ARTHUR CHEN
November 9, 1996

Dr. Fitzhugh Mullan,
Interviewer

Mullan: Your date of birth?

Chen: Date of birth is 11/22/51.

Mullan: We're in San Francisco, in the San Francisco Hilton, in my rather cramped room with an unmade bed and a general smell of cigarette smoke in the air, not from me but from previous inhabitants. I'm with Dr. Chen. It's the 9th of November, 1996, and Dr. Chen was good enough to come across the bay from Oakland to chat with me. Thank you for coming.

Chen: Thank you.

Mullan: Tell me about yourself. Were you a Californian to begin with, or where did life start for you?

Chen: Life started with the East Coast. I was born in Connecticut, and my parents immigrated to the East Coast first, coming down from Canada. My parents are immigrants from China. They moved to Canada in '48.

Mullan: From China?

Chen: From China, and then came down to the States approximately 1950. So I was born in Greenwich, Connecticut. I always think that my roots influenced my direction. I was born as a charity case, because my parents at that time were almost penniless because my father had been running a pottery factory with some others, and the neighbor's place burned down, and his factory was damaged because of the water.

Mullan: This is in China or Connecticut?

Chen: No, this is in Connecticut, in Greenwich, Connecticut.

Mullan: Why don't we go back. Let's take it back to China. What sort of work did they do in China, and why did they leave, and what was that like?

Chen: My father had just graduated from college. He got a job in the foreign service, and my mother--

Mullan: This was in which part of China, Chinese China or Maoist China?

Chen: At that time it was prior to Maoist China.

Mullan: From the foreign service of the Republic China as in Chiang Kai-shek?

Chen: Right, as in Nationalist China at that time, and the revolution was taking place. They were in the midst of it, but at least the diplomatic structure, as I understand it, was still Nationalist China.

So he got an assignment to go to Canada and to work within the embassy in Toronto, made the decision to go with my mom. My eldest brother had been born in China, and they decided to bring him along. It was also a period of real substantial turmoil, so in the back of their minds was whether or not they wanted to stay in China. They were not devout advocates of Communism, but they were also fairly indifferent, recognizing some of the positive side at that time. But there was a lot of turmoil. They'd been living through the war and decided that it would be a good assignment, they could try it for a few years, and if it didn't work out, they could always come home. So they went to Canada with that in mind. And then I have a second brother who was born in Toronto.

And then the revolution took place, and the embassy in Toronto closed because half of the people in the embassy were claiming they represented Nationalist China, the other half claimed they represented Communist China. My father, being relatively apolitical, believe it or not--this is what he claims--and quite an opportunist more than an ideologue, got an offer for a job at the U.N. in New York. The Canadian Government told them, "Why don't you close your doors and figure out who you represent, and then we'll do business with you again." So he took the opportunity to go to New York.

Mullan: This was to be a U.N. employee as opposed to a representative of either faction?

Chen: I'm not exactly sure who he was employed by. I just know that he worked with the U.N.

Mullan: And that's when you lived in Greenwich?

Chen: That's when they moved down to New York and they lived in Greenwich. Then, through a series of mishaps, he lost his job. My father is a real kind of a Renaissance guy. He's multi-talented, and he was good with his hands, and he was quite artistic and linked up with some friends who felt they could make pottery and make a living by making pottery. So he joined. He had two other partners, and they made pottery. They had their own kiln set up, and my mother got involved and did some of the door-to-door sales, and actually within a period of less than two years, they built up a pretty substantial clientele, including, as I understand, Gimbel's or whatever in New York, and they were actually trying to get an account with Bloomingdale's. This is what my mom tells me, so I don't know if it'd be verifiable, but it's what she said.

Mullan: But it burned down?

Chen: Yeah. What happened was they were on one floor and the floor above caught fire--of another group--and in the course of

putting the fire out, the water seepage ended up damaging a lot of their molds and their kilns, and they hadn't kept up their insurance. So at that time it burned down, and my mom was almost nine months pregnant. They hadn't kept up their insurance, so they were almost penniless. They were quite resourceful and assumed that they could figure something out. But at that time a social worker took my mom and dad under their wing and arranged for me to be delivered at the Greenwich Community Hospital, which I visited for the first time when I was doing my residency in New York and invited my parents to come out and see it. That's when they told me this story, because prior to that I had no idea.

Mullan: So what happened thereafter? Did you grow up in Greenwich?

Chen: No. We just lived there very shortly. My father couldn't get a job. He was pumping gas for a while, and then they tried to resurrect the factory where he was working as an employee, because he didn't have any finances and his partners did, and that wasn't working out. So finally he got an offer. Another friend called and said they had jobs out in California teaching Chinese, and he was not a teacher, but--

Mullan: Your parents spoke English?

Chen: My father spoke English better than my mom. My mother spoke very broken English.

Mullan: From where were they in China?

Chen: They were from a province called Fu Zhou, which is just north of Canton, where most Chinese in the U.S. come from, and it's right across the straits from Taiwan so it's still considered part of southern China. That's their hometown, and my father actually spent a lot of his formative years in Beijing. So he spoke Peking dialect Mandarin, which is, from a teaching standpoint, the most pure, refined form of Mandarin, and that's why he was approached. He had a friend who was aware of these jobs opening up at the Defense Language Institute in Monterey, and he said, "You just need to know how to teach, teach these GIs and whoever else comes through."

My father, just being a little bold, said, "Sure, I can teach. I don't have any experience teaching, but I'll figure out a way to teach." But his major attraction, though, was that his pronunciation was excellent.

So we packed up our bags in whatever it was, a Woody, back in those days, station wagon and headed out to the West Coast. So we came out to the West Coast when I was about fifteen months old.

Mullan: To Monterey?

Chen: Monterey. We moved to the small town next to Monterey, Pacific Grove. I really was brought up there until the end of

elementary school. We moved to San Francisco when I entered junior high.

Mullan: What took you to San Francisco?

Chen: What took us to San Francisco was my dad did very well. He taught at the Defense Language Institute, became really an excellent instructor, and got acknowledgment for all the time that he was putting in. My dad is a people's person, really endeared in the hearts of a lot of his students, put in a lot of extra time, the dedicated teacher. One of the instructors left the Defense Language Institute and got a job at San Francisco State, and within a year or two had an opening and was able to offer it to someone to come up part-time and teach Chinese again. So he asked my father. My father moved up to State in '61. He moved up by himself for a year and was going back and forth on weekends, and finally decided that we needed to move the whole family, that it was a real permanent position, in '63. So my whole family, unbeknownst to us, he just said, "We're going to come up here for a summer and go to summer school and then go back," and then all of a sudden when the fall came it was, "Nope. We're deciding to move," and so we stayed in San Francisco. So then from junior high on, I lived in San Francisco.

Mullan: What was that like? Was your upbringing heavily in the Chinese community or was it mixed?

Chen: Well, it was mixed because Pacific Grove was a very white community, but it was interesting. I've thought a lot about this because I was trying to figure out where I derive a lot of my compatibility with very diverse groups of people. Our network of family, friends, and relatives, and so on, we had virtually no relatives because my parents were the only people that came over, but they started bringing relatives over. My cousins and a few uncles and aunts were sponsored by my parents, so they started coming, and we got to know them, but their network of friends was all related to the Defense Language Institute. It was almost exclusively Chinese or that setting, all social activities I can remember, all people that came over, and I have all of these uncles and aunts because every single one of my parents' friends was an uncle or an aunt.

Mullan: But the Defense Language Institute surely taught more than Chinese.

Chen: Oh, yes. Just about every language. It was training GIs, and we're almost sure, in retrospect, that it was CIA and FBI people getting trained there was well, but most of them GIs who were going to be placed or stationed in different parts of the world. So they had all those countries represented. But as far as their immediate social group was concerned, the people they interacted with and brought home were Chinese, with the exception of their students, and we actually got to know a number of their GI students quite well.

Mullan: Did you grow up speaking Chinese?

Chen: Well, up until kindergarten.

Mullan: Mandarin?

Chen: Yeah. It was a combination of Mandarin and their home dialect, Fu Zhou, and the reason why there was even Fu Zhou involved was because my father was trying to do his own "Roots" thing. He was brought up in Fu Zhou and left Fu Zhou, and so he didn't speak his home dialect as well, and he was relying on my mom to teach him, to refine his Fu Zhou. So they would always speak Fu Zhou, so we were pretty much--

Mullan: Is that entirely different or somewhat different?

Chen: It's very different. It's like--I don't know. It's probably the difference between French and German. You would find some similarities because they're Latin roots, but it's very different.

Then I went to school and encountered name-calling and funny faces, all those things that kids do. That time was a very different time than now; teachers didn't necessarily call kids on it. It profoundly affected me. I didn't want to be different. My parents point out to me that I came home one day--my brothers had never said anything; I'm the youngest of three--I said, "I'm not going to speak Chinese anymore because I'm an American," and,

in fact, I was the only one born in this country. My older brothers were born one in Canada and one in China. I don't remember saying that as much, but I do remember that I didn't like being made fun of, and they said from that point on I really didn't make any effort to continue speaking Chinese.

We went through this period where, similar to a lot of immigrant families, my parents would speak Chinese with us and originally we answered them in Chinese. Then we went through this phase where we would answer them in English, because my brothers and I would always--I cannot remember speaking any Chinese with them. We always spoke in English to each other. So we would answer my parents in English, and this was mainly with my mother whose English wasn't strong. Then gradually over the years, as my parents learned to speak English better, mainly my mother, then pretty soon she would start answering us in English. This is a very consistent pattern. I've seen it played out with a lot of Chinese immigrant families and other nationalities.

Mullan: How do you feel about that now?

Chen: Oh, I regret it. I think, for me, I would have gained so much by having a stronger language base, but I've been lucky. Because I chose to end up going back and serving an immigrant community, I've had a chance to really polish up my Chinese, and in addition to that, even learning new dialects. So I've learned Cantonese in the course of the last fifteen years working with a lot of immigrant Chinese.

Mullan: So you can get along in Cantonese as well as Mandarin?

Chen: Yeah. In the exam room. In the exam room. [Laughter] And that's the bottom line, you know. I've encouraged a lot of other people who are either children or grandchildren of immigrants who've lost the language, I've encouraged them to work closely with their communities. You'll pick up the language enough so that you can get along, you can communicate, and I always suggest behind closed doors, because there's a certain amount of embarrassment that creeps in when other people hear me speak in Chinese. It's a discomfort that I haven't been able to totally get rid of yet to the point where I can just boldly speak my poor grammar and my poor pronunciation.

Mullan: I've acquired a working Spanish over the years which is medically based, and I do quite well in a clinical setting, but if you move to politics or cooking, my vocabulary falls apart. However, I always speak it with a certain swashbuckling quality because it's to my credit that I speak Spanish at all. I never thought about it. If I was Fitzhugh Rodriguez and I was speaking my chicken Spanish, it might be a burden to me rather than a pride.

Chen: You've hit right on it. That's what I think carries a certain amount of embarrassment because of the expectation, and, in fact, you know, to deal with that, because it is a powerful influence on your reaction to other people, speaking in front of

other people, and I wasn't really conscious of this entirely, but as I began to improve my Chinese, I would meet a new patient, and I would always introduce myself and say in Chinese, "I'm Dr. Chen, and I'm pleased to meet you," and so on, and I would say--the translation of the phrase is, "I was born in America, and I speak Chinese very poorly, but I'm willing to try, and if you can understand me, then it's good, and if you don't understand me, please let me know and I'll ask an interpreter to come in." And that was my defense, you know, kind of putting it out there. Usually I get a laugh as a reply, but more often I got, "No, I can understand you." It was almost what you could perceive as a hunger from them to find a doctor that could at least understand some of the language and that they'd finally found them. So there's this reaction that was very warm and accepting, and that's great.

But the other part of the dynamic is that I always felt it brought me down to their level and also engaged us in a different relationship where they were the teachers, because then I would proceed with saying, "If there are certain things that you can teach me, then I would really appreciate it," and in fact, as I was learning Cantonese and I continue to learn Cantonese, I would frequently ask patients, "How do you say this?" A lot of patients coming from China now understand Mandarin. They may not speak it fluently, but they understand it because it's so pervasive as a national language. I would just speak to them in Mandarin when I didn't understand how to say something in Cantonese, and I would ask, "How do you say this in Cantonese?"

They would give me the phrase, and I'd just pick it up. So it was a good dynamic.

Mullan: That's great. So take me through, then, the balance of your youth in San Francisco. Where did career ideas start to emerge?

Chen: Oh, career ideas for me were not original. My parents had decided that I was going to be the son that became a doctor. So all I can remember when I was little--and I've discussed it with them since then--they claim it was me, that when I was playing with a doctor's kit, you know, somewhere below kindergarten, that I was the one that started saying I wanted to become a doctor, and I think it's also related to the fact that I broke my arm. I was run over by a car when I was about--how old was I? I think it was less than three years old, three or four years old. We had a family doctor back then in Pacific Grove, Dr. Still . I still remember him, and I can see him. He took care of everyone in the family, and they say it was that experience, they think, that drew me to wanting to be a doctor and having a doctor kit. So all they did was just support me in my precocious career development aspirations. [Laughter] But I think they were constantly saying, "Yes, when you become a doctor," and they didn't say this with my older brothers. We're not a physician family. So that's where I think it came from. I developed a different perspective, more of a context for it in college,

because prior to that I didn't really think anything, just that, "Okay, I'm going to become a doctor."

So I went to junior high, public schools in San Francisco, Herbert Hoover Junior High School, Lincoln High School, and in those settings it was pretty mixed racially. Especially in junior high I ended up hanging out with all Asians, primarily Chinese and Japanese at that time, some Filipino friends.

Mullan: It was a more natural affinity to other Asians?

Chen: It was a natural affinity because in junior high in San Francisco it was like night and day. I'd come from a small town, Pacific Grove, population less than twelve thousand, very close-knit community and also quite a mixed community because we lived right on the border of the black community. Actually, I walked through the black neighborhood on the way to school and a number of times linked up with friends of mine in the black community and we walked to school together. So there was this feeling. At the same time that I had those good experiences, I experienced prejudice in school but on the level of name-calling, but it was bad.

In junior high, it just became more acute, and it was very clear to me. I had never had bad, real bad, relations with different races, but man, it just took another turn and went up to another level of name-calling and real verbal abuse, primarily, and then getting in fights with people. So that's what really created, I think, more the affinity.

Mullan: The Asian community was ostracized or simply delineated? How did the rest of the community break out? Was it white, black, and Asian?

Chen: It was white, black, Asian, and Latino. You interacted with everybody else, but as far as your close friends were concerned, it was pretty split, and you went both ways. In other words, I hung out with my primarily Chinese and Japanese friends. We were in a lot of the same classes together. You know, we were in the upper-level math classes. I mean, we were in the tracked classes, and so we socialized together. But I still had some white friends at that time who--I was into slot cars and all that stuff and some sports stuff. I remember, though, I was real naive at that time about racial relations, and I remember some of my Chinese friends who'd been brought up in Chinatown, they're the ones that would always blast white people and black people in Chinese. There's certain Chinese words that you use to refer to whites and blacks as "ghosts." It's very derogatory, but it's not nasty. So they would use those words, and that's where I began to learn Cantonese slang, and they would tell me about, "You can't trust these white ghosts and these black buttheads, either one." When I look back on it, it was one of those things where their experience being in San Francisco and having a lot of unfortunate negative relationships reinforced that, and I was coming into that, getting affected by it.

Mullan: So what, in terms of college, did you do?

Chen: It was a family discussion. My parents were the typical Chinese immigrant parents. They pushed education and the importance of education. I graduated from high school in '69, so I lived in the Bay Area during all the Free Speech Movement that was happening at Berkeley and the Anti-war Movements and the Civil Rights Movement and Mario Savio and Abbie Hoffman and those guys always in the newspaper, tear gas and all that stuff. So my father was real clear at that time that I was not going to Berkeley like all the other people in San Francisco, all the other Asians in San Francisco. All we did was say, "Oh, when we go to Berkeley," because it was the best deal in town, and it was close, and he just said, "Don't go to Berkeley. There's too much going on there." Keep in mind that he'd been at San Francisco State during the '69 student strike, the Third World student strike, and Hiyakawa was there at that time. But he wanted me to be able to go to a U.C. system.

So we picked something close by, so I ended up going to [University of California at] Davis. Davis was a real eye-opener for me because here it was, this isolated, protected campus town, Aggie campus, known for nothing but its vet school and agricultural sciences and presumed safe, and that was where I underwent my political education and really began to question authority and question assumptions about our leaders, our national leaders.

It was the tail end of the Civil Rights Movement, and during '69, the early part of '70, was when Nixon chose to go ahead and bomb Cambodia. So there was a flurry of activity on campus,

anti-war activity and real protest, and it forced us to get involved, because people were coming to classes saying, "How can we continue in classes when we are bombing people in Cambodia?" And I had to really think about that.

At the same time I was going through my ethnic identity and understanding more about ethnic history, because the San Francisco State strike triggered off the impetus for starting ethnic studies in a whole variety of schools. U.C.-Davis had already started the process and was developing an Asian-American Studies Division. And they did good recruitment. I was on campus as a typical naive freshman, and they were sending their people out to the dorms and different places saying, "Hey, if you're interested, there's a class. It's called AB38, Applied Behavioral Sciences 38, and it will teach you about Asian-American history.

I thought, "Well, this is interesting. I don't know anything about Asian-American history." It blew me away. I sat through lectures hearing about people working on the railroad, the contributions that were made by Chinese-Americans, the Japanese-Americans developing the entire Central Valley, the Imperial Valley in California, and then having it confiscated when they were interned, raising questions about the whole political motivation and corporate motivation for the internment, and then realizing that these were American citizens who were put in concentration camps during World War II. It was pretty eye-opening stuff, and it really began to hit a chord for me and

resonate, this whole uncomfortable feeling going back to childhood of being different and prejudice.

I remember situations where I was afraid to bring Caucasian friends home because I knew they would hear my mother speaking to me in Chinese and they would hear my mother's heavy accented English and it would be funny. And so it just brought up all those memories and put them in proper context of prejudice and racism, institutional racism.

So I went through this intense political education that centered on themes of ethnic identity, the racism in the United States and historical events that I had never known and none of my teachers ever taught me. So it was a period that a lot of people go through when they discover their ethnic identity on a more sophisticated level, anger, and it's a real anger about having been denied that history, and as a result of it, having to go through all those uncomfortable settings, not understanding.

Mullan: How did you deal with your parents on that? Were you angry with them for not having told you that, or they didn't know that? In a sense it wasn't their history.

Chen: No. It wasn't their history. I don't ever think I was angry at them. I always just felt bad because I felt like they didn't understand because they weren't brought up in this country. Because from their standpoint they always told us--my parents were really good at reinforcing among us that we should be proud of our heritage, and they would show us all the reasons.

They would pull us into cultural activities. I knew a lot about Chinese culture as a result of my childhood upbringing, because, in fact, that was their world, teaching Chinese culture in the context of teaching Chinese language, and we had all that richness surrounding us as we were being brought up. We didn't always appreciate it as much as they wanted us to, but clearly they had given us enough exposure so that we could be proud of our heritage. It was always qualified by, "But they don't really understand. They don't really understand when someone calls you a name, Ching Chong, or whatever it was, that it doesn't feel good." You know, all this cultural heritage doesn't make that feel any less insulting and painful. So it wasn't anger directed at them. It was just a matter of they didn't know this, and I actually ended up sharing a lot of it with them as I learned it.

Mullan: Did your brothers go through a similar experience?

Chen: No. My brothers went through, I think, different experiences. We all went through three different experiences.

Mullan: Because of the age difference, time difference, or what?

Chen: I think a combination of all of the above. Age difference, even though two to three years apart, but it's also choice of friends and what they got involved with.

My eldest brother is totally mainstream. He's what people refer to as the melting-pot person, definitely has pride in his

cultural roots, but all his friends are white. He's assimilated and has not had any major problems or dealt with--I think what it is, his experience has probably been that it's never been that bad that it's prevented him from getting what he wants, and he's a very goal-oriented person, and so as a result of that, he hasn't gone through any kind of ethnic identity problem. And part of it is, to his credit, I think he's probably, as a result of being brought up in China a little bit more, he's probably absorbed a lot of that pride that my parents [unclear]. He's the number-one son in the family, too. He's gotten a lot of attention.

Mullan: What does he do?

Chen: He does sales for a software company, Oracle, which does a lot of software.

Mullan: And your second brother?

Chen: My second brother, he's an electrical engineer, and he's probably the most accomplished of the three. He works as a senior manager with a pretty large company called Cisco Systems in Silicon Valley which does routing. They control about 80 to 85 percent of the world market on routers, and this is what keeps the Internet going. It just routes incoming calls and makes sure that they get directed to where they need to get within big mainframes and so on.

Just to try and finish that one up, he went through his ethnic identity in a real strong cultural way during college, where he jumped into learning martial arts, doing the lion dance, becoming part of a Chinese Cultural Association in his college and putting on performances and getting that type of acknowledgement. He was acutely aware of the discrimination at the same time, but he vented a lot of his uneasiness through promoting culture and seeing everyone appreciate it. I think that validation did something to temper what might have been otherwise some resentment or some anger. I think that's the way, and I vented my reaction, anger, in a very adolescent kind of way.

Mullan: Did you become an activist, or what happened at Davis?

Chen: I became an activist.

Mullan: What did you do?

Chen: Well, first of all, I was an ethnic activist, and I had to go through this period of anger where I didn't talk to white people, "Get out of my face, you racist white bastard." You have to vent that out. So I focused a lot of energy on a Third World newspaper that we had. One of my close friends was an editor, an Asian editor. There was a black editor, an Asian editor, a Latino editor. I wrote a few articles in the paper about ethnic identity and dealing with racism. Then I really got kind of on

the soap box and was trying to organize Asian students to really learn our history, recruiting for the classes, TA-ing in Asian-American Studies classes.

Mullan: Sounds pretty constructive, actually.

Chen: Well, trying to be. But the destructive part of it was in rejecting white people and uniting more with Third World people who have experienced similar oppression, trying to develop Asian student organizations on campus so that people would come in and really participate as a segue, as kind of a stepping stone into getting into classes, where the political education really takes place. And then, campus-wide, ran for Student Senate, became a student senator advocating support for community activities where a lot of the immigrants were dealing with some real-life problems.

That was kind of the tone of the activism, joining with other groups at times on anti-war activities, protesting against the bombing of Cambodia, really kind of doing it half-heartedly because I was really learning about it and trying to understand at the same time, really just trying to strengthen and support the development of our Asian-American Studies and its survival, because it was always under attack by the administration, and so it meant not only the recruitment, but also dealing with issues like tenure for faculty and also sometimes the budget cuts that would affect the division, the threats of always being cut back.

Mullan: How did your medical plans play in all this, and how did they develop?

Chen: Well, that's where the medical plans began to change, because at that point, as I learned more about the history of immigrants in this country, particularly Asian immigrants, and began to resent and question authority and the way things had been, then I began to look critically at our health care system and how are health needs being addressed for immigrant populations and, in fact, low-income people. That's where that idea seeped in of, "Gee, if I'm going to become a doctor, then what am I going to be directed towards?" I began to formulate that I needed to become a doctor to serve the people.

And that was about the time that Felix Greene started making all these trips to China, and I read a book called *The Enemy* by Felix Greene, and really got sensitized to U.S. imperialism. I started reading Mao. "Serve the People" was one of his essays that really hit me hard because it really resonated for me, and I felt this dedication, this growing dedication to serving the immigrant community that was having the hardest time with language barriers and income barriers and so on.

Mullan: It didn't dissuade your interest or intent on going into medicine?

Chen: No, it just added to the context.

Mullan: Before that, had you envisioned what kind of doctor you were going to be?

Chen: The only thing that I really had worked up to so far at that point was becoming a family doctor.

Mullan: So you had that in mind before?

Chen: It was a totally superficial thought. I was not the student that--it was not the meticulous, methodical approach to career development. I didn't go to volunteer in emergency rooms and volunteer in doctors' offices. I had no idea, other than my direct experience as a patient, what being a family doctor was, but that was a powerful experience for me. So the only thing that had really sunk in was becoming a family doctor. So the college really had the biggest impact, and it was all those movements that were going on that I think brought out--it was a way for me to vent some of the anger and resentment.

Mullan: So what happened next?

Chen: So what happened next is that I got rejected from medical school on my first try.

Mullan: What did you major in?

Chen: I had majored in zoology, and it forces you to think. But it also happened at a time when China was opening up. This was in '73, after the Nixon trips. My maternal grandmother, who was my only surviving grandparent at that time, was still in China, and my mother, several times when I was younger, I remember, was trying to get her out and actually made one trip when I was in fifth or sixth grade, went back to Hong Kong and tried to get her out through Hong Kong, because she was told that if she went to Hong Kong it might be easier. So after several years of failing to get her out and then maintaining contact with her, after the Nixon trip she started hearing from friends that had been able to get visas. So she decided, "I've got to try. It sounds like it's opening up," so she got visas, and no one in the family could go with her except me, because I was conveniently graduating from college. I'd gotten rejected from almost every single med school that I had applied to, and so I was available. So I went to China with my mom, and that also had a very profound effect.

Mullan: What was that like?

Chen: That was incredible. Here I'd read about Mao and all this stuff, and there was a certain amount of ethnic pride, nationalistic pride, because, in fact, Mao had elevated China's international status and through a number of the accomplishments had created something that China could be proud of, and all the news media and everything that were on Nixon's trips brought out

some pride in being Chinese, something that I hadn't really been able to experience nationally, I think, or feeling in the mainstream U.S. up until that time. So I was going back to see the people. I was going back to the homeland. In fact, on the newspaper we had, the Third World newspaper, I was going to be the correspondent in China and writing back these reports on the trip, which I did, and it was a real adventuristic kind of experience.

What it did was it was a reality shock. It was a culture shock. I discovered right away that I was not Chinese from China, that that was not my homeland, but at the same time I really just admired--we went on tours to factories and communes and learned about the way--you know, the typical Vic Sidel promotion story. It was all there, and we were real impressed. And yet, my mom, in her own way, cautioned me on the way I was interpreting the whole experience because, in fact, every time we went to a city--keep in mind that China really wasn't opened up at that time--

Mullan: This is 1974?

Chen: This is 1973. Every time we came into a new city, she was interrogated by the local Communist party, asking very, very sharp questions about, "Why are you coming back? What are you trying to accomplish by coming back? Who are you coming back to see?" You know, just a real interrogation. So she was extremely uncomfortable almost the entire trip, and she never really

revealed that to me, and I was just soaking it up, saying, "Wow, man, in this factory they've got a workers' committee, and it looks after the health of the workers, and they're organized, and if they don't like what's going on, they present it to the governing structure that they're a part of, and they change this." So I mean, I was just soaking it all up, all those things that were really happening and I was witnessing them.

Mullan: I'm a little confused. On the one hand you said you found out you weren't really Chinese in the sense of being of that country. You were impressed with the political structure that conformed with at least the public relations side of the Communist movement.

Chen: Right.

Mullan: And I say that with fair neutrality. I mean, I understand what you're talking about.

Chen: That's exactly it.

Mullan: At the same time there were repressive things going on which your mother was experiencing. Sort that out for me a little bit. How did it all weigh for you?

Chen: I think from the ethnic identity standpoint of feeling, wanting to feel the pride of Chinese, it was kind of all these

mixed feelings. I discovered that I wasn't Chinese because I wasn't like them, the people, walking the street in my Levis blue jeans, and everywhere we went we attracted a crowd, you know, because you are visibly different, and my hair was a little bit longer whereas everyone else had short hair, every other male had short hair. Everyone wore the real--those dull colors. It was either the navy blue or the gray or the green, the army green. Those were the colors of the outfits, the pants, the Mao jackets, whatever it is that people wore. If it wasn't a Mao jacket, it was a Mao shirt, and if it wasn't a Mao shirt it was a t-shirt. So I looked visibly different. So that was not a good feeling going back, because it shattered my whole view of going back to the homeland and me being with the people.

But then the political side through my political education and seeing a lot of the accomplishments of China, which catapulted into the international limelight, and its achievements and prominence, I still had a pride in that, because even though individually I was confronted with the reality that I am not the same as they are, I was still connected, and as far as the international image, I was connected to that back at home. So there was a lot to feel proud of on that level and seeing that validated, at least in words, by the people that we came in contact with.

The part that my mom was going through was not really as evident to me at that time, but it came one day when I saw these posters, these huge billboards, and they still had, even after the Nixon trips, they still had in several areas, "Fight Down the

American Capitalist Running Dogs." It was all in Chinese, but I saw these things and said, "Wow, man, cool" and went to take pictures of all this stuff because I wanted to show it to my friends, "Yeah. They still have it there, 'Fight Down the American Capitalist Running Dogs' and 'Down With Imperialism' and all this stuff," and I went to take a picture, and my mom grabbed my hand and said, "You can't take pictures." And I looked at her--

[Begin Tape 1, Side 2]

Mullan: This is Dr. Chen, tape one, side two.

Continue. So your mom--

Chen: So she grabbed me, really grabbed my arm, took my camera, put my camera down, and said, "You will not take a picture of this." I was real perplexed, and I said, "Why not? This is really good stuff," and then she shared with me a little bit more. "We don't know whether we're going to have to hand over this film when we leave."

We, in fact, came in with a lot of the stereotypes that other people had about "Communist China," and we were concerned about perhaps not being able to come out, that we were going to go in but we weren't going to be able to come out. So I had even worked out codes with my brothers, saying, "If I say very nonchalantly, 'Oh, no. We want to stay here forever,' then take that as an automatic, 'Send in the State Department and contact

them; we're being detained.'" I was aware of some of that concern beforehand.

Mullan: Did you get stuff confiscated?

Chen: As it was, we had nothing confiscated.

Mullan: So other than her experiences, it was more the aura or the concern about it happening, but you didn't get--

Chen: It wasn't real, yeah, at least for us.

Mullan: You didn't experience it.

Chen: Yeah. We didn't experience it, even though we know other people did, and that was part of the precaution that she wanted to take, that we didn't have to go through that.

Mullan: So you came back from China. What happened?

Chen: Well, I came back from China, and I was ready to wave the red banner. I was psyched. I was pumped up. I had all these stories to tell. In addition to that, I think one of the other issues for me in that China trip was that I had become very curious about Chinese traditional medicine. I had read quite a bit about it during college. I was already interested in college, and this was a chance to go back and see it practiced.

And so we went to a number of health facilities, and I actually got to go into the operating room when they were doing acupuncture anesthesia. Remember those films that came out of China? So I got to do all that. Forget about patient confidentiality on this stuff, just neurosurgery and removal of thyroid adenomas with acupuncture anesthesia.

So I was so impressed with all that, I wanted to study it, and then in my mom's way of thinking and doing the best for her children, she realized I was rejected from medical school and realized there had to be something that we could do to give me a second chance. So she suggested, "Why don't you try and study acupuncture while we're here?" So I actually studied acupuncture when I was in China through more of an apprenticeship. She had a distant uncle who was dean of a medical school and retired, but maintained relationships with a number of students, and made an arrangement for me to tag along with the local barefoot doctor in going out and seeing his patients. He brought me along, showed me, and then pretty soon had me doing things.

Mullan: Did he practice acupuncture?

Chen: He practiced acupuncture, yeah, in true barefoot doctor fashion. When I look back on it, it's amazing. He was spreading Hepatitis B, no doubt about it, because he didn't sterilize his needles. He used alcohol on his needles, and I'm sure if you did an epi-investigation, you'd just discover this whole spread of Hepatitis B from his needles.

But anyway, we tried to stayed in China longer. We actually stayed for three or four months. And, of course, it was a big boost to my Chinese. I really got back a lot of language and was charged up. We tried to stay longer. We stayed about six weeks in Hong Kong trying to get my grandmother out.

Mullan: Six weeks in addition to the three months?

Chen: In addition to the three months, yes. I got signed up in an acupuncture training class in Hong Kong, so I went under this intensive six-week study of learning all the acupuncture points and learning theory of acupuncture with an instructor, and that was really good.

So getting back to your question of what happened after we came back, I was ready to bring acupuncture, traditional medicine, and Mao theory and thought to the world. So I had a year because I didn't get into med school.

I reapplied, and in the meantime, one of my summer jobs was drawing blood at U.C. because we lived in San Francisco, so I went back and tried to get that job again just to make some money, and it only offered part-time job. So I went down to Chinatown and I started volunteering. I knew a number of people in Chinatown because they're all Berkeley radicals and people that I knew from the Asian-American studies days. We linked up with each other across the U.C. campuses and so on. So I knew some of these people. I didn't know all of them. And I just started volunteering.

There were a number of activities going on. There was a place called the International Hotel, which was a big local issue in San Francisco about corporations and low-income communities. The International Hotel housed a lot of low-income elderly Filipino immigrants. That was their hangout. That was their life. That was their community. Then there were a number of other sort of human service groups but actually just community groups, grassroots community organizations, Chinese progressive associations that were tied to political organs, and a lot of Maoism, and Everybody's Bookstore was there, the equivalent of a progressive bookstore, all on the same street. There were these big corporations that were trying to buy up the whole block and turn it into a hotel and turn it into a commercial--and there's the community struggle preventing that for several years.

So I just jumped into that, started volunteering, saying, "I'm willing to do acupuncture for people coming in." They just thought I was nuts. The reaction to me was just, "Who the hell do you think you are?" [Laughter] And so that took me back because I was in this bubble.

But what I did was, after getting thoroughly rejected from what my agenda was, I latched onto a volunteer group that was developing eye screening and referral systems for people living in the Pingyuen projects. This is a low-income housing project in Chinatown, probably one of the oldest housing projects in San Francisco Chinatown. In their basement there were a number of volunteers from Berkeley that would come in once a week in the evening and enlisted the help of some local ophthalmologists,

very community-oriented ophthalmologists, who had volunteered to do eye screenings for cataracts and glaucoma. So we would do health education, we would organize it for them, we would get all the people coming in, we'd do the registration, all of that. Then if they needed referrals, we would make sure that they got referred out.

So I just joined with them in volunteering. I got to meet the whole student group, the set of students that were trying to do stuff in the Chinese community. Then one thing led to another. We ended up going through study groups and learning about the health care system, learning about HMOs and what they were way back then.

Health PAC was introduced, and so we would read health PAC articles on Kaiser and all the abuses. Tom Bodenheimer had written *American Health Empire.* I started reading that and *Billions for Bandaids,* Tom Bodenheimer and gang, and I mean my eyes just really opened up to what the hell was going on with our U.S. health care system and how it really wasn't designed to serve the people. Next to this immediate experience of seeing a country that was oriented towards serving the people and being convinced that that was real, I recognized the huge discrepancy, and then on a more sophisticated level, I think, began to better understand what needed to happen, so that I wasn't going to become just a family physician.

Mullan: So you reapplied?

Chen: So I reapplied, and I got into one school, and that happened to be Davis, and it happened to be because I played the traditional medicine card, that my goal was to bring two forms of medicine together because the community that I was going to serve was a community that came from that culture. So if you didn't at least have an understanding of it, then you weren't going to be providing services in the proper cultural context, framework.

Little did I know at that time that we were really talking about cultural competence. That was my ticket, because I was not an outstanding student, and I'd already missed the typical screen first time, didn't even get an interview. So something in my application hit somebody.

Davis had a reputation at that time as being a progressive school because it was new, it was attempting the organ system approach, and it was spreading out the curriculum so that you would go to school only a half a day and you would have another half a day to take clinical electives in your first year, which was almost nonexistent in most med schools at that time. So I got accepted.

Mullan: Tell me about medical school. We need to move a little quicker, so why don't you give me a synopsis of what medical school years were like.

Chen: Medical school years in quick form. Reinforcement of the values and the direction that I wanted to proceed in because of an outstanding peer group. We had an older class. The average

age of our class was somewhere around twenty-seven or something like that, a lot of Berkeley radicals, a lot of feminists from Berkeley, and a number of family people in the class, older students with families, more mature, and so I learned a lot from them.

What I learned the most was that you could speak up and not have to take all the crap that they were dishing out, you really didn't. You can imagine in those days, if a prof dared to make a sexist comment, dang, the women would come down on that guy so fast and so hard that they didn't know what was going on. One of our OB profs, I remember him saying--he was talking about ladies and this stuff, and then he stopped himself, said "Women." He says, "I'm getting so confused about what to call them I can't even go on with this lecture," and that really stuck out. [Laughter] It was more enriched political education dealing with issues of sexuality.

There were a couple of major events in medical school that I think capture what the experience was--continuation of the theme of questioning authority, resenting being in the learning role and having to depend on the professors in medical school to learn this knowledge that I was after, but at the same time, their representation of their values contrasted so much with what I felt their values should be.

A good example of that is, I actually had to sit through a lecture, an ENT prof who gave a lecture, and when asked by one of his students about acupuncture, because at that time all this information was coming out about acupuncture helping deafness,

when asked about that, referred to one of his close colleagues, a buddy of his in his residency who had been researching acupuncture in Taiwan, and he said, "I asked this dingaling, and this is what he said," and then he went through this stereotyped, Chinese-accented English caricature of slanty eyes and buck teeth right in front of our entire medical school class telling him about whether it worked or whether it didn't work. And it was so long. It was like a moment frozen in time.

I was sitting there watching this, and I just couldn't believe it, and I just started looking around the room, and people are like all over the place. So I remember raising my hand before he'd finished and just calmly sitting there going, "Okay. You've got to say something because this cannot go on," and wondering should I interrupt this son of a bitch because he hasn't finished yet, and it's continuing to go on? I thought I was raising my hand for hours. Finally he recognized me, and I just said in very calm fashion, "I really resent having to listen to this kind of--" and before I could finish, he just tore into me.

He blasted me. He says, "What is wrong with you people? I heard about you guys. You guys don't have a thick skin. You don't know what the real world is all about." He just started--and at that point I lost it. I just stood up and told him I thought he was full of shit if he thought that I was supposed to have a thick skin in dishing out this kind of racist rhetoric and caricatures and so on. I was just livid, and I just said, "Fuck you, man." I just walked out of class.

It was a really terrible experience, because at the point that I was leaving the classroom, I was just seeing my whole medical career dwindle away. I was really convinced that I was going to get kicked out of school.

Mullan: Which year was this?

Chen: This was 1974.

Mullan: Freshman, sophomore?

Chen: No, 1975. It was in the summer of '75, so it was in between my freshman and sophomore year. It was my second year. Davis didn't give you a summer vacation. You just went straight through.

Mullan: So what happened?

Chen: So within five minutes, two-thirds of the class emptied out. This is the benefit of the older students in class, they all approached me and said, "Art, we need to go talk to the dean right now, because you need to make sure that they hear your side of the story and hear our side of the story before they hear it from him." So they ushered me over, and we couldn't get to the dean, but we got to the dean of students and just explained what had happened, and he agreed. He said, "This is absolutely outrageous, and we will definitely look into it."

So that led to a petition where we denounced racism and sexism, any form of it in the classroom and particularly in a medical institution that's publicly funded, and published it in our school newspaper. If I'd known then what I know now, obviously, I would have had that CC'd to the local newspapers and to the AAMC--this guy was an ENT prof--to his specialty society and all that kind of stuff, just to vent all the anger and the anguish. But I didn't. But it was effective enough because it was very therapeutic to vent a lot of it.

Ultimately I did get to talk to the dean and went in to talk to the dean with one of my classmates, a woman who had helped guide me through this process. That was really a real awakening for me, because then I realized what you could do, that you didn't have to take this stuff, that even in what appeared to be the worst possible situation, where I had felt I my medical career was just going out the window, you could turn it around with the right action and tapping into the right strategies and the right people, you could make your point, and justice can prevail.

As it was, he got reprimanded. He didn't get fired. He got joked with and all this, and he had to put up with a lot of stuff coming from his colleagues. Then when I went into my clinical years, lo and behold, I got on his service. After talking with the Dean of Students originally, we came back into the class afterwards and talked with him, and things had already calmed down at that point. He was pretty unsettled, and people that stayed in the class said the lecture just did not proceed

anything according to plan. And he did vent at me at that time, but we continued the dialogue.

Mullan: You said there were two medical school events.

Chen: The other was that we had a free clinic up in Sacramento that was called an Asian Free Clinic. It had been started by some medical students in a few of the earlier years, and it was the low-income housing projects in Sacramento where a lot of Asians were, mainly Chinese immigrants, non-English speaking. One of my profs, a doctor named Lindy Kumagai, he was the supervising prof, he ran it and he encouraged people to get involved and made it available to Asian students. Upper-class people would organize us and try to pull us in and train us. It was getting to play doctor at an early stage, which is always attractive when you're in medical school.

Mullan: What is Dr. Kumagai's nationality?

Chen: He's Japanese-American, second generation. He went to camps during World War II, and we never really talked about it that much, but he was really a role model.

Mullan: And that clinical experience was good?

Chen: It was good experience, and it kept it alive. It kept focus on where I was headed, which is real critical during med

school. Most of the students get swept up into just studying medicine, to be a good doctor so that no one's going to die as a result of a mistake, and this really helped me keep that goal and that vision of where I was headed alive and reinforced.

Mullan: And were you there during *Bakke*?

Chen: Yeah, and that was another part of it.

Mullan: Between the time he was rejected and the time he was accepted was several years.

Chen: Yeah. It was several years. He didn't come into Davis until after we graduated. In fact, the year after I graduated, in '79, he started, and that was a big issue for us, particularly for the Third World students at that time. We organized anti-Bakke demonstrations. We organized a big conference. Allen is his first name. I'll never forget his name. We were one of the classes. He applied for two classes, the class before us, and then he applied for our class and was also rejected a second time. That's why we got a lot of national news, national press, and at our graduation. I made a remark--I was our class speaker at graduation, so I couldn't pass up an opportunity to mention the *Bakke* decision.

Mullan: Had the decision already occurred?

Chen: At that time, yeah, the decision had already occurred, and it was just matter of knowing that he was going to get admitted at some point.

Mullan: In a sense, affirmative action had taken a hit through that.

Chen: It had taken a big hit. I don't recall as much, when I think back on it, knowing what impact it had locally because I was in my fourth year, and I was all over the country doing my rotations, but I do remember that when we did get together and try and explore, faculty who were more sensitive to affirmative action policies were very disgusted with the atmosphere after the *Bakke* decision and recognizing that he was going to be coming through, gearing up to try and be accepting.

So anyway, that was very influential, I think, because the *Bakke* decision kept an issue alive, a controversial issue alive throughout the first two years, which is the years that the whole class is together, and I'd say it divided our class. It was a clear wedge between the minority students and the white students, except for the progressive feminists in the class. They tended to side with the minority students. We had coalitions and stuff, but, you know, there was a wedge. I mean, there were people that you just didn't talk with in those days. So it added to, I think, some of the division and the divisive experiences then.

Mullan: What then, as you looked to becoming a doc and doing residency, did you plan? What did you think?

Chen: Well, that experience pretty much sealed that I wanted to go to a relatively progressive residency program. So I had three choices at that time that I knew of. There was San Francisco General. I was still going to be family medicine, and it was real clear that to have the breadth of skills was real critical because you needed to able to go anywhere where you were needed. The more you could do, the better. So that solidified family medicine for me, and plus, the other thing is that going through the actual medical rotations, it was real clear I didn't want to become any of the primary care specialties. I just did not have the best experiences with any of the people, no role models or anything.

Mullan: Were there in family medicine?

Chen: In family medicine more so, even though they weren't doing what I wanted to do, but they were more open to what I wanted to do, whereas in internal medicine they couldn't relate to the politics of what I wanted to do, and the same thing with surgery. Forget it. But it was mainly a values clash, whereas in family medicine, even though all my instructors were white, they were very supportive of what I wanted to do. In fact, at the end of my second year, where I would have normally gone straight into third-year rotations in the summer, I took some time out because,

I explained to one of my profs, I needed to get back to doing some more community work to feel that I could handle the upcoming clinical years where I was going to be real isolated. They were sympathetic; in fact, made a family practice rotation for me where I could do that during the summertime. So it was more of feeling of support for my political lean towards community work that reinforced the family medicine.

So then the residencies that I was thinking about were urban residencies. I knew I wasn't going to go out into rural areas and become a surgical-type family practitioner. And so it was San Francisco General, it was Cook County, and it was Montefiore.

Mullan: You chose Montefiore.

Chen: I chose Montefiore.

Mullan: What was that like?

Chen: Montefiore was--well, it's the best in the West, clearly an outstanding training program.

Mullan: You're talking about Montefiore in the Bronx.

Chen: Montefiore in the Bronx, right, the Residency Program in Social Medicine. Jo Boufford was the director at that time. Bob Massad had just come in, the year that I went in, as the head of family practice. Hal Strelnik was on his way out and had just

graduated, assuming a position at MLK, and a lot of this aura of the residency program in social medicine was [unclear]. But I had also, in the interviews, really learned a lot more about it and had had a dialogue with Vic Sidel a couple of times about it, and he encouraged me to apply.

So the best part of it, clearly a superior medical training. I mean, I felt like it was just excellent, and I felt very reassured that I was getting good training. It was character-building because you had to fight for family practice there. You were in the tertiary care center in New York City, the bastion of specialty care, sub-specialty care. I had to really fight throughout the residency to get good training, even though it was sitting there.

The example was, I remember being on cardiology rotations where the cardiologist would say, "Oh, you don't have to learn this, because you're a family practitioner," and I'd take him to issue and say, "Wait a minute. You'd better teach me this because I'm not going to be able to have a cardiologist all the time to call on in the settings that I'm going to be working in, so if I don't learn it, you're going to be responsible for me being a shitty cardiology person," and on and on and on.

Same thing with doing procedures. The dermatologist said to the interns, "You do not want to learn how to do a skin biopsy, because if you need to do a skin biopsy, you'd better call a dermatologist," and I'd counter with, "I'm not going to have a dermatologist to call so you've got to teach me how to do there or you're going to be responsible for me not knowing what to do

and not having any other option for a patient who's out in the middle of nowhere," and I played the rural family practitioner stuff.

Anyway, I think my ability to fend for family practice in a hostile world equipped me to deal with family practice anywhere. Then the other part was clearly the political climate. I mean, the biggest treasure, I think, and asset in the residency program were the residents. David Stevens was a close associate, and Kevin Fickenschen that's where I met them and just immediately developed very close relationships with them. I just admired those guys because they had done so much already.

Mullan: Where there other Chinese residents at all?

Chen: There was one who was the year ahead of me, was a guy named Ken Ong, who actually became a deputy commissioner, I think, in the New York City Department of Health. But really, we didn't connect as much. We just didn't connect. He was off doing his own thing, and he wasn't trying to mentor me or anything like that. They're busy enough.

The other part of it, liberal faculty, not progressive faculty, and that was the part that was a little bit upsetting. I think that's just part of the adolescence of being in training. You appreciated having liberal faculty, but when push came to shove, they towed the party line. We had a big strike in our third year, and they were telling us, "If you don't come back and

you don't come off the picket line, we're going to have to--" They were doing the same threats.

Mullan: This was a city-wide strike?

Chen: This is a city-wide--

Mullan: CIR, Committee of Interns and Residents?

Chen: Yes, CIR. Exactly. CIR strike, and they (RPSM Director) came up with the same kind of rhetoric that was coming out of all the other department heads, and we really resented that. But that was just one real sticking point. Overall, the direction of the program, the emphasis on COPC, the emphasis on being out there in the community, in the South Bronx, and everything they were trying to do with MLK, all of that was just the best possible.

Mullan: And which years were these?

Chen: This is '78 to '81. It was just the best possible place I could be, and I really appreciate the training.

Mullan: But there was a down side?

Chen: But the down side was just the constant expectation of it being a progressive program, so why couldn't the faculty be more

progressive, and really wanting to see them take the lead politically but failing to see that, even though they really were, just that they weren't doing it in a way that we would recognize and understand at that time. Because they had to deal with just survival of family medicine in that whole setting, and that was their priority, was to consolidate strength and foundation for the Family Medicine Department, not to sit there and advocate progressive politics. They were doing what they were saying by the fact that we were building the ambulatory care network in the South Bronx. So they were taking action steps, but for whatever reasons it just wasn't as appreciated because they weren't supporting house staff strikes. So in retrospect, I have a greater appreciation, but at that time you would expect them to fulfill all your needs.

Mullan: So when you got done, what did you do?

Chen: Well, one profound experience during residency also. I did a rotation with Jo Boufford and asked Jo, with about five other residents, we really appreciated--

Mullan: Was she with Health and Hospitals then?

Chen: No, at that time she was the director of our residency program. In fact, she had just spent a year as a White House fellow and came back to the residency program during my final year. I'm sorry--it was the second year of the residency

program, where, towards the tail end, we had some elective time. I wanted to make sure that we could learn from her, because her skills were very evident and impressive. We wanted to learn health administration and what it is that you need to know in order to be effective out there in any kind of a setting. So she taught us for a month. We did a one-month rotation with her where she basically taught us organizational skills. We worked on a project, developing a feasibility project for an ambulatory surgical unit at Montefiore, the last topic that I thought I'd ever be spending time on, but the most instructive for learning planning, health planning and management, because you had to look at issues of governance and HSA's at that time and equipment and capital expenditures and all this kind of stuff, and staffing and so on.

She would videotape our meetings. She had us videotape our meetings, and then she would go to the videotape and she would tear us to pieces. She would say, "Art, when you said this, look at Jim. Look at the reaction on his face. Did you realize that you were--" "What did you feel, Jim, when Art said--" She would just go over this stuff. Everyone was on the hot seat. And, of course, she did it in supportive ways. But I just learned so much about the sophistication of team development and interpersonal dynamics, organizational psychology. It was yet another set of skills that you realized added to that experience of how to deal with deans and difficult people. I kind of felt more empowered and realized that, yeah, you can get involved with

big institutions and have an impact and make a difference. So that was a very memorable experience.

So after residency, I immediately went straight down to Chinatown, Chinatown Health Clinic in New York City. I wanted to become a staff doctor. So I applied to be a staff doc, and they didn't have any positions. The only position they had was the executive director position. So I became an executive director. [Laughter] I didn't know shit about being an executive director in a 330 clinic, but learned real fast.

Mullan: Three-thirty as in a community health center?

Chen: Yeah, community health center, PHS 330. At that time there were still about five hundred centers nationwide. I was essentially in an apprenticeship, just learning by the seat of my pants, but had this sense of what needed to occur, worked semi with the board, didn't understand community boards, didn't have someone teaching me that the first thing you have to do as an ED is establish clear, close working relationships with your community board, keep them informed. They are top priority. I didn't understand that. I developed a whole beautiful set of goals and objectives and engaged staff in that process, but really took the initiative to just kind of do it because I knew what was necessary. I went over and actually presented it to staff, presented it to board. They actually liked it, but they really resented the fact that I didn't consult with them. Lesson

number one in working with community: work with community. So I had a rocky year.

Mullan: Had you had connections with Chinatown, either the health center or people in Chinatown, during your residency years?

Chen: During my entire residency, I was a volunteer physician there. In fact, I negotiated with Bob Massad to have one of my three outpatient clinic sessions done at Chinatown during my residency. So I was there even though there was no preceptor on site, but there were board-certified docs there, and even though they weren't faculty, that was acceptable to the program. They weren't family practitioners. There was a pediatrician.

So I worked there and then ultimately ended up leaving after a year because of a union drive that was taking place under my leadership. [Laughter] There was a progressive bit of organizing going on in the Chinatown community, and there were groups that were trying to organize restaurant workers. Some of the people related to that after working as staff in the clinic and decided that if they organized and unionized our staff, that we would become the flagship in Chinatown for showing that unionization really worked and was good and even the community health center was doing it, you know, community service did it. And, of course, they felt it would be great to do it with me because I was a progressive director, so I would be able to speak

to all the positive side of it. What they failed to do was include me in the plan.

So I had no idea that this was the agenda they were operating with, and what I got hit with at the end of my first year, after having gone through this process with the entire staff, looking at our goals that were marked out and assessing where we had come and where we had failed to achieve our goals and what we had accomplished, but having a really good staff meeting, having accomplished a lot of what we had set out to do, and my asking people for feedback at that time, I came away from that meeting feeling like I had a pretty good response from staff, and then the very next day being hit with a union drive letter.

Mullan: From the union?

Chen: From the union that was organizing the staff. And then I was sitting with my management team and asking them all, "Do you know anything about this? Where is this coming from?" It just took me totally by surprise. No one acknowledged that they knew anything about it, and then I discovered later that there were three people on the management team that were actually part of it, spearheaded the organizing drive.

I ended up resigning because I couldn't deal with it. I was too, I think, young and immature. When I tried to get legal consultation from community legal aid groups, people originally wouldn't talk to me because, they said, "Well, you're

management," and it was only after really taking them to task, saying, "Get out of your box. You know who I am. Don't give me this management crap. I'm trying to do what was best for the community and working within this organization and really struggling with it," because they were people I knew and worked with in coalitions, and then, all of a sudden, because I was management in this dispute, they couldn't talk to me.

Mullan: Was it you felt you couldn't stand up for unionization because your responsibilities were broader?

Chen: Yeah. The conflict for me was the rigidity of the rules.

Mullan: What rules?

Chen: Of the NLRB [National Labor Relations Board], that I couldn't ask people why did they want to unionize because that would be construed as harassment, interpreted as harassment.

Mullan: Were you for or against unionization?

Chen: I was indifferent on unionization, but I really needed to understand why it was happening. Then as I learned from legal counsel what are all the rules that govern what I can say and what I can't say, and whereas my posture had been more for open dialogue and discussion among all staff, advancing a collective model, I couldn't see myself operating under those conditions.

Furthermore, I knew myself. I knew that if I got caught up in that dynamic, I would be a very active, competitive participant and it would rub me the wrong way, and I would then stand the potential for coming down on staff and trying to negotiate the best from a management standpoint. It was scary.

Mullan: Sounds like you got on the wrong side of the barricades inadvertently, in the sense of conceptual barricades.

Chen: Right. I resigned, and then afterwards the organizers appealed to me, begged me to not resign. They said, "We did it because you're here, Art." Deep down it was very helpful to hear that, that it wasn't because of resenting my management practices, which is what one insecurity was. But then it just created more anger, because it was like, "Why didn't you tell me that you guys wanted to do this? We could have talked about this and figured out a way to accomplish something."

So anyway, I went to Chinatown, left Chinatown, and then, reeling with guilt and discomfort about that whole scene, I stuck around in the Bronx for another year, and I did emergency medicine over at (Jacobi) Bronx Municipal Hospital. It was a really great transition because I could just put aside the politics. I processed it. I wrote up the whole thing because I needed to get it out of my system, what I thought happened, my analysis on what had happened, but in the meantime I jumped into learning trauma and cracking chests. That was essentially a fellowship for me, even though he hired me as an attendant. I

was learning more from the residents than anything else, and you know what that's like. It's going by the seat of your pants.

So I got all my jollies out, my cowboy stuff of getting back into clinical medicine. I was still seeing patients in Chinatown but one day a week, and I got back into clinical medicine. I loved it. I was teaching paramedics and was riding ambulances, you know, doing all this stuff and really getting reminded again of how bad it is out there, the social side of medicine, seeing kids murdered and stabbed and shot and all those other consequences of living in those communities.

Mullan: What happened next?

Chen: Then after that we had kids. All this time, right after I got out of residency, in May, my wife and I had a child.

Mullan: When did you get married?

Chen: I got married when I left California to go into my residency in '78.

Mullan: Who is your wife?

Chen: My wife is Peggy Saika, who is a role model for me, community organizer, a social worker by training. She is executive director of a group called Asian Pacific Environmental

Network. It's one of the first Asian environmental organizations in the country.

Mullan: And you met her originally in Davis?

Chen: I met her in Sacramento. She was a community organizer in Sacramento and worked with a number of other human service groups, grassroots type of groups, and was very critical of our free clinic operation and really encouraged us to think more closely about how we could build a better-linked program with all the other services that were going on in Sacramento, improve the coordination rather than just being off out there.

Mullan: She's Japanese?

Chen: She's Japanese-American, third generation. And I have to say, because I haven't said anything about her up to this point, she's a real influence on my life politically and someone who I would strongly consider as a role model in many respects. It's her constant feedback on things that I do that keeps me on track, and our discussions and debates and so on. She was also involved in my decision to go to Montefiore. We went on that trip together because she had already committed to going along with me, so it had to be the right place to go.

Mullan: And then you had one child at the end of residency.

Chen: Had one child at the end of residency, and because the position at Jacobi was a one-year commitment with the option to sign on but was really just to get a cooling-out period for me, I didn't see it as a career. We decided it would be better to go home, be closer to her family, which is in Sacramento, and my family in San Francisco, because of the kid and the possibility of having more kids. It was the right time.

Mullan: Have you had more kids?

Chen: We had one more. Presently I have a fifteen-year-old daughter and a thirteen-year-old son. So we're in the midst of adolescence at its peak and loving every minute of it.

Mullan: That's important.

Chen: It's really great. I love it. It's challenging and everything, but it's just really nice.

Mullan: So you came back West in 1983?

Chen: 1983. Started working at Asian Health Services, which is another PHS 330 center.

Mullan: In Oakland?

Chen: In Oakland, Oakland Chinatown.

Mullan: Going back in the sixties, is that when it got started?

Chen: It got started in '73, actually '74, and got started off of county revenue sharing funds in Alameda County. Same history, free clinic in the beginning then built up its whole orientation towards providing language and cultural access to low-income, uninsured populations as their target group and then later moving on towards a Medi-Cal, Medicaid population, Medicare, uninsured. And the unique part of this organization that was different from the Chinatown Health Clinic in New York, which focused on Chinese immigrants. Asian Health Services served a really diverse Asian immigrant community, so we served Chinese and Korean, Vietnamese, Laotian, Mien, and Cambodian, and Filipino immigrants, again a whole system set up and developed over the years of community health workers and [unclear].

Mullan: How did you handle that diversity? Was the board diverse, too?

Chen: Originally, no. The board was more Chinese-based and Chinese and Japanese, but in time became more diverse as we tried to follow the guidelines on board membership and make sure there was adequate representation of different communities. It's now a very diverse group. All the different ethnicities are represented on the board, with the exception of Cambodian. And it's just part of the development of that community, but we're constantly recruiting.

[Begin Tape 2, Side 1]

Mullan: This is Dr. Chen, tape two, side one, continued.

So you were talking about the Asian Health Services. Did you serve as a staff physician there for a time and then management? Why don't you develop that.

Chen: When I first went in, they only had a part-time position available. It was 60 percent time. So I worked there three days a week clinically as a family practitioner with a staff of three other docs, and then I also worked part-time in the acute care clinic at Highland Hospital, and then I moonlighted in different emergency rooms, primarily at Herrick Hospital as an emergency room physician just to keep my emergency medicine skills alive. Their plan was that I was going to be the new medical director, unbeknownst to me.

Mullan: Their plan, meaning Asian Health Services?

Chen: Right. And within one year they offered the medical directorship to me, even though the senior doc, who had been there since the inception of the clinic, well, just about the opening, and who had been really a mentor to me, was there. She was the kind of person who wanted to see everyone else get opportunities and was more than willing to step aside. She was still going to be there, anyway, and she knew that I respected her highly and that I always consulted with her anyway, and

wherever I went, I always introduced her as "the real medical director." So I got that opportunity, and it was a great opportunity.

Mullan: This was like '84, '85?

Chen: It was '84. There were so many things happening. We were really strengthening QA, so I got a chance to work with developing a QA system, which was all new news to me as, how do you monitor quality of care? It was a period where, as a community, Asians and Pacific Islanders had gotten good enough representation to have three centers nationally that were getting federal funding for dealing with primarily Chinese immigrants, but the community as a whole and the breadth of Asian immigrant nationalities weren't included. So this clinic had a dual agenda. It took service as a big agenda, to provide access, but it never compromised its advocacy agenda as well. So with that orientation, I got to work with people that were used to doing community organizing, organizing patients, really doing it on an ongoing basis through health education groups, and then engaging people in letter-writing and petition drives and demonstrations. So it was a real firsthand experience as to how do that. Everything that I had done before was more, you know, the theoretical, trying to put those things into practice but not knowing exactly how. So I learned a lot of that in the process.

Mullan: So over the years you've remained active clinically?

Chen: Oh, yeah. I was a family doc. Consistently, 60 to 70 percent of my time was still clinical, because we needed it. That was fine with me, because at that stage that was what I was trained for, was to be there. So I did all this extra admin time, usually 30 percent of my time, 30 to 40 percent at times.

Mullan: And that included both the traditional administration plus the community organizing, community development?

Chen: Right, community development, doing strategic planning. And to add to that, we had a national agenda, because at that time there were no national organizations representing the health needs of Asians and Pacific Islander groups. So we saw the need to develop some national advocacy, and the first stop for us was looking at how many community health centers there were in existence serving primarily Asian immigrant communities. So we started looking at developing a relationship between Chinatown Health Clinic--I had just come from Chinatown Health Clinic. I said, "I know about these people in New York," and they said, "What people in New York?" So we'd make linkages, and we knew about NEMS, Northeast Medical Services in San Francisco. So we said, "Why don't we try and develop a network? We're all dealing with the same issues. Maybe we can even pool our data together and use that as ammunition for doing advocacy work to make sure that we break through this model minority image, because our main concern at that time was that Asians--

Mullan: This what kind of image?

Chen: Model minority.

Mullan: Model minority.

Chen: If you ask someone what they think of when they think of an Asian in America, what are the first images that come through, and people would generally come up with positive images--successful, educated, education is a priority, excel in academic settings, whatever. So we're burdened in many respects with the image of Asians as a model minority, and we felt the necessity to promote the other side of the coin so that there'd be a recognition that this is a community that has, in fact, problems, real problems, socioeconomically and health-care-access-wise and so on.

So I got to work on a national level of trying to help convene a national organization, and it happened to coincide with a lot of other people thinking the same thing, and we got support from the federal level and a conservative guy named Sam Lin who was one of the assistant surgeon generals who was working with intergovernmental affairs in the Public Health Service and linked up with him. We discovered that there was this high-ranking official in the Public Health Service, who we had no idea was a Republican, so we're getting second thoughts, but at the same time he was supportive.

He helped convene a number of meetings, and we established two national organizations, one called the Asian Pacific Islander American Health Forum, at that time called the Asian American Health Forum. This convened its first meeting in 1986. And then the other was APCHO, the Association of Asian Pacific Community Health Organizations. Originally it ended up becoming the consortium networking group for seven community health centers nationwide, all serving predominantly Asians or Pacific Islander populations. They were all CHCs.

Mullan: And there were seven principal ones?

Chen: Right. So it was New York City, Chinatown Health Clinic, International District Community Health Center in Seattle, Northeast Medical Services in San Francisco, Asian Health Services in Oakland, the Asian Pacific Venture in Los Angeles, and Wai Nai Community Health Center in Hawaii, in Honolulu, and then Kakua Kalihi Valley. These are the seven core centers. When we first started out, there was only four main centers on the mainland because L.A. hadn't developed yet, and later on began to develop the relationship with the Pacific Islanders. So that was exciting, learning how to put together a national advocacy group and how that functioned. So it was a period of real phenomenal growth for me, again, getting back to some themes of recognizing where you can make impact on policy.

Mullan: This is '87, '88?

Chen: This is more '85 through '88, the formative years of those organizations.

Mullan: Give me a couple of stats on Asian Health Services. It's growing or changing over the years, but sort of volume, number of docs.

Chen: At that time we had four docs.

Mullan: FTEs?

Chen: FTEs were more like around 3, 3.0 FTE docs and about two nurses and a staff, originally, when I first started, about twenty-five, a lot of health educators, because the health educators were like our version of community health workers.

Mullan: When you say you started at twenty-five, that went up or down?

Chen: It went up. It's now currently a staff of about 100.

Mullan: And still three docs?

Chen: No. There's about ten docs.

Mullan: FTEs?

Chen: FTEs, roughly about 8, somewhere around 8.5, because some of them are part-time.

Mullan: So it tripled in size?

Chen: Yeah. It's tripled in size easily.

Mullan: And I presume that the patient population outreaches--

Chen: Patient population diversified and enlarged, probably about 10,000 registered patients.

Mullan: That's now?

Chen: Yes.

Mullan: So it was a fruitful time in terms of both community organizing and focal activities around Asian Health Services, but also vaulting that to the national with respect to the terms of its organizations.

Chen: Right, and getting national attention, participating with actual legislation, the Minority Health Improvement Act, and then the Asian Pacific Islander Health Improvement Act shepherded by Norm Mineta, who was a congressman here locally in Santa Clara, and actually with one of the organizations helping to draft the legislation. I never knew about drafting legislation before and

who really does it. So it was an-eye opener for how to work the system and how to demand attention and how to state your case and influence policy.

Mullan: How well the coalition of groups that formed the Asian Pacific Islander movement, obviously are ethnically, linguistically, historically diverse, not unlike other groups but more distinctly diverse than, say, Hispanic coalitions in terms of having different language, etc. How does that all work?

Chen: It works because the people that get involved at that level are usually more astute politically, who see and understand how American society works. So you're tapping into, in most cases, second- and third-generation folks, not the immediate immigrants. Or at least, if they are first-generation immigrants who've come over from the country, they're people with who have been in the country long enough to be able to understand how things work here and understand the importance of unity and working as a group, being stronger when we pull our resources together.

The other thing is, for those that have been here longer, so for primarily Chinese and Japanese, second- and third-generation folks, a maturing and a recognition that for the newer immigrant communities, that we had to offer something of what our knowledge base was, in having been here longer. So I think the combination of the two, and I don't mean to say that there weren't divisions or there isn't nationalism that we have to struggle with.

Nationalism is always there. It's being very attentive to that, but because there was enough common interest and people could recognize that whatever came out of this was going to benefit those communities, their community as well. That was what we keyed in on, I think, was the unifying factor.

Mullan: Did leadership typically come from the largest communities like the Chinese?

Chen: Yes, predominantly the Chinese community, and we have to watch out for that. In fact, with the Asian Pacific Islander American Health Forum, which is, at this point, the most engaged in influencing federal policy and to a certain extent some state policy throughout the country, California is probably the focal point because the national headquarters is in San Francisco. We always were very cognizant of having too many Chinese and needing to diversify and constantly bring in leadership from the other communities. So it's a real conscious effort. And it's not easy. It's no different than the typical "Let's diversify our staff" charge. It's easier said than done and requires a conscious effort and a protracted effort in really making sure that that happens. That's what we're dedicated to, because we recognize if we don't do that, we're just fooling ourselves.

Mullan: Tell me a word more on a concept that I was unaware of, the model minority problem. As soon as you explained it, I could understand because Asian Pacific Islanders are not considered

underrepresented minorities in terms of at least health talk. How does that play out in terms of the recognition that you get or the problems that you encounter?

Chen: It's a burden. It's a burden if you want to address the acute problems within the community, which are primarily access issues as well as some unique problems that are just specific to the population, a lot of infectious disease, high rates of TB, high rates of Hepatitis B carriers, more parasitism, a lot of dental problems, you know, for immigrant populations, and some genetic disorders like thelassemia, which are more prevalent among immigrant Asian populations. So it's a burden because generally the perception is that Asians are not a community with problems because they take care of their own.

Mullan: Is that wrong? Is that inaccurate?

Chen: I think there's an accuracy to it in that that's definitely one of the outstanding themes that run through the culture and through immigrants who are coming to this country anyway looking for opportunity and wanting to make sure that the next generation capitalizes more of the opportunities, but it's not balanced. It's not the whole picture, and I think the burden of the model minority image is not so much that people don't want to take credit for some strengths. It definitely recognizes some strengths in the community. If you look at John McKnight's work around community assets, definitely a community asset, but a

community asset that has far overshadowed any other perceptions or perspectives on a community, and that's been the burden. So that it's put the onus on us to try and present the other side of the picture so that people don't lose sight of the fact that this is a community that has done well, but it is also a community that has its problems.

I guess the best way that comes out is when you look at the socioeconomic spread of the community, it's a bimodal distribution, so instead of everything being a nice smooth curve, it goes like this. There's overrepresentation in higher income levels and higher education levels, but also overrepresentation in low education levels and levels below poverty.

Mullan: Let me give you just the sort of typical man-off-the-street, person-off-the-street response. Isn't it true that unlike perhaps other immigrant populations, that first generation perhaps does have the problems of everything from parasitism brought from abroad, to poverty, but by second or third generation, essentially everybody's out of poverty?

Chen: Generally true, yes, in that as we get into the second and third generation, that's where a lot of the affluence begins to surface. I think the quantifier that has to be understood is that 60 percent of the population is still primarily foreign-born among our Asian Pacific American population.

Mullan: So the immigrant part of it is not--

Chen: It's the dominant portion of the population, and that's why we can't lose sight of, in dealing with their issues, the problem areas that they have, even though with time, as in just about any other population, affluence rises.

Mullan: I want to ask you some more big-picture questions, but let's finish your story because we've got a new chapter emerging, I believe, now. We got you into the Asian Health Services between 1983,'84?

Chen: '83. It started in '83.

Mullan: And relatively recently, that's been your base of operation, as medical director and special programs director. I know you're currently on a new job, and I want to hear about that transition.

Chen: Towards the tail end, I'd say, of '90--when did Prop 187 pass? '94. Well, there's two major events I think that I should include. I was very fortunate. I got into a fellowship program, which was a leadership fellowship program. It's put on by the Kellogg Foundation, and Kevin Fickenschen got me into that. Three years in a row he laid this application on my desk and said, "Apply for it. It's really good. It'll do you good."

So anyway, I went through this leadership development program, and it really forced me to explore concepts of leadership and what it meant, responsibility and what you could

achieve for whatever cause you devoted yourself towards. People confronted me with, "Why are you solely confining your efforts to the Asian community?" and my response to them was, "Because this is really necessary, and I'm in this position where I believe it and I'm part of it, and that's my mission." So I was encouraged to not totally let go of that, but begin to recognize that I had a larger role and that there would be a benefit for me to be a bridge to other communities to share this experience but at the same time contribute to the broader good, to broaden my horizons and so on.

So that was sitting there for a while, and during that period I resigned from being medical director. That's when I shifted into doing special programs. They gave me a title so that I could be around in management at the same time, but was really ready to let go, and I already started to explore other options and things.

So then '94 came along, and in California we had on our ballot initiative at that time Prop 187, which was a hostile bit of legislation towards immigrants and mainly focusing on undocumented, and it rejected school, social services, as well as health services for undocumented immigrants. It was part of Pete Wilson's, our governor, campaign to get into the national limelight and to begin to lay the foundation for a presidential run in '96.

Well, unfortunately, it passed in California, and it just created shock waves throughout the immigrant community. It just put us in a real bind as an organization because at the same time

this was happening, we were going through managed care and the failures of the [Bill] Clinton health care reform. All of a sudden there was no agenda for the uninsured, but managed care was coming, and if we didn't gear up for it, we were going to drown and probably go down as a community health center.

So our center then was engaged in this process that every other community health center had to proceed with, and that was to become a viable player, an organization that could survive, link up to managed care, fulfill its obligation as a safety net, but at the same time go after paying patients as our means of survival. It created a tremendous turmoil within our organization, especially for me, I think, because it just brought out more of what was necessary in pursuing our community organizing and in educating the community, mobilizing the community to begin to muster the resistance and the fight back to turn the tide and to do whatever we could to make sure that our community was empowered with the information to be able to tap into the decision-makers, legislators, and so on to voice their concerns and disapproval for this whole trend.

But we had to place almost 99 percent of our resources into making this transition to become marketable, making this transition to become appealing to insurers and HMOs so that we could develop subcontracts, and shifting proportions of our patient population in going after paying patients and literally squeezing down, then, our uninsured. Within the period of around two years, we flipped proportions from seeing about two-thirds uninsured and one-third payer patients to two-thirds payer

patients and one-third uninsured. Now, in fairness, was our ability to convert uninsured into paying patients, and that was a big part of it. But the other part was, clearly, we had waiting lists, and we were beginning to qualify whether people could sign up with us based on whether they had insurance or not, and that, to me, was just against everything that I believed, that I had joined a community health center for.

I was struggling with some ideologic conflicts, I think, around it and trying to maintain, in retrospect, some philosophical purity and failed to acknowledge the pragmatism that was necessary, because if we didn't survive we weren't going to serve anybody. So at that point I had some differences with the direction the leadership was going, and we were also in a capital development campaign, and I just, frankly, got real burnt out with it because I was pushing one agenda and everyone else was going the other way. I was stubborn and felt that we really did need to rededicate ourselves to community organizing.

So I proposed to take some time off just for diffusing things and just getting some space. Frankly, I was just very burnt out, because in the context of managed care, it meant more time on the phone trying to keep people out of the hospital and out of the emergency room. In a non-English-speaking community, relying on family members, you really had to spend a lot more time on the phone reassuring people that they could take care of their relatives when they're already working twelve- to sixteen-hour days as family members and dealing with their elderly parents or with multi-system illness or whatever.

Mullan: So what did you do?

Chen: So I took some time out. During that time I went through some personal discovery. I thought I was going to just get some time off and rest and relaxation and read some good novels and Joseph Campbell and spirituality and all that, and what I immediately proceeded to do was just shift from workaholism in one arena and then just doing all the things that I had really put on the side but wanted to do but now I had time to do, such as developing cultural competence training, doing some medical writing.

I got involved with the Blue Cross Foundation project to sum up the health status of the Asian Pacific Islander community in California. Then it was doing some consultant work with AAPCHO, the Association of Asian Pacific Community Health Organizations, that I always wanted to do, working with them on a number of projects and trying to bring in some direct hands-on from the community health center medical director.

So through the course of that, in the course of that time out, I began to realize that I wasn't really looking forward to going back to work, some of it, "Been there, done that," and also the other part of it was just realizing that it was going to be a period of real substantial conflict because we were forced, we were literally forced, to do things in a different way.

Mullan: So what did you do?

Chen: So then I got recruited to an interim position as the Health Officer for Alameda County. I had some previous working relationships with the public health director, and they had an interim position, and he knew that I was available.

Mullan: Tell me about Alameda County, about the health department, the health officership.

Chen: Alameda County is a county of about 1.3 million people. It's probably one of the more diverse counties in the country. It's a majority minority county, actually, and with a substantial African-American, Latino, and Asian population.

Mullan: Does it include Oakland?

Chen: It includes Oakland, Berkeley, San Leandro, from north as high as El Cerrito and Albany all the way down south close to San Jose and Fremont.

Mullan: So it's East Bay?

Chen: It's East Bay essentially, mixed with Contra Costa County, and then as far out as Livermore to the east, a county that has a very progressive reputation in public health. Because U.C.-Berkeley School of Public Health is right there, we have access to real cutting-edge thinkers in public health. So it was an opportunity to work within a public health department that had

its clear mission of focusing on the uninsured and the most vulnerable populations, so that it felt like it was more comfortable for me. Plus it was a challenge.

Mullan: What kind of health department, size?

Chen: Approximately 500 employees in the public health department alone, and that's where I'm working out of, but an overall health care services agency, and I don't know how many employees are in the agency. The agency overall includes the medical center, which is Highland Hospital, Fairmont Hospital, John George, which is a psychiatric hospital, and four major ambulatory care sites throughout the county.

Mullan: It's an elaborate county health delivery system.

Chen: Yes.

Mullan: But the public health department is more traditional public health functions. And the health officer is in charge of--

Chen: The health officer is the equivalent of the medical director, but very interesting in Alameda County, your line authority is limited. You're on the organizational chart, you sit on a branch off from the director, and your staff is your secretary and your public health nursing director, and that's it.

Those are the people that report to you. By statute, according to California Health and Safety Code, you are the enforcer of the health and safety codes, so that your responsibilities go into all the workings of the public health department, even though you are not the person that has line authority.

Mullan: But it's traditionally a public health physician?

Chen: It's always a physician.

Mullan: And the public health director might or might not be?

Chen: Which is almost always the case, yes.

Mullan: It's usually not?

Chen: It's usually not a physician, but in a number of counties they are, in fact, the same people. But it's much less so now. More often, the public health director or the health care director for the agency is a non-physician. And that's just the evolution. Doctors weren't trained to be administrators, but there are a few.

Mullan: So you were interested in the opportunity. Talk about what it's been like.

Chen: It's been probably the greatest experience of my life at this point.

Mullan: Terrific.

Chen: Mainly because of this interesting enforcer-by-statute role, because what I've found is that regardless of not having the line authority or the budget under my belt, I can literally go anywhere, and the stature, I think, and the prestige of the position is enough to give you entree and influence. So it's leading by influence rather than line authority. That's the challenge of anyone who takes on a position like that.

My nickname for the job is surgeon lieutenant, because it's analogous to the surgeon general. I can convene a meeting in just about any setting, and most people will come because of knowing that I have this big stick in my pocket called the enforcer. I can close down a restaurant. It's my signature that closes down a restaurant, a highway, a federal building, or whatever it is, anything that's a threat to the public's health. Obviously, you don't do it casually and frivolously, but because you have that ultimate authority, people will answer your phone calls and people will generally come to your meetings and so on. That's what the opportunity is, and that's what's really fun, and seeing how, being in a position like this, you can leverage the position to give attention and validation and acknowledgment to a lot of sectors within the health community that don't traditionally get that acknowledgment.

So right now one of the most fulfilling parts of my job is working with community groups and working with our community health outreach workers in the department, trying to help strengthen their curriculum as well as their job descriptions and their roles and responsibilities so that they truly fulfill our mission of bringing the public back into public health, so that they become our liaisons and partners with the diverse communities in Alameda County. They're the ones that have the cultural knowledge, the community knowledge. They're the ones we need to rely on to provide access in the most efficient and effective way.

We need to strengthen how that team dynamic occurs so that public health nurses, are not threatened by community health workers. It's the same dynamic that is happening in the hospital, where RNs are being downsized because they have certified nursing assistants. It's the same thing in public health settings. Public health nurses feel like they're being downsized and more community health outreach workers hired. So it's being able to work with them and developing that agenda so that, in fact, one goal is to turn the public health department into a social-change agency. That's the carrot from the director, I think, that really attracted me, is that he wanted to create a social-change agency that provides public health services rather than a public service agency that does a little bit of social change. That was particularly attractive, and I take the director at his word, that that's what he really believes in. That's what made it a very compatible relationship.

Mullan: Is the director a political appointee?

Chen: Yes. They're appointed by the Board of Supervisors. Even though it's not traditionally a position that is recruited by the Board of Supervisors, but if you don't have the political support, you're not going to be around for very long.

Mullan: As we sort of wind down here, I want to ask your views about primary care in the contemporary environment, and I think probably it's best to ask that first. Then I want to ask, as you convert, at least in name, from primary care to public health, how you see those roles as different. But first tell me, you've been trained as a generalist, you have always had generalist instincts, you've seen a lot of changes over the last fifteen years, particularly in the last couple of years. What is your commentary and prognosis for primary care?

Chen: I think outlook is good, I'd say, but at the same time, dependent upon how much we take charge of advocating the future directions of primary care. I think the generalist outlook is critical to good public health planning and good planning overall. What I've drawn on, I think, as my primary care strength, is the breadth and understanding more of the interplay between all the different specialties and the impact that primary care has in the context of COPC, community-oriented primary care. That's what I think has really helped frame the way that I interpret primary care, in that context of being the front-line

providers with an overall goal of looking at population-based health interventions and maintenance of health.

So being a family practitioner has allowed me first-hand experience in all the major specialty areas, primary care specialty areas. That's really empowered me to be able to speak with specialists in those areas with pretty much an overlapping knowledge base, even though they know much more than I do, but I know enough that I can take it on firsthand and be able to engage them in planning and envisioning and doing all the other kinds of programmatic and policy-planning activities that are necessary.

I think the emphasis on primary care is probably for the wrong reasons, the gatekeepers and the cutting of costs and all of that, but I think that's created an opportunity to take the national attention and the professional attention, to be able to shape what our agenda is in being primary care providers, the key liaisons with families and the humanistic side of medicine. I think that's something that we need to constantly promote and advance and advocate for, and I think that that's our opportunity right now.

Mullan: How about people in public health who surely have said to you by this time, "Well, you're not a public health professional. You're a personal physician. Your focus has been patient care and the dental, personal health care"?

Chen: I'm at the point where people can say whatever they want to say, and I'm a firm believer in that axiom "Action speaks

louder than words." For people that give me those criticisms, I just agree with them. I just say, "You're right. I am a personal physician. That is my orientation, I've been trained that way, and I'm not going to try and hide that as part of my makeup. But at the same time, I was very fortunate to undergo training in a very unusual program that was very public-health oriented. I start speaking community-oriented primary care and the type of primary care that I learned, which makes it unique and very public-health oriented. And then I also speak about my experiences within the Asian immigrant community, whereas I may have wanted to just focus on taking care of patients but I was forced to look at policy issues and how it is that you deal with the health status of a community as a whole, that being an Asian immigrant community, and that forced my thinking into the public health arena.

Mullan: Sounds like your thinking's been there for some time actually, would be my answer to the question.

Chen: Exactly. But I don't try to get into defensive mode, because if you get defensive right off the bat, then they shut down, so I just agree with their criticisms.

Mullan: To sort of tie things together, I'd be interested to know what your predictions are for your own future and what your predictions are for the future of our evolving health care

system, particularly the generalist side of it. But tell me about you first.

Chen: I haven't ever been a real ambitious, super goal-oriented person. I just realized that I contradict myself. My main goal in life was to become a family doctor and to serve an Asian immigrant community. That is has been the only goal that I've pursued with any degree of real focus and concentration. Once I broke out of that in deciding to leave Asian Health Services, where I continue to see patients now but one half-day a week, I don't have any real major ambitions. I'm exploring public health right now in this new role as a health officer, and I'm keeping a few themes in mind that I believe in developing closer connections between bureaucracies and community, and I also believe in collaboration and multi-disciplinary approaches and new partners and learning from each other and taking advantage of all of our assets. Those are some basic themes. And looking at populations as a whole.

But aside from that, I don't have any grand goals. I mean, I've toyed with some ideas, but I don't have a three-year plan or a five-year plan as to where Art Chen expects to be or should be and what I need to do to get there. My main goal is really thematic and really carrying out this stuff. My dream is that the public health department can become an organizing machine that takes tax dollars and puts them where they really can have effect by empowering community to take its destination into its own hands and really move on.

Mullan: How about the system as a whole? You live in California where the future is now, so what's the answer?

Chen: I was on the statewide steering committee for Prop 186, which was our version of the single-payer campaign, and even though we took a break this year and chose strategically that it was not the right time and that we really needed to look at managed care reform, which failed--I don't know if you're familiar with two of the propositions, patient protection acts, they failed miserably, but there is an ongoing effort to pursue a single-payer campaign. I think that, at this point, realistically, knowing how power gets expressed, that it's going to be very difficult to get a single-payer type of campaign, especially given what's going on in Canada right now, and the more ammunition opponents of single payer will have to fire back at us.

What's going to happen, I think, I would project that in the next few years there is going to be enough patient resentment and informed consumer disgust with a lot of the priorities of the abusive HMOs that gouge overhead costs out of the health care dollar, particularly those that start going into twenty-five cents on the dollar, that there will be some substantial reform that will be legislated that puts in some assurances of limitation on overhead, that makes sure that physician judgment, as much as it can be, is freed up to do what's best for patients, and that governance-wise, there has to be some level of consumer input into the whole process of governance over health care.

What it's going to shake out to be, I don't know exactly, but there will be a lot more consumerism advanced because the medical profession right now, which is taking it on the chin, still has, you know, a voice to be reckoned with and can advance--and clearly right now, at least in California with the California Medical Association, is advancing a voice of conscience, I think, to push that with dealing with corporate medicine.

Mullan: You're saying that organized medicine at the moment has a higher ground than they might have had in the past?

Chen: Yeah, and it's building its new credibility, I think, after having lost the credibility of the profession, of the medical profession. And I think there's also going to be more alliances among provider groups so that the nurses associations and the medical associations and even the physician assistant and paramedical professions--I mean, there's going to be coalescence there where people, as providers, recognize that we're the ones that need to advocate along with consumer groups on their behalf and that that's going to continue to grow. So I think there's reason for optimism in thinking that corporations are not going to totally manipulate the health care dollar to the excesses that they have right now.

And then, finally, as far as primary care is concerned, I haven't thought as much about what primary care is going to do, what direction it's going to take. It's going to be up to us, I

think, to maintain some strong voice in advocating the full breadth of primary care, rather than the view of it being more the gatekeeper or the restrictor of services, the advantages that are offered by having groups that have breadth of skill so that they can do more at a cheaper cost. We'll have to take it far beyond that.

And then, finally, I think a good role for us as primary care practitioners is to advocate the humanism in medicine and the compassion and maintaining the closeness with patients and preserving the time that's necessary to develop that healing relationship, to develop the role as healer. It's probably important for us to take a real critical look at the technical side of our profession and our Western medicine orientation and the need to really broaden our spheres to other modalities of treatment that may be helpful and become part of our breadth of skills.

Mullan: Maybe that's a place where we should stop. It's a high note. Thank you.

Chen: Thank you.

[End of Interview]

Index