said I wanted to be a nurse or a burn tech, I always said I wanted to be a physician. I don't know where it came from but that is just my earliest recollection and anybody else's in my family . . . the earliest recollection is that I always said that that was what I was going to be. So, probably just from my parents and then you think each generation is supposed to go higher, so they had already done this, so the next step for me would be the actual physician.

RH: Where did you end up doing your residency?

JC: I did my residency in Galveston at the University of Texas at Galveston and interestingly enough, there were two gentlemen who were fighting over who delivered me. So, I actually had to get my birth certificate because both of them were still there and my mother worked at John Sealey at the time. And so, the gentlemen, when I checked it, it was Dr. Charles Powell who was still there. He worked just part-time

because he spent like 6 or 7 months in Africa and then he came back and worked part of the half of the time he was here. But he actually delivered me and I was the first resident who would have actually been what is called the BOI, born on the island, actually born in that hospital to come back and train there. Actually, that was a real big deal. And then for me to be this little African American girl, you know, was kind of amazing, that it had come full circle.

RH: And you spent the entire residency there?

JC: The entire residency there.

RH: I know you were saying that when it came time to go to college, that you really did not want to stay in Houston, so what made you decide to come back to practice in Houston?

JC: Well, actually, the reason I even came back here to residency in February of 1993 which was my senior year, my dad was diagnosed with metastatic prostate cancer and just given a short time to live. I had not planned to come back to Houston but it was then imperative that I come back because as hard as residency is, I did not know how I would be able to focus, being somewhere a long way and know that he was going to die and wanting to be able to spend time with him, to be able to see him on a daily basis. And so, God sort of worked it out so that I could get back here and be around because he died just 2 months into my residency in August of 1993.

RH: I understand your husband is also a doctor. Is that correct?

JC: That is correct.

RH: O.K. What is his specialty?

JC: He is a gastroenterologist.

RH: We started a little bit about talking about your high school being integrated. What about elementary school and junior high - had the schools integrated yet when you were in elementary school?

JC: Yes. In elementary school, I did go to elementary school in Galveston and started off at Sacred Heart in the Catholic Church and Rosenberg Elementary and so I had classmates of all races. I was born in 1963, so that was in 1968. But they were integrated. I can think of Jenny Goldberg and Robin Peek, some of my friends that were not black, that I don't know where they are but I still remember their names because I spent time at their house. They spent time at my house. But the schools were . . . it is surprising because that was 1968. Well, it was 1968 when I went to kindergarten so maybe this was, by then, I was in third grade, so this maybe was 1970 that they were integrated. And the same thing with junior high, because I did one year of junior high in Galveston maybe before I came to Houston. And Dowling was integrated. It still may

have been at that point predominantly African American but there were Caucasians there and some Hispanics. So really, I was in an area where I went to school with diversity, really until I went to college because Fisk is an African American liberal arts school. Private.

RH: Do you have any recollections of any problems occurring -- racism, discrimination, in schooling?

JC: No, I mean, not for that but I will say to the young people I had a counselor when I was in high school -- well, I do not know if I should call her name but her initials are K.A. -- she had told me, like in the Vanguard Program, there were just some really, really smart people in that program and like I said, I am O.K. smart . . . you do not have to be a brilliant person to be a physician. You have to be smart and you have to be willing . . . just baseline smart and willing to work hard. And keeping in mind that here we had . . . I am just trying to think of some of the people -- they were really brilliant . . . and she said to me -- I don't know if someone had told her that my aspiration was to be a physician, but she said, "What makes you think that you can be a physician? You don't have the grades or anything to" . . . because here were people who were on that scale, you know, not the 4.0 but the 5.0 scale, just kind of like because it was advanced placement. She said, "Oh, no, you won't ever be a doctor." And boy, that just really . . . it actually made me mad. And so I thought, you know what? She doesn't know what she is talking about and she does not know who she is talking to. She can't just look at it just by sheer grades alone -- just because I am not studying ever single other hour of the day and maybe I

have more B's than I have A's, does not mean that I am not going to achieve my goal. And so, I always thought about her as I went through and as I hit another roadblock -- I thought about her and I said, oh no, I am going to prove her wrong.

RH: Well, I kind of wanted to ask a little about when you were in high school. What sort of classes did you take in order to be able to fulfill your goal? What sort of things did you . . .

JC: Well, like I said, the Vanguard Program was a college preparatory program anyway so everything was a level . . . I know I took Latin because you knew that a lot of times, the root of a lot of the words in medicine were Latin, so I took a couple of years of Latin because I enjoyed that, and I liked words, I liked to read. But other than that, you know, I think we took our basic science courses. I had chemistry, I had maybe some upper level math. So, just the basic courses that you had to take in order to go to college. Now, like I said, it was a college preparatory program. I don't know what is different now between what is going on now and what went on . . . I finished high school in 1981 . . . 26 years ago, but hardly anyone that I know that went to college took remedial classes. We got right in, you started on the classes. So now, I meet so many younger people and they are taking their first year all of these like remedial classes. And I am thinking, what is going on in high school that this is being the norm? But, like I said, maybe it was that I was in the Magnet school, so the classes were of an upper level, and maybe the college that I went to . . . I don't know. I have not been able to figure that out, why these kids achieving to take all these remedial things. But I just took the basic things. It wasn't

anything special, because it was a whole thing with going to the Vanguard as opposed to the DeBakey, that eventually, I was going to get to the point where they were going to teach me everything I needed to know about medicine. So, I needed to have a well-rounded background because really I feel like you have the basic fundamentals when you leave high school. College is not about teaching you what you should have learned in high school. It is kind of more free thinking and just expanding the foundation.

RH: O.K., well, tell me a little bit about medical school. What sort of classes do you have to start with in medical school that you do there?

JC: Well, I mean, the curriculum is basically the same everywhere. You take anatomy because you have to know the parts of the body, how they work inside and out. So, you have what is called a cadaver. That is someone who has donated their body to science, and you use those to dissect, to see how everything fits together. So you put it together, take it apart, put it together again and it helps you, especially when you are a surgeon like myself, because you need to know how the organs are related to each other, how they are organized and everything. So, anatomy was a first year class. Physiology. I think microbiology. Microbiology is where, if you ever like to look under a microscope, basically that is what it was, is kind of the microscopic organization of our body and tissues. Anatomy, we talked about that. Physiology is what makes the body run. So, why do your legs operate the way that they do? What is the reaction going on there that makes the muscles churn to make you run and walk and all of that? I am trying to think - what were the other big ones in the first year? Anatomy, physiology, maybe

biochemistry and that is kind of related to physiology. But those were some of the basic courses in starting off in medical school. So, you definitely needed to know the organs of the body, the different parts, and then, how they worked, how they worked together in a system. And so, that is what the basic first and second year of medical school are about - - getting introduced to the body and then, how it works.

RH: O.K., and then the third year is the year that you do the rotations?

JC: Right. You have to take all of that information that you learned and now, apply it to real live patients.

RH: O.K., well, my brother actually, he is a psychiatrist and he went to an osteopathic college in Iowa and I think his first physical he said took like 3 hours or something because he was being so thorough. He was just trying to make sure he got everything. I have never forgotten that. I always thought that was kind of interesting. But I can understand if you have got 2 years of all of that information . . .

JC: Right, and you have to figure out just how to sort it out. It is a long time before you get into a rhythm and can do things in a thorough manner but practical as far as time.

RH: For you, what was the hardest part about medical school?

JC: The studying.

RH: The studying?

JC: Yes, because you just . . . like I said, I understood what was being said but it was just the sheer volume. There is no way that you could just go to class and that was enough, you had to study. And, like I said, probably if somebody would diagnose me, I may have a little bit of ADHD because that was the hardest part. And you see just the time medical school took longer. I was out for 2 years . . . they knew that I was smart. I had a great reading score on the MCAT so they know if you can read, they can teach you anything. So, I started off in a 5 year program so that things the first 2 years, instead of being 2 years with the speed then they were broken down into 3, and at my medical school at that point, you had to pass part 1 of the boards. Not all of the schools did that at that point before you went into the clinical part which was the third and fourth year. Basically, I had the knowledge there but to be able to really sit down and study like I needed to for the boards, it didn't happen. So, I did not pass those boards in order to go that first time. And so, I sat out, I studied. It was like a punishment. And I would tell any young person . . . really, no one else had to punish me, I could punish myself because that was my goal. So, all of the other things that I loved to do, all my little social things - I was president of the prealumni and I was this and I was that -- it went away. So, for those 4 months that I had, I did nothing but study and exercise. I wanted to keep my body strong. The studying made my mind strong. And when I retook that exam, it wasn't enough just to pass - I needed to score in the top tier. So, if it ever came up to say, yes, I did not apply myself but once I did, you see how well I did. And that is what

happened. So, I passed that next time and made sure for my . . . because I always asserted once I could get to the patient because that was my strong suit, is that I am a people person - I love people - and so, I would do whatever it took to take care of them once I was actually seeing a real patient. So, I made sure my third and fourth year I was on the dean's list just to kind of balance off those basic science grades, like I said, when people were looking at it . . . they could see, well, yes, the basic science, all that studying, sitting down, was not her suit but once she got to working with patients, and even though I had to study for that, it meant more to me because I had Mrs. Shaw . . . I needed to make sure that I did not screw up something. So I much more enjoyed third and fourth year of medical school than I did the first two years.

RH: So that the kids understand, when you talk about the boards, what do you mean by the boards?

JC: It is an exam, probably similar to this TAKS test that you take. So, if you do not pass the TAKS test, you do not get out of high school or you do not go from the third to the fourth grade and, what is it, the fifth or the sixth? So, it is a similar type of exam. It is an assessment on everything that you had done before and you have to score at a passing level in order to go to the next step. So, it is pretty much identical to the TAKS test. When I was in school here in Houston, we did not have all that. We had the Iowa Basic Skills Test and there was another exam that started with an S, but we did not have this TAKS test that they have. But that is the best analogy for it.

RH: O.K. And that was one of the requirements of Meharry, that you had to take this board to be able to move on?

JC: Exactly.

RH: But you are not 100% if other schools were doing . . .

JC: A lot of schools did not have it but I can tell you, since then, since I have been back in Houston, a lot of schools have put that requirement in because what happened is they allowed students to go through like the whole 4 or 5 years of medical school and once you leave the basic sciences, you are not going to remember all of that, and it is changing. So, they had a number of students who were not passing part 1 when they got ready to take it. And so, here they were, they technically finished medical school but they cannot graduate. So, I think schools period are requiring before you actually matriculate into the clinical years, you have got to pass part 1.

RH: When you started practicing, did you join the Houston Medical Forum?

JC: I did. I was probably doing things with the Houston Medical Forum even residency but definitely when I started practicing, I became a member.

RH: Well, why do you feel that it was important to join the Houston Medical Forum?

JC: Well, I think you are isolated sometimes when you work because you are working, so if you do not have other physicians in your office, you know, sometimes you are working and you may see each other in the cafeteria or in the halls at work but that is about it. So, I thought it was important to have an organization where I could network and fellowship with other physicians who may have sort of the same thoughts and sometimes some of the same challenges that I had.

RH: What about the National Medical Association? Were you a member of that?

JC: I am a member of the National Medical Association and I participated with the NMA even in residency for the OB/GYN -- I am going to abbreviate obstetrics and gynecology as OB/GYN . . . before their section, probably, I think it was in 1996, the NMA was in Chicago and I had a really good project that I had done in residency and I wanted to present it. And so, I called them up and I said, "Hey" . . . Ruth Scarborough is the person who just makes our section go . . . and I said, "I really want to come to Chicago and I want to present this great project that I have." And she said, "Well, we never had any residents do a talk but let me ask," and I don't remember who the chair was over the section. But anyway, I ended up doing it. So, I was actually the first resident to ever do a presentation to the section. But now, we actually have a formal resident section so each year, like 6 or 7 residents come and they do presentations and we decide who the winner is. So, this year, our conference was in Hawaii so I was one of the tellers for the residents program. So, as I look back, you know, before me in 1996, we did not have a resident section.

RH: All right. When you did come to Houston, where did you start your practice?

JC: Well, I started in the east part of Houston which is still where I am located now and that was in 1997. I, actually, again, I was here, I did not plan to stay in Houston. I was just trying to work for just one year. My husband was still in fellowship. I did not want to stay here. I wanted to go to Atlanta or back to Nashville. And so, I was really looking for a job for someone who would hire me for just one year. And as it turned out, it was a little more difficult because I was supposed to be signing on with one of these kind of large, multispecialty groups and at the last minute, what happened . . . Well, I think they just changed the job on me. They changed where I was supposed to be and all that. And so, here it was . . . well, maybe just . . . I got married in May of 1997, the end of May, so it may have been like in May that this whole job with this organization fell through. I am thinking O.K., I am going to be finishing residency in a couple of months and I do not have a job. So, I had to get looking for a job. And another friend of mine who was finishing had interviewed with a woman out on the east part of Houston who was so busy and needed someone that she had said, "Well even if she just wants to stay for this little bit of time, just have her come and talk to me." So, I went there and she was fine. Originally, the hospital had said they would do a deal for one year and then they came back and said, "Well, no, we can't do it for one year, it would have to be for 3 years." And so, then she had said that fine, as long as I would sign because you had to pay the hospital back, that we would work out something if I decided to leave before the third year. So, that is where I started, out in east Houston.

I had never even been out there that much, well, really ever probably except for going to Louisiana, so it was a whole new area. But actually, I was very successful in my first year of practice. I had a very lucrative guarantee but I took . . . I only needed about one-fifth or less of that money, you know, what amounted to \$36,000 is all the hospital had to give me because during that time, I was seeing enough patients, making enough to pay myself over what they had guaranteed me. So, I don't think anybody who has come through since me has been able to achieve that goal. Like I said, I may not want to sit down and study, but I am entrepreneurial. I am probably a smart businesswoman. My father, besides being a burn tech, he owned two little neighborhood nightclubs and that is what sent us to school. He was very entrepreneurial, too. The practice went well and I stayed with her for 5 years. I left in 2002 because we just could not come to a partnership agreement. And for young people, if you decide on a career in medicine, you will have to work and either be someone's employee or you need to be in a situation where you become a partner. Because otherwise, Uncle Sam will take all of your earnings. And when we could not come to an agreement in that, I just decided to start my own practice. And I stayed in the building. I just moved downstairs and opened up in June of 2002. So, just 3 months ago, I celebrated my 5th anniversary on my own, and I was just very blessed to do so. The same organization that I was supposed to have worked with and they changed the terms of the agreement at the last minute, they went under that year. Well, probably the end of 2001, the beginning of 2002. So, I was able . . . I had a friend who worked for them and I was able to buy all of my equipment for the new office from them at a fraction of the cost. I mean, just the best things. I could not have asked for . . . It all fell into place. So, unlike several people that I had known that opened their

practices and had to take a bank loan, I did not have to do any of that. I opened my practice out of my own earnings. And so, I never owed anybody for anything. And the practice has done very, very well. I think 2 years ago, I took on an associate, a partner, and she also trained at UTMB - University of Texas Medical Branch. She went to Spelman for undergrad and University of Texas San Antonio for medical school. So, she has joined me and we may be able to get someone next year, another partner. I am trying to build what we had not had in Houston. We have not had a large group of OB/GYN women that are African American. They have not been able to survive. So, I am convinced that you can do it. It is probably the same as a marriage. It takes a lot of sacrifice, it takes a lot of understanding and work but I am determined to do that. And so, I am hoping that one young woman that we have been talking to who is already finished, but that she may want to come and work with us next year. And then in 2009, there are two young women who were finishing who I am interested in and they have expressed interest. I cannot take them both but hopefully, one of them. And I think if we can get to 4, that will be great. And recently, just down the street from U of H . . . two years ago, I purchased a piece of property and the first phase of that which is a new office for Serenity Health Care for Women which is the name of my practice, will be opening. I had hoped it would be this month but we had run into a little problem with the air conditioning, but the building is complete. So we hope to be seeing U of H, TSU and other people at that office there.

RH: So, you will have the two clinics basically?

JC: The two offices, right.

RH: Which hospitals do you have privileges at?

JC: My main hospital is East Houston Medical Center which is out on the east part of Houston which is where I started. I also have privileges downtown at St. Joseph's Hospital and those are the two I use mostly because for a practice as busy as I am, they are the most reasonable. I have privileges at St. Luke's but I don't use St. Luke's a lot because, a lot of times, their rules . . . you know, you have to be present for an epidural . . . those kinds of things are not conceivable - I mean, they don't go along with practicing 20 minutes away. And so, I don't let patients decide to go there unless I have a baby with a bad heart that I know about ahead of time or something where it is to our benefit to be right there and deliver right there, so that Texas Children's is on the spot instead of the baby having to get transferred.

RH: That is something that I had never really thought of before but if a couple comes in, they are pregnant and they don't have a specific hospital that they want to go to, then what are some of the things that you think about to decide . . . I mean, obviously, if you know that there is some sort of problem with the baby, you maybe go to St. Luke's so that Texas Children's is right there but what would be some other factors to make you decide where would be the best place to deliver the baby?

JC: Well, for me or for the couple?

RH: Well, for both, I guess.

JC: Well, for me, like I said, it is going to be where I am going to be so, east Houston, my office is there so that is perfect because I walk across the street or jump in my car if the baby is like right there and in less than 1 minute, I am there. St. Joe's is great because it is 5 minutes away from my house. So, one of the things with so many obstetricians, recently obstetricians being female, we have learned how to do the specialty and have a life. And so, in order to do that, you cannot have patients just delivering at any point because you cannot have a life that way. So, you will find most women who are obstetricians, they induce, they schedule the delivery for 90 some odd percent of their patients. So, what I do is during the week - Wednesday and Thursday for my patients that are delivering at East Houston, that is when I deliver them. On the weekends that I am on call, so the Friday and Saturday for patients that are delivering at St. Joe's, I will schedule them. It is getting a little bit harder for the patients who choose to deliver at St. Joe's because now our group has expanded to 5. So, I am only on call 1 weekend in 5, so it is a little trickier. Sometimes I just have to let them go into labor and just hope that it works out, that I can get there and deliver them and it is not someone else on call, because with this kind of tri component to obstetrics and gynecology, so you are in the office - you have to have office hours to generate the deliveries and the surgeries, you have to have time to operate, and then you have to have those deliveries in there also. So, it is kind of very strategic getting everything to work just right.

RH: Well, what are some of the changes first of all that you have noticed in Houston since practicing here, since growing up here? What are some of the major changes you have noticed?

JC: Well, of course, the size. I mean, Houston was large even then but, you know, when I grew up, there was not really a Pearland, there wasn't a Katy like it is. So, all of those areas have expanded. Even Alief Clodine. You know, there are high schools that I do not even know the name of all the high schools because Houston has expanded so much and so, that is probably one thing, is just the expansion. This is such a large city now, including the unincorporated areas and I would say, well, just in the medical field . . . I mean, we have so many physicians here and as an African American, there are so many African American physicians, which is great . . . so many that even an organization like the Houston Medical Forum. There are probably half of the physicians in Houston that are African American that we don't even know because of The Woodlands, Katy, Spring - they live out and you know, then you are thinking, after you have worked all day, on a Tuesday evening - are you going to come in for a meeting? And so, that is one of our struggles, is trying to contact these physicians and get things, where we could maybe, you know, kind of bring them in and make them a part of the organization but that has sort of been one of the kind of things because we have had all of this spread in Houston. So, those are things that I think are great things but that are different than I remember from 10 years ago or 20 years ago.

RH: What are some of the strategies that Houston Medical Forum is trying to take in order to be able to recruit these physicians from Katy or from . . .

JC: Well, we are trying to sometimes have alternative meeting dates, meeting times. So, sometimes we will do things that are not on Tuesday but on a weekend. We also try to have at least one meeting so that they can bring their spouses because that is a big deal, you know, if you are working all the time . . . your spouse is like, "You are not going anywhere else. You need to be home," dah, dah, dah, dah, this . . . so that that way, you can say, "Well, honey, but you can come, too. You can come and we are going to have a good dinner and we will have a meeting and a good topic," you know, things like that. So, I think those are things that are probably attracting more people to say, "Hey, let me come and take a look at them." And then, the internet really helps because the bulk of the organization is run by physicians. So, like I said, Dr. Joanne Rogers is the president - we went to high school together - I am the vice-president. All of our officers are physicians and we are all very busy physicians. And so, to then try to run an organization is extra work and extra time spent. We do have someone who kind of coordinates. She is like our administrative assistant but more than that and she actually works for Methodist in their PR department. But she sort of keeps us going with some of the just major day-to-day things that an organization needs to take care of.

RH: How long have you been in the vice-president position at the organization?

JC: This is my first year.

RH: Have you held any other officer positions . . .

JC: Before that, I was the parliamentarian.

RH: And what does that mean?

JC: That is just making sure that the meetings run according to Roberts Rules of order, things do not get out of hand.

RH: Again, this is something that you and I talked about a little bit earlier but what are some of the changes you have noticed in medicine since you have been practicing?

JC: Well, the major changes like we spoke of would be as far as, well, even starting - just patient perception of physicians. Physicians were, at one point, very well-respected and patients appreciated the sacrifices that you made to treat them. Now, there seems to be a sense of entitlement like they are entitled to it and they are entitled to have a physician to take care of them and that can . . . and we all took an oath, you know, to take care of people and treat them right, but you do want people to appreciate what you are doing because you don't have to do it, you really don't. So, that is one thing is just probably I think the respect that doctors garnered at one time, I think that has greatly dimmed. And then certainly what everybody talks about - the reimbursements. People still want to think that being a physician means you are going to be rich. Well, you are

probably not going to be rich, not just from practicing medicine. You will certainly have a good life. You should have a good, comfortable life but you are working for it. So, that is sort of, you know, a challenge because you are working and every year, you have companies who have the right to tell you what you can charge and what they are going to pay you.

RH: What do you think has altered the patients' perception? Do you have any ideas why you think that is happening?

JC: You know, I don't know. I really don't know. I think it is generational because when you have older patients, they are still respectful and all of that. So, I really think it is just this new generation. I think they just have kind of a global disrespect for anything, any figure of authority. And so, I guess we are authoritative in medicine just like police and attorneys and whatever. So, I think it is just a global thing.

RH: Well, if a high school student came up to you and said, "I am interested in going into medicine, I want to be a doctor," what would be some advice you would give to them?

JC: Well, first I would say make sure you have good study habits, that you can, even if you don't need it, just find something to do 2 to 3 hours a night, even if means reading ahead because you are going to need to do it . . . unless you are just one of the few just truly brilliant people that have a photographic memory, you are going to have to be

disciplined enough to study every single night or most nights for 3, 4, or 5 hours a night in order to keep up. And then, I would make sure that you are well rounded. When you apply to medical schools, they have a lot of just really smart people but that is not just enough to make it in medicine because a lot of the times, the people who are really, really smart, they never develop their social side and so they do not make good physicians who are in private practice. And I think that is one of the reasons that I have been so successful because I am a really engaging person. And so, my patients really like me. They think that I am their girlfriend. They come to see me just really to chat and tell me what is going on in their lives, but they know I can take care of their health needs, but I am like their good girlfriend that they have not seen for one year. And so, I would say make sure that everything is not centered around this desire to go to medical school. Be well rounded. Find out what you like. When you go to college, you don't have to major in biology and chemistry, you can major in dance, you can major in voice because anybody who is interviewing for medical school, they get the biggest kick out of someone who comes in there with some other degree as long as you have taken your prerequisites because the same holds true, I was told years ago. In medical school, they will teach you everything that you need to know. So, if you get the book for the medical schools and just take your prerequisites, if you want to major in dance, in Spanish, in French, in romantic languages, in psychology, that is fine.

RH: What were some of the things that you found that helped you with your study habits because you are saying that it was a real struggle for you?

JC: Well, like I said - prayer, prayer and . . . it was difficult until I was under the fire, you know, until I was under the fire. So, it was just a struggle because that was like undoing years of learned behavior. So, even now, like I love to read and I don't really allow myself to read -- I go to the library, check out books and I can read a book, a 400 page novel in a couple of days in a weekend. But I don't do that because I will do that at the distraction of everything else. So, even now, sometimes when I have things I need to catch up on, I will just make myself think about it like that novel. That is like my reward. If I go on and do this, then I can read this novel next week. And so, it is kind of a checks and balances like that I will sort of hold myself because even though I am finished now, I still have to read. I like to read, you know, when I am eating. And so, if I need to keep up with journals and things like that, that will be my reading as I am having dinner - I am going to read it then. Or, like I said, the magazine article that I really want to read, I am going to read this journal article. So, you know, it is really kind of a checks and balances, like that. It is my reward. If I do what I am supposed to do, then I can reward myself.

RH: All right. Well, I was asking that because, well, I told you I used to teach special ed and I actually do have attention deficit disorder and I was taught by my father - a man who was not going to let me not study and not work hard. So, I am always curious about what sort of things people do in order to adapt or learn how to because not everybody is good at studying. It is true. And when you were saying getting distracted by the books, my sister is like that -- if she is reading a book, that is all she wants to do is read that book - nothing else.

JC: Right, and the other thing I would . . . I make my patients . . . unfortunately, these days, we have a lot of young women, young - in high school, junior high - who are pregnant. So now that school has started, they want to see my midwife, they don't want to see me because I make them teach me something every time they come in because they are coming in post school. So, every time they come in, they have to teach me something they learned that day. So, I do that as a way, because I do learn different things, and it makes them, at least on the days that they have the appointment, they say, "I need to pay attention in one of these classes because she is going to ask me to teach her something." And I try to tell them . . . I was telling some last week . . . that when you can teach someone something, you will know it like the back of your hand. So, that was one of the things that helped me to study because I had to study and interpret it in a way that I could teach it to my little study group people, and I was sort of like a parasite in the study groups because I would always want people teaching me and that is what we did because someone could explain it sometimes so much better than the instructor because they had gotten the gist of it and someone 25 years younger kind of would relate it to you in such a manner that, O.K., that makes perfect sense. And so, that is another way when you are having trouble focusing - incorporate the material in a way that you can regurgitate it to someone else and help them understand. And if you can teach them, then you will know it like the back of your hand. Well, I don't really know the back of my hand but that is an old saying!

RH: I knew exactly what you meant. Did you have anything that you wanted to add?

JC: No, just for all young people that may watch this, you know, medicine is certainly a wonderful field. There are challenges there but there are going to be challenges in anything that you do. And so, if you want a career that is going to provide for you, I think emotionally, professionally, financially, I think medicine is certainly something to think about. Some people are blessed, you know, and they have beautiful voices and they are athletically inclined and so they are going to have a career outside of what the regular average Joe of us will have. But if you are just a smart person and you love people, because I still think, for the most part in medicine, you have to sort of love people . . . there are fields where you never really have to deal with a real person and those are there, too, for the more cerebral physicians, I think, but medicine is a great field and I think that your family would be excited, especially if you do not have any other physicians - your family would always be proud that you are the first and they will be able to say "my son," "my daughter," "my niece," "my nephew" is a physician.

RH: All right. Well, thank you so much. I appreciate it.