

Interviewee: Hunter, III, Oliver

Interview: April 19, 2007

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

Interview with: Dr. Oliver C. Hunter, III

Interviewed by: Jack Salamanchuk

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Transcribed by: Suzanne Mascola

JS: This is April 19, 2007. This is Jack Salamanchuk. I am here with Dr. Oliver Hunter, III. Thank you very much for being with us. Thank you for participating in this program. Are you familiar with the project?

OCH: Yes, I am.

JS: That is great. What we are here to do is to talk to you about your life as a physician, your history, and maybe a way to link your profession with some students who are thinking about becoming physicians themselves, so thank you for being with us. Let's start off with are you from Houston?

OCH: Yes. I am a native Houstonian. Well I moved here at an early age, so early that this is the only place I know as home.

JS: That is great. How long has your family been here?

OCH: Since 1963.

JS: That is a long time. Where did you go to school?

OCH: Undergraduate, I went to the University of Texas at Austin. Medical school, University of Texas Health Science Center in San Antonio. My internship at the University of Texas Health Science Center in San Antonio, my residency at Howard University in Washington, D.C., and my fellowship at University of Texas at Houston Hermann Hospital.

JS: O.K. . . . and for high school, when did you know that you wanted to be a physician?
Was it early on?

OCH: It is the only thing I have ever known growing up in my household.

JS: Do you have siblings?

OCH: Three.

JS: Three siblings? Did any of them become physicians?

OCH: No.

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JS: So, you knew early on, like in high school. How did you prepare yourself to possibly become a physician? What classes were helpful for you?

OCH: I could say just my high school chemistry class was the hardest class I ever took, probably through the first 2 or 3 years of college. It just taught me how to study. It was quite demanding. Other than that, I cannot really say. I went to Jesuit for high school and maybe, I do not know if their standards were more demanding, but definitely high school chemistry.

JS: They had a reputation. Do you remember your high school chemistry teacher?

OCH: Mr. O'Neal.

JS: And what made Mr. O'Neal so special?

OCH: He had very little tolerance. And his tests – he did not want you to know about it. He wanted you to know it. So, I remember the first test I failed in Mr. O'Neal's class. And then, I remembered I needed to learn how to study after that.

JS: So, was he encouraging?

OCH: I cannot say he was encouraging, he was just demanding.

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JS: Demanding. That is good. So, going from high school to college, how was that experience? Were you in a class with many people who were wanting to become physicians?

OCH: Yes, in Austin, like in any large state university, a third of the university are freshmen, and by the sophomore year, there are a whole lot less people you see and a whole lot of people drop out of premed. But since it is all I ever knew, there was not really any big issue.

JS: Was it a shock going in or were you pretty well prepared?

OCH: After going from high school to college, it was . . . I mean, only 3 classes a day? It wasn't a bad deal.

JS: You mentioned that you had also studied at Howard.

OCH: Yes.

JS: That is a popular place. How was the Howard experience?

OCH: It was positive, in one sense and in another sense, it was somewhat depressing. Where Howard is actually located is not the most stable environment. It is located in the inner city. So, just the day-to-day work experience, it is not like walking around this

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campus where it is . . . once you were on campus, it was fine but the neighborhood around it, surrounding Howard is very urban.

The experience actually inside the hospital was very positive and I had lots of friends there. So, it was a different environment for me whereas I had typically gone to majority white institutions, this was the first time I was at a traditionally black university. Even though it was a hospital, it was a positive experience and something just different than I had been exposed to.

JS: Did you get a sense of tradition?

OCH: At Howard, definitely. There was definitely a lot of tradition about it. People telling you, "Well, I did Howard undergrad school. My parents went to Howard." There was a lot of inbreeding there. But for me, it was just a different experience.

JS: Did you remain close to any people that you met then?

OCH: Oh, yes, clearly. Especially my classmates in my radiology training program.

JS: And you are a radiologist?

OCH: Yes.

JS: What made you choose that specialty?

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OCH: I did emergency medicine for several years after I finished. I did my internship, then I was here working locally in an emergency room at Park Plaza and radiology offered the opportunity to: 1) have a more predictable lifestyle; and 2) it offered me the ability to do some interventional procedures, as I came to realize I once thought I wanted to do interventional procedures all day but I realize I do not want to do that. But radiology affords me a chance to do some and the lifestyle is a little bit more predictable.

JS: Now, for our students, what is an interventional procedure?

OCH: They would consider it like a mini-surgery. That is a better way for me to describe it. I do some things where I actually place needles in places they do not belong necessarily to access blood vessels or inject dye into blood vessels and take pictures of them.

JS: How often would you perform these procedures?

OCH: Typically, like tomorrow, in my practice, I do it one day a week. So, about 20% of my time.

JS: How many radiologists are there practicing today, roughly?

OCH: Not enough. I can't tell you how many there are but not enough.

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JS: So, do you think if you are a student, that is an area that maybe you might want to look into?

OCH: Yes.

JS: So, good for career prospects?

OCH: I would think so, yes.

JS: So, how did your father feel about you choosing radiology? First of all, how did your father feel about you becoming a physician?

OCH: Well, I will say this: he was very happy when I graduated! He might not have been happy with the tuition or my grades were not as great in undergraduate school but he was happy when I finished, and I think he was probably happier than me about my career choice.

JS: Happier than you?

OCH: Yes.

JS: Why so?

OCH: I guess it is just pride. That is probably what I would say.

JS: That is good. So, if a student was thinking about becoming a physician, what would you tell them?

OCH: It would be a license to work hard most days. There are days of superior inner satisfaction but then there are many more days of frustration. That is what I probably would say. You will clearly work much harder for what you are reimbursed for, and I think almost any physician would probably say that. I am not affected as much in my practice as other physicians are with third party payers, precertifications, things that they must do on a day-to-day basis that creates utter frustration as well as just actually practicing medicine. So, that is why I say there is a lot of time spent that you are just not going to get reimbursed for.

JS: When did you start practicing?

OCH: I finished medical school in 1987.

JS: And how did HMOs and managed care really change how your job was?

OCH: In terms for me, I do not see it on a day-to-day basis because when I practiced emergency medicine, I was actually not part of the billing process and I did not have to

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try and get as many insurance plans, and in terms of the practice I joined in radiology, we have a separate office that just handles that, so on a day-to-day basis, I do not see it; whereas, if I had my own private practice, then I would see it up front on a day-to-day basis.

JS: So, we talked about the issues, some of these issues that you had faced. You said sometimes it is a bit frustrating, but in the end, is it positive?

OCH: Yes, in the end, I think it is a big positive. But on a day-to-day basis or when it is late at night and I am ready to go home or when I get called back, it just goes with being a physician. In radiology, it affects you less but it does impact your lifestyle, and you probably have to have a family that understands that it affects your lifestyle that way.

JS: Do you find your family life has been affected much by your father's profession?

OCH: Oh, tremendously.

JS: How so?

OCH: It dictated whenever we did something. We did not leave to go to my grandmother's for Christmas until he made rounds in the hospital. I mean, things like that. Or, we are going out of town. Once we had planned a vacation and the coverage he thought he was going to have for the week, he could not get, and so, he came home the

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trip was canceled. But, I mean, all of my siblings, we just understood. This is how it is. And maybe because we did not know any different . . . I thought everybody's dad got home at 9 o'clock. I did not know peoples' dads came home at 5. And our telephone rang all during the night. So, none of us thought anything abnormal about that. That was just our life.

JS: Do you have children?

OCH: One.

JS: How old he?

OCH: She is two.

JS: Are you hoping you practice a little bit less?

OCH: Well, let's take last night. I got home . . . it was my call night. I got home at quarter to 10, she was in bed. We sat at the table for 30 minutes when I took her out of the bed and then she was sleepy and went to sleep, so her life is . . . I am home much more . . . my practice is more predictable than my dad's was but still, Monday night, I did not see her all day because when I left, she was sleeping and when I got home, she was sleeping. So, it is still less affected but still there.

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JS: I know it is really early but would you like her to be a physician potentially?

OCH: If that is what she chooses, I would not . . . I do not want to force that on her because I had other friends who thought, because their parents had practiced medicine, that was what they wanted to do, and they found out that it is not necessarily what they wanted to do. The time demands are such that if it is not really what you are interested in, it will not take you long to figure out that you are not going to do it.

JS: Over your career, do you have any memorable stories that might stand out, that might tell a student what it is like to be a radiologist?

OCH: To be a radiologist? Well, I guess the one thing I do is I probably make diagnoses that definitely affect people's lives in the sense that I find cancer almost every day. So, I affect peoples' lives that way. They may not know me as the person that changes their life course but I definitely make decisions that affect their life processes. I cannot really think of just in radiology . . . something that just jumps out at me now at the moment.

JS: Now, you mentioned that there are not many radiologists or not enough. When you were in school studying, did you have any mentors or anyone who maybe guided you in that direction?

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OCH: I cannot say . . . not guided me towards radiology, no. Mentors, I had those who just guided me towards a career in medicine. My dad just would always give me lots of advice in terms of when I get down about something, he would always tell me about . . . I remember when I was trying to choose what medical school to go to, he made a comment that said, “20 years later, I really will not care where I went to medical school, and 20 years later, it is really irrelevant where I went to medical school,” so he was very correct on that. I did not get much guidance in terms of specialties. It is just kind of what you like. I am probably not a cardiologist. Because he was a cardiologist, I just felt the need to do something different. And in medical school, I guess the assistant dean was kind of a mentor. He was just like a father away from home, that whenever I was really down or screwing up, he would call me in for . . . we would have a casual talk and we would have a more serious talk that was pretty blunt, probably along the lines of something like my father would have given me as well.

JS: That is quite good. How is your profession different, in terms of being a physician, than when your father was practicing?

OCH: I think the demands of instant access, everybody wants you to be available all the time, and then the HMO environment definitely, I think, makes the practice much different. And for internists and people in primary care, they are dramatically affected by that and the rules for Medicare as well. And there are no days of . . . because health care takes up such a big part of the economy, the hospitals, they are for profit institutions and most hospitals deliver a lot of indigent care on the patients that are paying, there is so

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much scrutiny in terms of how long a patient can be here, we are losing money on this patient, I think physicians are stressed in that sense as medicine is not just medicine – medicine is a business, and when my dad practiced probably, it was not enforced on him I do not think at that time as it is now. Probably definitely since 1985 or 1990 on.

JS: We get around that date very often. Do you feel being African American has changed how people perceive you as a doctor? Is there a barrier . . . ?

OCH: I have one memorable experience but I do not think . . . no, because I have always thought of myself as being a physician so when I graduated from medical school, it was just like . . . I can't say it was nothing, it was just what was expected. And so, I did not see it as some far overreaching achievement. And I guess, like I said, since I knew this was always what I was going to do, it was just the next step.

In terms of in my practice now where I practiced before, I think most people do not . . . they really aren't concerned that I am African American and when I come in and say, "Hi, I am Dr. Hunter," I don't know – maybe I am just confident about it . . . it is just not an issue or if it is an issue, they just can hide it very well. I had one experience where a gentleman told me when I worked in the emergency room, he told me he has never had an African American physician and I just told him he did not have to have one today, and I walked out and that was the end of that. I was just the only guy there and he had a kidney stone so he was happy to see me when I came back the second time because I had the pain medicine.

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JS: That is another good story. Great stories. Do you feel that there are enough African American physicians . . .

OCH: Oh, no. When you just look at my medical school class and we had, at the time, they said we had a big amount of African American students in our class. We had 7 out of 200. Well, to me, that did not seem like a big amount but that is, statistically for the medical school, that was a big class.

JS: Do you feel that given enough hard work, a student could become a physician?

OCH: I would tell anybody you do not have to be the smartest person in the world to become a physician. You just to be willing to study hard. The information you get sometimes is a lot. It is in large volumes but overwhelmingly, I mean, anatomy is not necessarily hard. It is just a lot of it. And it just takes a lot of time, you know. If you can comprehend . . . smart people that can process information faster, they do have an easier time, but I think a person of average intelligence, they just need to spend more time. That is all it comes down to is a lot of time and a lot of studying. And a lot of discipline. That is probably the most critical factor to succeed . . . well, for almost any profession, I would say, but because in medicine, the volume of information is so great, discipline becomes a very defining factor.

JS: So, to a student, if you are in high school right now or middle school, study skills?

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OCH: Study skills. Very good study skills. Very good, learning to take tests also. It is an important skill that becomes magnified in medical school, and you just realize competition becomes greater in medical school because you realize that when you get there, everybody is successful already. So, it is not like the general population you are in class with.

JS: I am thinking we are getting close . . . did you have any questions for us? Actually, how long have you been a member of the Houston Medical Forum?

OCH: Since 1990.

JS: And are you involved?

OCH: No. That would be the truthful answer.

JS: Do you feel that it is useful for new physicians?

OCH: Yes, I do, especially those that started out in private practice. You know, in the radiology practice, I joined, I am hospital-based so I do not have to . . . on a day-to-day basis, I do not need referrals that come in, you know. The hospital provides a place for me to actually develop my practice, but for new physicians starting out, I think it is a forum to increase your practice base and referral pattern.

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JS: And is there a sense of, for lack of a better term, community?

OCH: Yes, and it was definitely much more predominant, or I was much more aware of it actually as a child when my father was actually a part of the Forum on a regular basis than I probably see now just because, at that time, it is just the numbers were smaller. And so, I probably knew the overwhelming majority of the members as a child growing up just because the numbers were just smaller.

JS: Approximately how long . . . when you were a member? Was it a handful?

OCH: No, it wasn't that, it was just that at a certain point in time, there just were not that many black physicians in Houston and while I might not have known all of them on a personal level, I would know their names as my dad would discuss them.

JS: So, you said there were not enough black physicians in Houston. Have you seen that as a long-term struggle?

OCH: I just do not think there are that many, period. So, I would say if we took the number of physicians and the number of African American physicians, I think they would probably make up 2%. I would not guess the number would be much higher than 2% or 3%.

JS: Is that growing?

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OCH: No, I do not think. I am just guessing but I do not think it is growing, no.

JS: Earlier on, you mentioned that you had an internship.

OCH: Yes. It is just a first year post graduation from medical school.

JS: Are there any questions we should have asked?

OCH: I do not know. I cannot think of any.

JS: Are you curious about the project . . . at all?

OCH: Oh, yes. I was informed about the project by one of my classmates who actually is currently president of the Medical Forum, Dr. Joanne Rogers, and so she encouraged me to participate, so I guess I have known Joanne since high school and we actually went to medical school together, so I was excited and happy to participate.

JS: How many of the people from the Forum have you known that long? How many students that eventually became physicians?

OCH: I cannot think of that many that I have known actually that long. I think Joanne would probably be, from high school, I would have to say . . . now, I have known other

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members that I have known since high school that went on to become physicians but they do not necessarily practice in Houston.

JS: I think we talked a little bit about it but just in summation, for students who are thinking of becoming a physician or . . . where they want to go, can you just recap maybe why you think it is worthwhile . . . ?

OCH: There is an inner self-satisfaction that I think you get that nothing else can . . . you just get an inner sense of fulfillment. The first time you deliver a baby, you know, that is exciting. It is an experience you will never forget. Just doing something that people are so appreciative about health care and you can impact them. That inner sense of fulfillment. I think that is what probably makes the long days better.

JS: And you also mentioned you were an emergency room doctor . . . for a long time. How long was that?

OCH: Well, I did it off and on for about 13 years.

JS: Did that shape your views of medicine at all?

OCH: Definitely. Not necessarily some in a positive light. There are positive experiences there but the emergency room can be a difficult place. And, again, I think the emergency room is a microcosm of just the world. There are people that are utterly

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grateful for everything you do and there are people you cannot just please no matter what you do. But the one thing about it I will say is that no matter how wealthy or how poor, some experiences for all people are always the same. And I think that is one thing you just saw there. It does not matter what your socioeconomic status, if you are the king or the pauper, certain experiences, all people have the same reactions. In the emergency room, most days, I guess I would describe that lifestyle as like being an airline pilot. Most days are really routine but when things get bad, that is what they pay you for. Yes, that is how I would describe it.

JS: When things get bad, how so?

OCH: When somebody is dying, there is just not a lot of room for error, and I guess that is when you perform real well or that is what you are expected to do. Other days in the emergency room, it could be just kind of monotonous and just seeing a whole lot of people. How many babies with colds and to their mothers, it might be a major emergency but to you, it is just boy, this is the 60th baby I have seen today with a cold. So, those are what most days in the ER could be like.

JS: So you would say, first of all, it is not like on TV?

OCH: It depends. Well, you know, when things go bad, it is like it was on TV, but most days, depending on what type of place you practice and how busy your emergency

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room is, it is not going to be just life or death every 30 seconds. No. But I can say when it does become life or death, everything stops and then you just get behind.

JS: Are you glad you had that experience working in the emergency room?

OCH: I am glad I had the experience but I do not ever want . . . myself, I do not want to ever go back to it.

JS: Do you think it would be a good thing for students to work in? Is that a good area?

OCH: It is a stressful area and I do not think everybody is cut out for it. I am just being honest. The stress levels are high and the hours are long so I would not . . . and I definitely think it is something I did when I was younger. I do not necessarily think I would want to go back to it now or I definitely know I could not work like that anymore, the hours that I kept at the time. I am just not physically able to.

JS: So, it is very demanding but physically and mentally . . .

OCH: Oh, definitely. And most of the problems you have in the ER or most of the most frustrating things for me were never necessarily related to medicine. They were related to something that I needed to get done and it is just a patient that I needed to admit that had no insurance but nobody wanted to take them. Those kinds of issues that become frustrating. Or the patient that has an acute psychotic episode but where you are

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does not have a psychiatric unit so what do you do with them? So, those were probably more frustrating things for me in the emergency room like that, not actually delivering care.

JS: Coming out of medicine school, did you have an idea that was part of the profession or is that not . . .

OCH: You are probably naive. I would probably say definitely naive coming out of medical school because you just do not know anything so you just worry about taking care of people and not kill anybody. So, that is so far off that you just do not think about anything. So, yes, coming out of medical school, you are just naive and you just do not know any real medicine. Not real life medicine. I mean, you know about all the fancy diseases but, you know, coming out of medical school, does the average person know what it takes to treat him? Probably not. That is a common thing. So, your residency, you just learn a lot.

JS: Did you ever have a moment where you just realize you have learned a lot in the field?

OCH: Probably once where I had seen something once tried and I had not done it myself and I just felt like, well, it worked and I am having a big problem and I tried it and it worked. So, observation and just learning from other people. It is a good thing.

JS: What procedure was that?

OCH: It was just actually once where a patient came in and had a prostatic obstruction and he just could not urinate. And I had to get a catheter in him. And it was . . . I am not a urologist. I was in the emergency room. But it was . . . I just remembered something I watched a guy try and I was able to get the catheter in him. And the guy that had the catheter in felt much better. So, that was just one of those things that you realized, oh, I picked up a lot along the way.

JS: Did you enjoy the constant learning process . . . ?

OCH: I do enjoy the academic challenge, yes. It is a constant learning experience and medicine humbles you every day where you just think I know a lot but you realize every day there is something you do not know. Of course, I think most physicians already know that. You are just reminded on a daily basis.

JS: . . . academics associated with being a physician, . . . ?

OCH: Oh, it is just a continual learning process. I mean, as new procedures come out, you just have to like, well, I was doing it this way but now, it is taught this way, whereas, a simple thing, like now . . . years ago when I finished medical school, everybody, if you had your gallbladder out, you had what is called an open cholecystectomy. Now, it is all

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done through, you know, inserting a tube in through your abdomen, filling it up with gas and taking it out that way. Before, you were in the hospital for 5 or 6 days. Now, 2 days and you go home. That is just one thing. But it is always a learning process.

JS: So, if a student becomes a physician, he should prepare to keep learning?

OCH: Constantly.

JS: To the speed in which medicine has changed, has it gotten faster with technology?

OCH: I think with more technology, especially like in radiology. We just have new ways to image things, whereas you learn them in one plane, seeing something in one plane, now that we can see it in different planes, you just have to learn to recognize it in those planes as well. So, I think yes is the answer to that question.

JS: I think we are pretty well done. Is there anyone else you would like to recommend to be a part of this process . . .

OCH: Who am I going to leave out here. He is not actually a member of the Medical Forum but since his father was a member of the Forum and may still be, I will recommend him. He will be happy. He is a cardiologist. It is Dr. Bransford. Paris Bransford, III. So, I will recommend him. I went to his birthday party on Saturday so it is no problem.

JS: Thank you very much.

OCH: Thank you.

