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Interviewee: Andrews, Richard

Interview Date: October 23, 2012

University of Houston
Oral History of Houston Project
Houston History

Interviewees: Richard Andrews and Beverly Gor

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Place: Conference room at HOPE Clinic

Interviewer: Thu Huong Vu

Transcriber: Michelle Kokes

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Abstract:

Dr. Richard Andrews spoke about his background and experience with public health and how he became involved with the HOPE Clinic. He recounted his early days working at the HOPE Clinic, describing the clinic's status at the time and the problems that he personally encountered at the clinic as a physician. Dr. Andrews also briefly discussed his current work and the clinic's current needs and future plan. Dr. Beverly Gor spoke about the founding of and her involvement with the Asian American Health Coalition and the HOPE Clinic. She talked about the early days of the clinic and the clinic's growth and achievements over the years. Dr. Gor gave details pertaining to the clinic's role during and after Hurricane Katrina. She also talked about ongoing projects and her hope and plans for the clinic in the future.

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Dr. Richard Andrews

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Transcribed by: Michelle Kokes
Location: Conference room at HOPE Clinic

TU: Can you give me a bit of information about yourself?

RA: Tell you about myself... I was born in Rhode Island, U.S. and when I was one year old I went to Spain because my parents moved over there to work. I was there for 16 years in Spain. I went to school for two years in Germany after that and I came back to America for college. I lived in Oregon for one year and Indiana for one year. I jumped around to different schools and then I graduated from Indiana University with a degree in geography, for some reason. I was in the Navy for about three years, also for some reason. I left the Navy a little bit early because I told them I didn't believe in wars and they didn't like that too much. But anyway I got out a little bit early and I decided I wanted to try to go to medical school but I had to go back to school to take the right courses, I didn't have enough science courses. I was lucky enough to get into University of Connecticut Medical School and when I finished medical school I went to a family medicine residency in Georgetown University in Washington D.C. When I finished there I went to Virginia where I worked for about 20 years out in the country basically, in a clinic similar to this one but in Virginia. Except this one is a city clinic, that one was a country clinic.

TU: Okay.

RA: I came to Houston because it was warmer than Virginia and because I have a brother who lives here. I studied public health in Baltimore, Maryland. That was a public health and

Interviewee: Andrews, Richard

Interview Date: October 23, 2012

preventative medicine. So I did that for a couple of years and then I've been in Houston for about four years, four and a half I guess. After I had been here for a few months Andrea...I knew Andrea from another some other work we had done together. So she called me up and said, "Would you like to work here?" So I said, "Yeah." I came here four years ago and I've been here ever since.

TU: So can you tell me how was it like when you first started here?

RA: When I first started here there was one doctor but that doctor was going to be leaving soon and the clinic was about maybe thirty or forty percent as big as it is now. Maybe thirty percent. as big, so 1/3 the size. We were using paper charts for the patients, after one year then we went electronic, you know after one year. In terms of what kind of patients we were seeing its similar now to what it was then. A lot of Asian of course, a lot of Hispanic but since then now we have seven doctors and we have one nurse practitioner who is Korean. The patients are about the same except that we have many, a lot more of them of course and we have a lot more Burmese... we had very few Burmese patients I think at that time, when I started. Right now we have a lot of Burmese and we have a lot of patients from Iraq, so that makes it very interesting. We have a number of patients from Africa for example also, not that many but some. That's been very interesting. We expanded two times, one expansion was over here. This is part of the new part and then the really new expansion I think you've already seen that? Did they give you a tour?

TU: Not yet but it is the pediatric...?

RA: The pediatric side, yeah, yeah, yeah. Oh, we have to give you a tour. That's gotten a lot bigger and we have three pediatricians, two family doctors, one internal medicine doctor and one OB/GYN doctor and... I guess I mentioned the internal medicine doctor. We have a nice staff,

Interviewee: Andrews, Richard**Interview Date: October 23, 2012**

everyone that works here is very nice. So it's a lot of work but it's also rewarding. I've been trying to teach myself a little bit of Mandarin and Vietnamese, just a little bit. That's fun also trying to use that on patients and stuff.

TU: What kind of problems did you encounter in those days?

RA: The problem... Hi, Beverly! This is one of the founders of the clinic.

BG: Hi sorry, I'm Beverly Gor.

TU: My name is Tu.

BG: Tu? Nice meeting you.

RA: Well the kind of problems we are seeing now I guess are similar to what I saw when we first got here. Some people go to the doctor when they have a cold which you really aren't supposed to do in most cases because the cold is going to go away by itself and the doctor can't really do anything. All the doctor can do is say, "yeah that's a cold," but some people like to pay money for that. But there is a lot of diabetes, a lot of high blood pressure. Of course we have a number of pregnant patients that need prenatal care. We do a lot of cancer screenings. Two of the cancer things that affect the Asian community a lot are the cervical cancer, in Vietnamese women especially. For some reason Vietnamese women seem to have more cervical cancer than other women and we don't really know why but we are trying to make sure that all women have access to pap smears and stuff like that but especially the Vietnamese woman. Then because of Hepatitis B and Hepatitis C, we try to treat patients if they need it. Not everybody who has Hepatitis needs medicine but some of them do and we try to treat the people that seem to have more chance of getting liver cancer. We also screen for a lot of breast cancer. Those are the three cancer things that we sort of emphasize.

TU: What kind of trouble did you have in those days?

Interviewee: Andrews, Richard

Interview Date: October 23, 2012

RA: Trouble? I guess I would say the main trouble is probably not enough money because we have a lot of needs. I would love to have a full time assistant, for example. I don't because there's not enough money for that. We need somebody who is very good at databases you know and we don't have anybody on the staff who is very good at databases. We have all this data and we can't really do very much with it. Those are two of the big problems I would say. Too much paperwork, not enough time, and all that kind of stuff. The languages, we love the languages but it is also difficult. Sometimes we have several Vietnamese speakers in the clinic. Sometimes three of them are on vacation and one of them is sick and two of them are already being used for something else. The same with Mandarin, Cantonese, Arabic or all of the other languages we have. That's one of the big challenges. It's one of the fun parts but it's also one of the difficult parts you know. Today we only have one Arabic speaker and he's also the person who checks people out. So I said, "Well, I need you in here to talk to these patients." But he was kind of nervous because he was also supposed to be checking people out. We probably need two Arabic and Kurdish speakers really. Sometimes somebody who speaks the language somebody else says, "Oh! I can see that you are good at so and so," and suddenly that becomes their new job and they are no longer available for the translating you know. So that's the challenging part. Sometimes we can use volunteers but you can't always rely on volunteers of course because volunteers make their own schedule. You can't tell them, "Oh, you better be here tomorrow." While they are volunteers.

Woman: If you aren't going to pay me, you have to pay me now.

RA: Yeah, so those are the problems that I see.

TU: What role did the whole clinic play during Katrina?

RA: She can tell you more about that, I wasn't here.

Interviewee: Andrews, Richard

Interview Date: October 23, 2012

BG: Remind me a little bit too, you are a student where?

TU: University of Houston.

BG: And your purpose for the interview was?

TU: I'm getting information to write about healthcare in Houston. It's for a history project for the Department of History.

BG: Wow! Who is your professor?

TU: Dr. Harwell.

BG: Okay.

TU: I will need you to sign this I need your permission.

BG: Okay, like Dr. Andrews said I'm one of the people that helped to start the clinic. What happened was we were, prior to Katrina, a really very low key player... I mean, we provided culturally competent care but we were at the Chinese Community Center only on about a monthly basis using almost all volunteer physicians and nurses. When Katrina hit the Gulf Coast... I think it's been estimated like 20,000, 30,000 people who fled over here that were of Southeast Asian... mostly Vietnamese. Anyway they came to Houston because they heard on the Vietnamese radio that if you go to the Hong Kong Mall you will find people who will provide you with food and clothing and shelter and help you out. Everybody else who spoke English was going to George R. Brown or you know some place else because they could understand, but all these people were coming to Hong Kong Mall. One of our partners in the community is Boat People SOS and they had an office there and we said, "Hey do you need medical services we will come set up a clinic over there?" They wanted us to because several of these people had fled very quickly, they had medical needs, they left behind their medicines. We set up shop over there and we started operating a little makeshift clinic there. It saw over 3,000

Interviewee: Andrews, Richard

Interview Date: October 23, 2012

people in like six weeks. It was very much needed. From what we understand we saw more people than any other community health center in Houston during that period of time. What we did is we slowly shifted our operations from there back to the Chinese Community Center. We started telling patients, "We'd love to see you still but you have to come over to that office now." Some of the things that happened during that time too was we really caught the attention of a lot of the local health organizations and they sent in some docs and nurses to help us out, they gave us a lot of supplies. In fact we had to get a warehouse to put some of the supplies that they gave us, it was so much stuff they gave us. I guess at the end of the story is, actually I have collected and analyzed the data of the major health care needs of that community, I tried to publish it once and it was rejected. I need to revise and resubmit. So I need to do that. Anyway there was some informal, not peer-reviewed reports that were done that included what we did during that time. I think the last thing I want to just tell you about is that that we still have people who we met through Katrina that come all the way from New Orleans or Louisiana to still see us on a regular basis because they loved our staff so much and the services you can't find that in Louisiana.

TU: I guess I'd like to backtrack a bit...

GB: Sure.

TU: To talk about... can you tell me something about Healthcare in Houston when the Asian American Healthcare Coalition first started?

BG: Well, of course there was still the Hospital District and the City of Houston and the Harris County Health Department and those three things are very important but me and my colleague Lynn Nguyen especially, we kind of said, "There's no culturally and linguistically appropriate care of our Asian community." They said, "No, we're here." We hear all these

horror stories too about people going to like a Hospital District clinic or Ben Taub E.R. and sit

Interviewee: Andrews, Richard**Interview Date: October 23, 2012**

there all day but because somebody didn't pronounce their name right, they didn't understand so the nurse who whoever is calling them said, "Oh well they are gone." So they never got seen.

Then misinformation, people didn't... when they were given instructions, they didn't understand how to take their medicine or whatever. So we have a lot of stories we tell about that. Actually I have to give them credit. Hospital District actually formed an Asian outreach team and they went across the city, but that's not enough. We wanted a community health center that could really be a hub for all these Asian health education programs.

TU: I know that the Coalition was established around 1994 but it was eight years later that the Hope Clinic was started?

BG: Yes.

TU: So can you tell me what were you doing like what was going on during those times, that time period?

BG: Trying to find money, trying to build capacity. She didn't get to come to our gala the other day because I kind of told that story in fact I could even send you what I wrote.

TU: Oh yes, please.

BG: Because it was kind of a synopsis about the first grants that we got. There is kind of four of us that I kind of say are the founders. It's me, Lynn Nguyen, Rogene Calvert and Karen Tso. The four of us spent many a night at somebody's kitchen table writing grants, just planning ideas. We would meet... we kind of became the voice of for Asian Health in Houston. So like whenever Texas Department of Health Services or City of Houston or even you know nationally they wanted someone to talk about Asian health in Houston they would call on us. So we would take turns going to different conferences. We said, "Well you have to provide the money because we don't have any travel funds." But we kept meeting on like a monthly basis to continue the

Interviewee: Andrews, Richard**Interview Date: October 23, 2012**

momentum. Finally when we got our first grant it was actually the Community Planning Grant. Rogene got that from the Texas Department of Health and it was to plan the community health center. Our first major one probably was we got something from Robert Wood Johnson Foundation that helped us get money. We did a project to look at the women's health issues in our community. Then we got a grant from the Aetna Foundation that helped us start our clinic and Komen money came through to help us do mammographies. So slowly we've built funds to capacity to do those things.

TU: Okay.

GB: Talking about giving you more than you ever wanted to know!

TU: No, it's fine.

RA: Do you know some of the spellings for some of the things she mentioned like Komen?

TU: The Komen...

RA: But if you hear something that you're not sure how to spell it then you can ask us.

GB: Please yeah.

TU: I was going to ask you something. Was there a model used when you established your clinic?

GB: Yes and no. There were some community health centers like in New York there is something call the Charles B. Wang Community Health Center that has kind of been very well established. Then there is in California there is the China Town Health Center and in Oakland there is the Asian Health Services, all of those had been established before us in bigger Asian communities. We used them somewhat as models as well as local clinics you know just federally qualified health centers that what we started wanting us to have.

TU: Okay.

Interviewee: Andrews, Richard

Interview Date: October 23, 2012

GB: That is Laura she is one of our board members.

TU: Hello.

GB: Do you want us to move to another room so you can get started with the board meeting?

Man: What time is it?

GB: It's almost 6:00, right about 6:00.

TU: Well we are almost done, it's okay.

RA: She's on the board of directors.

GB: Yeah so we have a board meeting at 6:00.

RA: Don't tell her any of the secret stuff!

TU: Okay. Is there anything in the works right now for the clinic that you are planning on the future?

GB: Our big thing that we are trying to do now is to establish an Asian long term care facility. Andrea is working with Chi-mei Lin at the Chinese Community Center and there is a foundation called the Chao Foundation that is willing to help to fund at least seed money to get an Asian long term care facility started. Because that is what we see is our next major need. Besides that clinic wise we may look for another location.

TU: Getting too small?

GB: We are outgrowing everything we do. We've expanded 3 times since we've been here in this location and it's a good thing. We are very happy but it's kind of like [ugh, ugh] what do we do now?

TU: Okay.

GB: So those are probably our two vision things that we are looking for.

Interviewee: Andrews, Richard

Interview Date: October 23, 2012

TU: So was there any changes in the clinic's funding from the beginning to now? Was there any changes?

GB: I think in the beginning we were almost all funded on grants and foundation money and now I think our change... we are transferring more towards... because we are a clinic we get what they call enhance reimbursement for seeing, he might have told you this, for seeing Medicaid/Medicare patients. Our funding stream is becoming more the insurance for third party payers as opposed to grants.

TU: Okay. So...

GB: And we just got that federally qualified health center status which helps us too.

TU: Okay. I guess that's it.

RA: Are you sure?

TU: Yes.

GB: If you need to contact us we can talk on the phone.

TU: Yes.

GB: I'll give you my card, too.

TU: I already have your card.

GB: I think you got Rogene's?

TU: Yes?

GB: Is she here?

TU: She left.

RA: She left.

End of Interview