

JANELLE GOETCHEUS

November 16, 1996

Dr. Fitzhugh Mullan,  
interviewer

**Mullan:** Your date of birth?

**Goetcheus:** September 19, 1940.

**Mullan:** The date is the sixteenth of November 1996, and we're in Christ House on Columbia Road in Washington, D.C., on a bright, sunny, chilly November morning, Saturday morning. Dr. Goetcheus has been good enough to devote some of the latter end of her week to talking about herself. A busy week, I know, having tried to get hold of you several times. You always seemed busy.

This is an extraordinary facility, and I want to come back and talk about it, but what I'd like to do is to go back to the beginning and talk about you, and move forward and eventually set you here in Christ House and talk about it. I think you're not a Washingtonian to begin with.

**Goetcheus:** That's right.

**Mullan:** Where do you hail from?

**Goetcheus:** Indiana.

**Mullan:** Tell me about where you were born and grew up.

**Goetcheus:** I was born in Indianapolis, Indiana, but grew up from age two on in Muncie from there on. My mother taught school and my father was an auditor. I went through college there. From an early age, I had decided that I wanted to go into medicine. I always knew that it would be for underserved. I always thought that would be overseas. My primary awareness was in terms of a need overseas, not in major kinds of health access problems here in this country.

**Mullan:** Let's talk about Muncie for a moment and your family. Your father was an auditor?

**Goetcheus:** Yes. He was an auditor with the state of Indiana.

**Mullan:** What took him to Muncie? They Indianans to begin with?

**Goetcheus:** Yes. They were both from Indiana. My grandfather was a United Methodist minister and had churches there in north Indiana. That's where my father grew up. My mother grew up in Church of the Brethren in North Manchester, Indiana. So they were both from Indiana and came to Muncie primarily out of my father's work. It was right after the Depression. I had two older siblings. They moved when I was two.

My mother had completed a two-year teaching program, which was normal in those days. So she began to go back to work on her four-year degree, and then taught both in public schools until

she retired and then taught another fifteen years as a first-grade teacher in a parochial school.

**Mullan:** In Muncie?

**Goetcheus:** Yes, St. Lawrence. Then she came here and lived for the last couple of years here with us, tutoring, and then died.

**Mullan:** So she devoted her whole life to teaching. I gather your religious background was strong. What was your religious life like at home? How did the Brethren and the Methodists merge in your household?

**Goetcheus:** It was quite (of course, before my time) unusual for a Brethren--my mother--to marry outside of the Brethren community.

**Mullan:** Tell me just a word about the Brethren.

**Goetcheus:** Brethren is one of the--I think I'm telling this right, now, I'm not an expert--it's one of the anti-Baptist groups that bond with Mennonites and Quakers and Brethren would all be--

**Mullan:** They were German in origin?

**Goetcheus:** Right, and have what they call anti-Baptist heritage.

**Mullan:** Do they live in communities?

**Goetcheus:** Well, some did. Certainly Mennonites did and still do, some of them. She did not grow up within a community itself. I think they had their own individual home. The community at large was an important part.

The community at large, I think, was important, although they didn't live together as a community. But to marry outside of the Brethren Church was a tense-filled time for her in terms of acceptance, even though my father had grown up in a minister's home.

**Mullan:** The Brethren focused on marrying their own and perpetuating--

**Goetcheus:** Usually within. That's my understanding, much like you would do in Amish community or in Mennonite community where you would marry someone with your own tradition.

So they were part of a large downtown United Methodist church there in Muncie, and that's where I grew up going to Sunday service each Sunday, and Sunday school was very much a part of my growing up, being very involved in the various youth kinds of--

**Mullan:** This was Methodist?

**Goetcheus:** This was Methodist. High Street United Methodist Church in Muncie. That's where my husband grew up, too. He and I were friends all through elementary, junior high, and high school. The primary thing was because of a number of youth involved with that church, so a lot of your activities outside of school came through various kinds of things at our church.

**Mullan:** The particular religious tradition and focus that your parents brought to you to the church I would suspect certainly is different, everybody brought something different, but my guess is that everybody that went through that Methodist church didn't take the teachings and message and apply them as much to their life work as you have. I'm jumping ahead in the story a little, but I'm interested in your roots and the decisions that you made, and values that you brought to those decisions and whether, in what sense, they stemmed from both your religious tradition at home and the church itself.

**Goetcheus:** I think they were very significant. I don't know that I know even specifics of that, because at a fairly early age, again and I don't know where that came from, prayer became very much a part of my own life, even as a child. So it was really in that sense, in that time spent in prayer, that I think I began to know most fully in terms of where I was to be headed-- even the decision to become a physician. There were other things that were happening, as far as the school and opportunities that way that, in terms of encouraging my interest in science that

would accompany that, but certainly it was out of my own background of faith that was part of it. You're right, within the church--there was a real sense, probably still is now, that there were people who went into full-time Christian service, as we would say, and then people who didn't--instead seeing it just as a part as one's living, whatever one did, as their full-time service.

**Mullan:** Full-time Christian service meant what?

**Goetcheus:** That usually meant, in our tradition, that for the fellows it would be becoming a minister, and for women in the Protestant tradition, becoming a missionary. In a Catholic setting, you would probably have entered the priesthood or into religious orders or something like that. In the Protestant Church, you would go on to the seminary, become a minister, for men, and for women, becoming a missionary in some aspect. But that was considered "full-time Christian service." I think there's a bit more of awareness now in terms of not so much of that separation, but that everyone is to be about life and living, making decisions in regard to their faith that puts them in "full-time service" of some sort.

**Mullan:** So if I understand, in the more contemporary thinking about this, there wouldn't be the literal bifurcation into those who devote their life formalistically to the church and those who devote their life to other things in which there may well be

Christian service. Did you wrestle with that? At the time was becoming a minister an option for a woman?

**Goetcheus:** I have to think back. There were a few, I think. Well, no, she had been a missionary, but maybe she was seminary-trained, too. I don't know that there were many.

**Mullan:** It doesn't look like it crossed your mind as an option particularly.

**Goetcheus:** No. At that point when I began to make those decisions, I was really thinking toward becoming a physician. So I don't think I ever wrestled with whether or not to go to the seminary.

**Mullan:** So that really must have started fairly early then, that you would become a physician?

**Goetcheus:** I don't know exactly, but I probably was in junior high.

**Mullan:** Where did that come from?

**Goetcheus:** I'm not sure. One is, I'm sure, out of my own faith, a sense of where I was being directed. The other was when I was in junior high, first year, they had a system where some students were picked to go around and pick up attendance cards. To get

chosen was sort of a special thing because we got to around to the different classes and pick up these, but anyway, because of that, my class schedule got changed, and I was placed into a class that I'm sure is where they had placed a number of students who had various kinds of learning disabilities and some who couldn't read.

The teacher of that class was a fellow who had been a year in a medical school. I don't know what had happened where he had been not able to complete it. In those days, at least Indiana, probably others, were on the pyramid system. They took in more students than what they were planning to keep. So that even in my class, there were between forty and fifty students who were gone after the first year, but I don't know what all led to his leaving. But anyway, he was presented with a challenge, I'm sure, with seventh graders, some of whom couldn't read, to try to make biology interesting, and he did all sorts of things and it just captivated me. In fact, when I was accepted into medical school, I sat down and wrote him a note just remembering how significant that time, that year, had been for me in his class.

So I'm sure that was part of it, as well as just in general being very directed. I was a pretty shy person and I would not share that with many people, in terms of going to medical school. In fact, I'm remembering recently, in our own community we were sharing what we call our spiritual journeys, so we all get to know each other. We have several new members, two new physicians, that we were all sharing with. I remembered when I was in high school going in to a counselor my junior year, I

remember her name, Lucille Johnson, going in, and I had taken what was then--was not SAT, but--

**Mullan:** This is junior year of high school?

**Goetcheus:** It was one of those, the testing done prior to college. I remember I had been ill that day, but I'd gone because I knew that I needed to do it. But I had not done very well on that test. I don't remember what I did, but I hadn't done extremely well. I remember her suggesting to me, maybe I should consider some alternative than going to college, talked in terms of secretarial kinds of things that I could consider. Well, when I was back out to Indiana, probably been a couple years ago now, and there was something in their alumni thing or something, anyway, if I didn't get a call from her here. I was already back here, and she called me, and she remembered me.

**Mullan:** Did she remember what she had told you?

**Goetcheus:** She remembered enough to say--she must be ninety years old now. She was old when I was there, or you know how high schoolers think. She always seemed older to me. She could remember, and she could say to me she never thought I would become a physician. [Laughter] She laughed on the phone and I laughed on the phone.

**Mullan:** That's extraordinary for a lot of reasons, including the humility of it, I mean, that she would (a) remember, (b) acknowledge, and © call you. Usually people slant the stories the other way, like, "I really saw what they really had before anybody else."

**Goetcheus:** That's right. She called. It is true, I would not have been someone to have gone to medical school.

**Mullan:** Yet by high school, you had that fairly firmly in mind?

**Goetcheus:** I wanted to, so part of that was discerning that and part of that was going into college on a pre-med program and just seeing--I knew, especially for women, it had to be pretty much all As to get in.

**Mullan:** Where did you go to college?

**Goetcheus:** We lived at that point only about six or seven blocks from a college which was then Ball State Teachers College. It's now Ball State University. So I walked there to go to college. The other thing that happened in those days, it was fairly important to know somebody, to know a physician or to have somebody recommend you for medical school. It was in my first biology course during my freshman year, and I was in the lab after class, [unclear], and the professor walked in and asked if I would like to work. I said I couldn't type, I couldn't do

anything secretarial much of anything. He said no, no, he'd find things for me to do. What I didn't know at that time, he was a pre-med advisor. So I worked during those years.

**Mullan:** For him?

**Goetcheus:** In the science department. He was the overseer of my work. So when it came time to go into medical school, then Dr. Miller could write a letter because he knew me well, in terms of a recommendation. One never knows how much it helped, but there were only eleven women in a class of over two hundred that year. We ended up--graduated with eight.

**Mullan:** At Indiana University, before you went to medical school?

**Goetcheus:** Yes.

**Mullan:** From Ball State, tell me a little more. What was the curriculum like?

**Goetcheus:** It was pre-med. It was good. It was real good preparation for medical school.

**Mullan:** Did you enjoy school? You were living at home, so it much not have been too much of a change.

**Goetcheus:** No. I was pretty focused in terms of where I was headed, so I was taking the courses and trying to do as well--

**Mullan:** Kids nowadays talk about living at home.

**Goetcheus:** Oh, no. We have children of our own now who all have gone away and had much more, probably, community experiences at college than I did because I was at home and I was working.

**Mullan:** You didn't go through a rebellious period where you wanted out?

**Goetcheus:** No. I can't remember anyway. The other thing, as far as the rebellious period, I was hooked in high school to a very close church youth group where most of your activities were focused that way.

**Mullan:** Did that continue? Was there religious organization at Ball State or did you continue with your church?

**Goetcheus:** Well, I did in the sense that I was there, but not with a youth group. But certainly in terms of that was my worship place.

**Mullan:** Before we talk about Indiana University and medical school, tell me a bit more about your thinking in regard to medicine as you anticipated it. You indicated earlier that at

some point there was this connection to international health or missionary work, perhaps abroad. Also you've indicated a baseline interest in the medical sciences from an early age. What were the values? What were the important elements that went into your thinking?

**Goetcheus:** I'm sure that I would hear from others. This was a large church, so there were a number of folks that were missionaries overseas that would come back and I would hear. I don't know that we had any physicians, but I would hear from them, in terms of the need. I remember reading [Albert] Schweitzer. Do you know the Schweitzer organization, by the way? It's up at Yale now. They've had a big conference at Yale. There's folks all over now that have been affected by them. I remember reading Schweitzer, and I remember reading--I can't even think of her name--of a woman physician who had been in India, who had begun Velorre Medical College. I remember reading those things in high school. I'm sure those sparked an interest. I knew, in hearing others come back, in terms of the needs. Mission was always very important in our own church, very supportive of, again, primarily overseas missions. That's one of my regrets. Even when I look back now, even when I was in practice there in Indiana, I'm jumping ahead, but in my awareness of both racial inequities as well as the need in this country were certainly limited. I can remember in our town, African-Americans lived primarily over in one section. I don't remember during that time thinking how unjust this is or even asking, even

when I was in practice, where are these people going to get health care? I don't remember that coming to my mind.

After we had come out here (D.C.), there's a group called Christian Community Health Fellowship that has begun now. These are health personnel that are involved in various similar kinds of efforts, various cities around the United States and rural areas. But anyway, I was with a black Baptist minister who was from Voice of Calvary down in the South, and they had one of the first 330 connections with Health Services down with Hebron and Jackson.

Anyway, I remember him asking where I was from and I said, "Marion, Indiana."

And his response was, "Well, do you know that was the northernmost city where a black was hung." And sure enough, it was.

**Mullan:** What is the city?

**Goetcheus:** Marion, Indiana. In fact, the Southern Poverty Project, a law journal recently published a picture of a young man being hung from the courthouse square, from a tree.

**Mullan:** A picture of this?

**Goetcheus:** Yes.

**Mullan:** What year?

**Goetcheus:** It was in the thirties. So my own awareness of all of this wasn't there as I was growing up. My awareness, in terms of me, would have been overseas. Then when I was in college, I went for a summer with a United Methodist college group down to a small little village in Mexico, Chicauasco, where we built latrines and did some literacy kinds of things in this small village, living in a small hut there on the site.

**Mullan:** Was this a church group?

**Goetcheus:** Yes. This was through the National United Methodist Church. I also began to experience some Third World kind of poverty when I was in medical school. One of the professors had gone with the World Council of Churches over to Zaire, which was then the Congo, now it's Zaire. It was during the time the war was on. Belgians and others were pulling out, so hospitals were very short-staffed. So a group of Indiana doctors got together to start going over to this one hospital rotating. He, one of these professors, asked me if I would like to go. They didn't have a doctor to go, so as a third-year medical student who knew nothing, went over to this hospital for three or four months. That was a significant experience for me. I lived in the bush area of Zaire, 200-bed hospital with TB wards and a leprosy camp. The Zairian people taught me a lot.

I fully thought I'd be going back. When I left there and flew out that day on this little plane, I thought I would be

going back. I had no idea that it would be in Washington, D.C., rather than Zaire.

**Mullan:** Which years were you in college?

**Goetcheus:** I graduated from medical school in '65. I graduated from high school in '58. I went on a three-year pre-med program at Ball State. So I was there from '58 to '61, although my diploma would say I graduated in '62, I guess, because my first year of medical school counted as my fourth year of college. So I had to come back for college graduation after that fourth year. So I was in med school from '61 to '65.

**Mullan:** So in terms of the political tenor of the country--

**Goetcheus:** Of Zaire?

**Mullan:** No, no, United States. The civil rights movement really had not reached much of a level of visibility while you were in college. I was just thinking in terms of your own awareness, you were not politically aware or involved particularly during that time, in terms of U.S. issues?

**Goetcheus:** No. Even in talking about overseas issues, my first introduction of that was getting out to New York, I was on the way to Zaire, and I was this little naive--I don't know how old I would have been, but like 22-, 23-year-old. They were trying to

talk me into not to going because the war was going on over in Zaire, and talking with me about some of the ins and outs in terms of our own country's involvement--

**Mullan:** "They" being?

**Goetcheus:** The mission board. I had a couple of hours to make a decision whether to get on that plane to Zaire or not. Anyway, then going and becoming aware of and seeing how they bungled (U.S. policy) so badly.

**Mullan:** In Zaire?

**Goetcheus:** It was my first awareness of our involvement in other people's history.

**Mullan:** By "ours," you mean United States or western?

**Goetcheus:** Right.

**Mullan:** Say a word about that, because I don't know too much about that. There was a leader that was executed.

**Goetcheus:** Sombe. He had grown up in missionary schools there, in the Zaire Congo, and was very highly thought of. The U.N. had sent troops in with U.S. involvement.

**Mullan:** What was his name? Sombe?

**Goetcheus:** Sombe.

**Mullan:** Was Patrice Lumumba not in the Congo?

**Goetcheus:** Yes. He was there, but that was after that. Sombe was before.

**Mullan:** He was assassinated.

**Goetcheus:** That's right. Well, Sombe was in jail, and died. The missionaries who were there were so upset about the U.S.' support of some of the corrupt kinds of things they were seeing, that they even sent somebody back to the State Department to try to talk with them but they wouldn't hear. So things got very tense. Eventually the physician that I was with was killed there, Glen Eschtruth. I just heard recently about his wife. After Glen was killed, his wife came back to the U.S., trained as a nurse, and then went right back to the same hospital where he had been killed, and is still there, in Zaire.

**Mullan:** He was killed in political violence or random violence?

**Goetcheus:** He was taken out into the bush and killed.

**Mullan:** By?

**Goetcheus:** I don't know that anyone knows exactly. One of the physicians working with us and his wife, a nurse practitioner, were in Zaire before they came here to D.C. (much after I was), and speak of going through a lot and eventually had to be evacuated.

**Mullan:** So this experience of four months was, in fact, an important one for you?

**Goetcheus:** Oh, it was a very significant one. I think it also was a deepening faith thing for me. [unclear], but certainly the Zairian people brought me to an understanding of my own faith. So I've always been very, very grateful for that.

My own awareness of suffering and racism in the U.S., even after I graduated was little. My husband had gone up to work post-seminary to do some graduate work up at Northwestern, and it was during the Martin Luther King, Jr. riots in Chicago. I can remember coming around on that "L" and seeing all those fires, and the subways being deserted in downtown Chicago. But even then, I didn't get it.

**Mullan:** Before we go on to talk a little more about medical school, the issue of your religion and your faith and your medical work. Was there a sense that this would be a manifestation of your religion to become a physician and to practice medicine? How close was the link in your mind? Was

this your ministry or was this simply a way of life in which you could do good work?

**Goetcheus:** In terms of living and being with the underserved, that position came first. What vocationally I needed to take came as a second thing, in terms of becoming a physician. I think I knew first with whom I wanted to be, and then the question of how best to manifest that service, and the choice of a physician.

**Mullan:** If the ministry had been more open, as open, say, as it is today, do you think you might have entertained that?

**Goetcheus:** Well, I don't know. I think at that point I was pretty clear I wanted to go into medicine.

**Mullan:** Indiana University medical school, early sixties. How was it?

**Goetcheus:** Well, let's see. There were eleven of us women when we started out. It was on a pyramid system. So I saw a lot of good people who were let go, and that was hard to see that happen. I probably had a different experience when I talked with the other women who were in my class, they have many more feelings and memories about having felt intimidated and squelched at various points. I was so focused on why I was there and what I was doing, I just didn't pay much attention to that stuff.

One of my experiences I remember, (and probably wouldn't happen these days now), was being in a physiology class and the fellow who was teaching it--now, this was at med school--the fellow who was teaching it was doing research and he needed some women subjects, so the women got picked out to do this. It was an experiment, to measure the basal metabolic rate. I remember this other woman and myself had to draw straws, and she got the hot room and I got the cold room. So I had to put a bathing suit on and have a rectal thermometer. My lab partners were around me and I went in the freezer room. [Laughter] I remember hardly being able to stand up after we were in there several hours. Only the women got--

**Mullan:** Several hours?

**Goetcheus:** Oh, yeah. It was a long period of time. In medical school there were always the off-color jokes and things like that, that probably are not as prominent now. But I knew why I was there in medical school and I just didn't get into it. I think some of the women who are more vocal, in terms of speaking out, felt much more of the wrath of those around them. I was sort of a quiet person, so I just didn't say much and didn't get into it. But I think it was there.

**Mullan:** How about encouragement or discouragement on the part of the faculty and the environment for the ideas you had about what you want to do with medicine?

**Goetcheus:** I don't remember. I think I always felt encouragement in that way. The counselor, the physician to whom I was assigned, that faculty person was always very supportive. And having the opportunity to go overseas came while in medical school. Smith-Klein-French pharmaceutical company also had externships where students could go overseas.

However, I didn't feel encouragement about doing general practice. In those days it was the LMD, the local medical doctor, who was always considered the low person on the totem pole in terms of intellect. When I was a senior, there were two people in our class that were allowed to go spend a semester with a family physician, and that was my only experience.

**Mullan:** You chose that?

**Goetcheus:** Yes.

**Mullan:** Only two chose it or only two were allowed to do it?

**Goetcheus:** Only two. It was an experiment. Only two were allowed to do that.

**Mullan:** Meaning that there would have been more who would have been interested?

**Goetcheus:** I would imagine. I don't know that, because everybody at that point went into specialties. That itself was a

significant experience, a small town in northern Indiana where I lived with the physician and his wife. He was in private practice there, got up and made house calls. Everything he did, I did.

**Mullan:** How was that?

**Goetcheus:** Oh, it was wonderful. It really opened my eyes to a different way of looking at medicine. In those days, too, it was by lottery what kind of rotations you might get. I remember I had a month of neurosurgery and a month of plastic surgery where I did a lot of burn dressings. I had no ortho, I had no urology. It was all--

**Mullan:** Hit or miss.

**Goetcheus:** Yes. So I think that's changed. I think there's much more of a sense of preparing folks to become potentially generalists if they want to now than what it was in those days. But in those days, everybody went into a specialty.

**Mullan:** This was the low point for general practice. Family medicine hadn't been born. How did you find this G.P.?

**Goetcheus:** They had already selected. There were two that were selected. One was right outside of Indianapolis and the other one was in northern Indiana. I think they knew both of these

people, had good feelings for both of them. So I didn't know before. They had volunteered, I assume, to do this. I think that these rotations have continued on.

**Mullan:** Was this a life-directing experience for you or reinforcing? How did you feel about it?

**Goetcheus:** It certainly opened my eyes in terms of the possibility of going into general--there was no family medicine there, so there wasn't even a choice as far as going to a family practice residency. So I think it was significant for me in terms of that, because up to that point, I was thinking of pediatrics. I began to see I really liked this direction.

**Mullan:** What decisions did you make?

**Goetcheus:** Then my husband was coming into the picture here, and so he was in seminary.

**Mullan:** Were you married at this point?

**Goetcheus:** No. We were married the day before I graduated from medical school and the day he was ordained as a United Methodist minister. He was ordained that afternoon, we were married that evening, and I graduated from med school the next morning.

**Mullan:** Where had he been in school?

**Goetcheus:** He was still in school at Northwestern at their seminary called Garrett Theological Seminary.

**Mullan:** So you courted cross-state?

**Goetcheus:** We grew up together. All through this and growing up, we had been friends, but didn't really start to date until junior year of medical school, for me, and he was at that time maybe first year of seminary.

So anyway, he was in seminary when we were married, and so I went back up to Northwestern. But I made the decision--in fact, everybody at that point was going through a rotating internship. Even if you went into a surgery residency or whatever, you went through a rotating internship, and that's what I did.

**Mullan:** Whereabouts?

**Goetcheus:** At Evanston Hospital, a Northwestern affiliated hospital.

**Mullan:** How was that?

**Goetcheus:** That was being on call every third night. I thought I was to be on call every fifth night, but they didn't entirely match, and I ended up for the first five months on call every third night, which sometimes put me on 36 and off 12. It was also a wealthy hospital, located in Evanston, and so it was a lot

of observing rather than actually hands-on as much. And just having been newly married, the hours were difficult.

**Mullan:** You rotated between services?

**Goetcheus:** Yes.

**Mullan:** Sounds like a so-so experience.

**Goetcheus:** It was so-so. It wasn't terrible, but I still was lacking in terms of general medicine kinds of understanding when I left those two experiences.

**Mullan:** What next?

**Goetcheus:** My husband was involved in several postgraduate programs, so our next years were directed by that. He went down to get a master's in religious communications at Butler University, where they had a seminary. Then he came back after that master's to do some graduate work at Northwestern. What year would this have been? We went back down to Indiana. So I graduated in '65. By '67 we were back down in Indiana, where we were to be until we came out here. He was teaching in a small Christian college there as head of the speech department and had a religious drama group. That's where I started into practice in Marion, Indiana.

**Mullan:** You'd done one year or two years at Evanston?

**Goetcheus:** One. One year of rotating internship.

**Mullan:** Then to Marion?

**Goetcheus:** No. Let's see. We went down to Indianapolis. Our son was--I've got children coming during this time. So we went down to Indianapolis. When I was in med school, one of the ways I worked my way through med school was to go out to a psychiatric hospital--it would be like a St. E's [St. Elizabeth's], a psychiatric institution, a terrible place, awful, and I worked on the children's unit for nine months until our son was born. That in itself was an eye-opening experience, too. It's been closed since. Some of these children were on adult wards. It was just awful. The only purpose I can think of my being there, I was so mad about that, that finally the children were moved off the adult ward, but it was an awful place.

But then our son was born and we were headed back up to Northwestern. During that time I worked at the University of Illinois at their health service for the medical school. That's where I had that experience of seeing all the riots going on close by.

**Mullan:** Hold on just a second. Let me turn the tape over.

[Begin Tape 1 Side 2]

**Mullan:** This is tape 1, side 2 of Dr. Goetcheus.

So this was a time when Martin Luther King was killed.

**Goetcheus:** Right. Seeing the riots and the flames shooting up around.

**Mullan:** The import of that for you was, as I understand it--

**Goetcheus:** I think it was just, again, a growing awareness. We still were headed overseas. That was our plan. There was certainly an awareness, and a growing one, but in terms of having an effect on our decision to stay here rather than to go, no.

So when we came back down to Indiana then, this would have been '67. In those days, as you know, emergency rooms were staffed with rotating staff physicians. If you were on a staff at a hospital, one of your duties to be on staff was to staff the emergency room. Well, people were beginning to get a little bit nervous. Physicians were getting a little bit nervous in terms of having a urologist run a code in the ER. So one of the physicians there in Marion came to me and asked if I would ever consider coming into the emergency room there. They just wanted to begin with a few hours on the weekend. Some physicians were afraid they were going to lose their patients, as this was one of the ways they got new patients. So there was a double-edge kind of thing. So there was some resistance in doing this. Anyway, I came in, acceptance grew, and finally there was group of five

physicians. But what it did for me was, this was the only hospital in the whole county, Grant County--

**Mullan:** Marion County?

**Goetcheus:** No. It was Marion, Indiana, but the county was Grant County. So it was the only hospital in that county. So it was a very busy place, and I'm sure lots of folks didn't have any primary care. But what it did for me was, I always say that's where my residency occurred, because it gave me an opportunity not only to be practicing, but, because when I needed a cardiologist, a cardiologist came in, and I was learning all during that time and the CCU was there, and all of those kinds of experiences were tremendous learning kinds of things.

Then I went for a year with a group of family physicians. We had three children by then, and so I was working set hours so I could be home when the children were little.

**Mullan:** This was after the emergency room?

**Goetcheus:** Well, I'm trying to think what year. I was doing some of that even when I was doing the ER. These family physicians were in an office where there were also OB physicians, so I went into the OB and did office GYN for a while and also did private practice within their office. It was their practice. That all, as I say, was all very, very good because when I was to come here to Washington, I was to be in practice alone. So that

experience led me to feel fairly comfortable with most medical kinds of situations, so I could walk in here and walk into a low-income health service and be alone and handle a good deal of the stuff that I was seeing.

**Mullan:** What was next? This would have been '68 to '70.

**Goetcheus:** We were there. My husband was teaching then. We were talking with the mission board. Everything we tried overseas didn't work. [Laughter] Everything. We should have gotten the message pretty early, but we didn't. The last thing of which was heading overseas to Pakistan. There was a hospital that was there, and my husband was going to teach there in college in a [unclear]. At that point, I guess we started out in '74 and we were waiting on a visa. It was during the oil crisis, and the U.S. was having difficulties with these countries. Anyway, the visa--we waited months for a visa--we were American, we were Christians, going into a Muslim country--all the obstacles.

So in the process of waiting for that visa we came out here (D.C.) to visit, and that was a life-changing experience.

**Mullan:** Tell me about that.

**Goetcheus:** That was coming here just for a weekend. We came to visit this small ecumenical community called Church of the Savior, that had been very involved with the neighborhood in lots

of different ways, the most recent of which was when we had arrived, they had just acquired the first apartment building, which is just two blocks away here, called the Ritz. Jim Rouse [phonetic], who passed away recently, had also been a part of the community and had helped this community spark an interest in terms of housing.

**Mullan:** This is Jim Rouse the developer?

**Goetcheus:** Yes. He had become involved with Church of the Savior. Out in Columbia, Maryland, which he built, there was a community called K\_\_\_\_\_ community that is patterned after Church of the Savior. Church of the Savior has a focus of what jargon would be "inward and outward journey." The inward part of that journey is various disciplines, spending an hour each day in prayer, being a part of a small group, which is called a mission group, which has a focus around a particular [unclear] or whatever, but a small group of people who are focused on that ministry and yet are together as a group in terms of accountability, how your week has gone, highs, lows, how your spiritual disciplines are coming along. Anyway, everybody involved is considered a minister. Everybody is to listen to whatever it is that they are to be about, and that's considered holy, whatever. It all involves in terms of somehow reaching out to one's neighbor, whoever that neighbor is [unclear]

Anyway, he had been involved with K\_\_\_\_\_, and therefore with Church of the Savior, and he sparked an interest as far as

housing. He helped them purchase this first building called the Ritz. It was terrible, typical run-down inner-city building, the roof leaking, and the garbage all through the basement. It smelled, had a terrible smell, and fully occupied. I mean, people in every one of those apartments. So they had just purchased the apartments, it hadn't been renovated when we were taken into it. The tenants in the building were just beginning to get together. They hadn't, but there was a group that had just got together the day that we were taken through. So just out of hospitality, we were introduced, and somehow it came out that I was physician. So several of the people began telling me about trying to get health care here. It was just a very deepening experience for me.

We went away that weekend and were never quite the same. We went back to Indiana still not sure what to do. We were waiting for this visa to come, and we began to explore if there would be any way to come out here. My husband was a United Methodist minister, there were oodles of United Methodist ministers here in the area. There's a seminary here at Wesleyan. The nearest they could put him would be out in Cambridge, Maryland, which was too far. So just nothing looked like it would come together to bring us out. There was no particular health ministry going on here.

But in the process, the visa didn't come. They finally gave up on it, but we got invited to go to Indonesia. We would have a hospital, my husband was going to do religious drama there in the seminary. So it all sounded wonderful. There was schools for

the kids and all that, but we could not let go. We were feeling very directed to come out here.

**Mullan:** Your husband had a similar feeling about it?

**Goetcheus:** I think probably at that point, I was much more clear on it. What he was clear on was my sense that--see, it's hard for me to talk about this without getting into faith kinds of things, but I think he was very, very certain that it was God that was directing this. Now, in terms of the clarity of being willing to risk it all, I think that would have been more mine, because we didn't know what we were coming to and we had three little children, and neither one of us had jobs coming out here. [Laughter] So we looked looney and we felt looney, and trying to tell our friends, our parents, go back to the same church where we had been, to say, "Sorry, we're not going to go."

"Well, what are you going to do?"

"Well, we're going to come out here and see what we're supposed to be about."

**Mullan:** So you passed on the Indonesia opportunity?

**Goetcheus:** Yes. So we decided just to come, and we came out to see where to live and all that. The first two years, we were sent back up to Columbia, Maryland, because they have a lot of interfaith work there, and it looked like my husband's interest in religious drama, that a number of the churches in Columbia,

they share--you may have a number of Protestant, maybe even Catholic, that share the same worship space, and so they were going to get together and do religious drama. That never really came. So I went to the emergency room there while we were visiting, and they happened to need a physician. A physician was there who didn't want to work on Monday and Fridays, only Tuesday, Wednesday, and Thursdays. So I could work two long days on Monday and Friday and have the rest of the time to help with the children and begin to move into this.

So what we did first was go back into that same apartment building two blocks away from here and start just doing a part-time health service there. We brought in sheets and put up those dividers and put exam tables in there, and just started doing--I don't remember, it was a minimal amount of health care there in that building.

**Mullan:** When you say "we," who?

**Goetcheus:** Well, in this model there would be a mission group, so it was a small group of people.

**Mullan:** So you joined a group?

**Goetcheus:** Yes, joined a mission group and began to dream this.

**Mullan:** Was this a new group? You had such a specific agenda, you ended up back in the Ritz?

**Goetcheus:** Yes. I didn't know at that time it would be the Ritz. It was a small mission group that was meeting around health issues. The thought then at that point was to do a telephone-type of crisis kind of thing.

**Mullan:** Was this Columbia-based or D.C.-based?

**Goetcheus:** This is D.C. We were coming into Church of the Savior. We were living out there because of the emergency room and thinking Al's work was going to be out there, but we were coming in here to be part of the community. So it was D.C.-based. So that led then to this two-bedroom apartment down the street. We outgrew that and moved to a two-bedroom apartment.

**Mullan:** You moved to a two-bedroom apartment?

**Goetcheus:** Yeah, down the street.

**Mullan:** With three children?

**Goetcheus:** Oh, not us. We moved, too, but I'm talking about the health service. The health service moved to a two-bedroom. Kellogg Foundation came in. Do you know a person by the name of Granger Westberg [phonetic]? Granger Westberg was a Lutheran pastor. Ever heard of the Parish Nurse Program? It's an interesting one. It's where they put nurses on staff in parishes, churches and all, and they become kind of a health

worker. Most of them are not in low-income kinds of things. Most of them are in traditional kinds of work. Anyway, that grew out of his outreach later on.

**Mullan:** Did he have anything to do with Kellogg?

**Goetcheus:** Kellogg had come to him because he had started a model in which you have a physician, a nurse, and a pastoral council working together in a holistic team. They funded these. There must have been around seven of them going before we were there. There was a great deal of emphasis upon looking at the person "holistically." So that prior to coming for the physical, the person filled out a number of things in terms of all the stress issues and such that were in their lives. When they had their physical, they sat down with the whole team and looked at their health in a wider perspective. Kellogg funded them for a number of years. There are still a few of them going, particularly in the Chicago area.

**Mullan:** What do they call them?

**Goetcheus:** Kellogg called them holistic health centers, and then each of them had a [unclear]. There's one in Hensdale [phonetic], there's one in Woodridge. There's some conference that's held every year where those folks are still--but Kellogg was the one that made that possible. I had known Granger through his work in Chicago a little bit, and he came out here and

visited when we were thinking of wanting to expand our work. Then he went back to Kellogg, and that's how we began Columbia Health Service. Kellogg provided the first money for--this would have been in '79--for Columbia Health Service, which was a two-bedroom apartment down the street. We were the first one not located in a church, in the marketplace. We started out with that same model: pastoral council, physician, nurse. We added a social worker to it.

**Mullan:** This was Kellogg-sponsored or assisted?

**Goetcheus:** Right. What we found was, unfortunately, we were all white, and our patients were African-American and the poor. That was a very intimidating thing to sit down with the whole group, let alone the kinds of questionnaires that we were being [unclear]. So we began very quickly to adapt it to our own setting. The people themselves, in terms of participating in that, and even now here or at Columbia Road--because we have two social workers there--I think there's a real sense of holistic part of that. It's not in the sense where we sit down as a whole team with the patient. It was too much. Anyway, that's how Columbia, the first three years, went, was because of that Kellogg grant.

**Mullan:** You were the only physician?

**Goetcheus:** At that time.

**Mullan:** Who were you seeing?

**Goetcheus:** People here. Besides the Ritz, other buildings began to be purchased. There are now nine low-income apartment buildings in the area, purchased by the group now called--it wasn't then--but called Jubilee Housing. So there are nine low-income apartment buildings. So persons that were living in the Jubilee apartment buildings and then other poor people who were living in the neighborhood. That was in '79.

We get into the first part of the eighties when the war in Central America and El Salvador was going on, and so a great influx of Latinos here in the area, our patient population changing tremendously, now going to making sure that our staff had bilingual capabilities and could reach out to those folks. We moved from a two-bedroom apartment to where we are now across the street in '89 out of a need of more space. Other physicians began to come.

**Mullan:** The Jubilee apartments, now nine in number, lesser in earlier years, are essentially places for low-income, many of whom have been homeless?

**Goetcheus:** I wouldn't say the largest number. These are primarily for families. There are some singles, but most of them are for families. One has been adapted for elderly, Sierra Circle. They're not, but the rest are for families. So there are some homeless, but the largest percent are not.

**Mullan:** People of low income.

**Goetcheus:** Very low income.

**Mullan:** Most of whom have not had any kind of regular medical services. That was the core of the practice as it developed?

**Goetcheus:** Right. Anyone here in the neighborhood, if you were poor, you could come. Even now that's the criteria for us. In fact, we can't take any new patients right now, but the way you become a new patient at Columbia Road is the social workers talk with you first to make sure you're poor, if you have other resources.

**Mullan:** The nature of the medical problems and how you related to things like hospitals and Medicaid?

**Goetcheus:** That was a real learning experience. Do you know a health service called Community Hope?

**Mullan:** Yes. Tell me about it, though.

**Goetcheus:** When we were still in the Ritz then, I had met the folks at Community Hope, and they had just purchased the building where they are now on 1417 Belmont. If the Ritz was in terrible condition, you should have seen the Community Hope building. It was unbelievable. There was only one person, Rita,

there. The only electricity, there was a light that would hang down with a bulb on it. Her family was there. She became a receptionist, and now she's with the partnership. She has an executive position with the partnership. But anyway, she was in that building. So we went into what now is their chapel, and we set up a little health service. This had been back before we ever put the two-bedroom one down here. How did I get on Community Hope?

**Mullan:** Talking about developments.

**Goetcheus:** Okay. So I was seeing patients right away from both here and the Ritz and Community Hope that were coming in.

**Mullan:** Now that's far away? I'm not sure.

**Goetcheus:** No. It's just here at 1417 Belmont. It's right between 14th and 15th on Belmont. So you're right across from the Meridian, part of Malcolm X Park. So you're about five blocks away.

**Mullan:** What year are we in?

**Goetcheus:** I know why we went there. It was one of the two early buildings was there. They had purchased one called the Cresthill (phonetic). This would have been probably in '77.

So right away I needed specialty care. I needed upper GIs, lower GIs, and no place to get them. I needed to be on hospital staff. I went to Georgetown, unwittingly. Unwittingly for two things. One is they would never allow, now they do, but they would have never allow a family practitioner. Although I wasn't even a family practitioner, this was before even any of that, but they would never allow a generalist on the staff, let alone, when I was honest about it, my patients would be uninsured. So they sent me to Dr. Land [phonetic]. He sent me over to Providence.

**Mullan:** Who was Dr. Land?

**Goetcheus:** He's passed. He was head of their--this was in '77 or something, so they had begun a family practice program. He had sent me over to Providence.

**Mullan:** Providence Hospital?

**Goetcheus:** Providence Hospital. I met with Sister Irene. She was very welcoming, no problems as far as being uninsured. That's where I started on staff. [unclear] patients. Even with that, trying to get through to get X-rays and all that was a major problem. So then I tried D.C. General, and there was no way. At that point, the only way I could get an upper GI or whatever diagnostic procedure I wanted done on an out-patient basis was to go through that emergency room, was to literally

send the patient in with a slip into the emergency room saying I need an upper GI.

**Mullan:** For Providence?

**Goetcheus:** No. I had no route to get diagnostic work out-patient at that time, except to go through the D.C. General emergency room. We tried to get direct into the clinics, had no success at all getting into the clinics. We do now, but this was early days. So it meant sending someone to the emergency room, having the emergency room doc schedule them while they were there getting scheduled for a medical clinic, hoping that the reason they were sent in the first place to get an upper GI would get there at the appointment, whenever that was, hoping the person would then come back for the upper GI, and hoping I would ever get the results. So it was extremely frustrating.

So those early days, in terms of all the obstacles to care, in fact I got into trouble with D.C. General at that time. The guy who eventually became very involved with the beginning of Health Care for the Homeless, Bob Johnson, who was madder than a snort at me because I preached a sermon. I preached a sermon one time over here at Potter's House--it really wasn't a sermon, it was during a worship service, but I just shared all my frustration.

**Mullan:** Potter's House is?

**Goetcheus:** It's a coffee house that's adjacent. That was one of the outreaches of Church of the Savior. It's adjacent to Columbia Road. I just shared my experiences with trying to get patients through that D.C. General system, and someone sent a copy to Bob Johnson. He was so mad at me. Did you ever know Lou Diamond? He was head of medicine over there. He's with some private group now, but anyway, he was head of medicine there on the Georgetown side of it. They were so upset. All I was doing was sharing all the experiences that patients had had.

**Mullan:** It probably helpful, was it not?

**Goetcheus:** Oh, no. It was very threatening. I got nasty letters from them, but as the years went on, he was helpful in getting Health Care for the Homeless going.

**Mullan:** This was Bob Johnson, who was a hospital administrator, who has since moved on.

**Goetcheus:** Yes, he's moved on.

**Mullan:** I know Bob.

**Goetcheus:** In those early days, but then we became friends and he was helpful, and Lou Diamond. I think he tried very hard at D.C. General. There was just no openings in terms of trying to set up, as he would say, a private practice kind of model in the

middle of D.C. General where the emphasis was on continuity. He had it all planned out where Georgetown would do that and have your medicine clinics set up that way, but he never got the support.

**Mullan:** In terms of the experiences between 1979, when did you actually move there?

**Goetcheus:** We moved in August of '76.

**Mullan:** The Columbia Health Service actually opened in '79?

**Goetcheus:** Yes, and before that we were at the Ritz, with Hope, and started going over [unclear].

**Mullan:** But between then and now, there have been many developments, and you listed off numbers of institutions which have been spun off of your efforts and the general efforts in the community. Maybe if I just gave you an open mike and asked you to summarize in short form the developments over the years, because the whole history of all these institutions and your involvement with them is, I'm sure, very extensive. For our purposes, if I can just get a précis of the developments, because then I do want to talk about your work now and how you see the system and your life now, but in order to fill in between the mid-seventies and the mid-nineties, if you could give me just a

fly-over, filling in the important institutions that you have either spawned or worked in over that time.

**Goetcheus:** We started going over to SOME.

**Mullan:** Which is So Others May Eat?

**Goetcheus:** Yes, it's a soup kitchen. Just took a small room adjacent to the [unclear]. That's where we began seeing lots of homeless persons. That led into the experiencing of desiring a place at Christ House, because that's where we were seeing folks that we were turning right back into the street.

**Mullan:** So the SOME experience was which year, roughly?

**Goetcheus:** I can't remember what year we started that. Probably '81.

**Mullan:** So you had Columbia Health Service as the first.

**Goetcheus:** Yes.

**Mullan:** Then the work at SOME.

**Goetcheus:** Well, C\_\_\_\_\_ Hope.

**Mullan:** C\_\_\_\_\_ Hope, which we talked about, which was next.

**Goetcheus:** Then SOME, and then Christ House came out of that experience.

**Mullan:** How did that happen? A word about Christ House.

**Goetcheus:** By that time there were three physicians: myself, Don Martin, David Hilferton [phonetic]. We were all sensing the need for a place that homeless persons could come and could recover.

**Mullan:** Mid-eighties, there were three physicians, and it was Don Martin. He was based?

**Goetcheus:** Both of us were both going to SOME and here. I was going to SOME, C\_\_\_\_\_ Hope, and Columbia Road until David came, and David didn't like doing all this jaunting all over the place. So he took C\_\_\_\_\_ Hope, and that freed me up then. That's when Health Care for the Homeless was starting. So the same time Christ House was beginning, then Robert Wood Johnson and Pew gave the 25 million across the United States to begin Health Care for the Homeless.

**Mullan:** That would have been 1986, '87?

**Goetcheus:** No. The grant came out in '84. It came here in '85. So the Health Care for the Homeless began on the back porch. It was a back room. There were desks in there. That's where the teams came back because at that time we couldn't stay out in the

shelters. [unclear] was one of our places, that was before it was renovated and it was just--I don't know if you ever saw [unclear] before, but it was an experience. We didn't have water and we carried in water to wash our hands there, and rats, etc. So anyway, the teams would see patients and they would bring charts back and do their work. Then that led to Christ House. Christ House opened in December 24th of 1985.

The only other thing during those years was that early on at Columbia Road, the city had come to us and said, "Would you begin a pre-natal program?" They offered fifty thousand, and that was much more than our salaries at Columbia Road, but even in those days, you could never get an OB for that. So we hired two nurse midwives and put them on staff at Providence. Then we had two OB physicians, one who came--her husband was here, Oscar Hamilton [phonetic], and then an OB that followed her along with the nurse midwives still connected into Providence doing some, but the people that were high-risk at Holy Cross, but primarily at Providence.

Then Patuxent came to us, which had combined the program with the Upper Cardoza program [unclear], put those together and formed [unclear]. So that's when we took our staff, combined it with [unclear], besides Maria.

**Mullan:** Was Maria at Cardoza?

**Goetcheus:** She was at Cardoza. So we did that. We linked it into Providence, moved it down the street to their [unclear],

hunted for a facility here and moved it down there. Maria [unclear]. That was happening. I don't remember what year, though.

**Mullan:** It's amazing the number of institutions that have grown out of this. The [unclear] Center is a wonderful place today, folks focused on maternal/child health. December 24, 1985, Christ House opened. What was the vision here?

**Goetcheus:** The vision was to have a home where folks who were homeless and who were sick to simply come and recover. It was also very much a place where we wanted to live. We all lived here. David lived just a few blocks away. Don lived down the alley, and we lived a block away. We'd moved into the city in '79, when we left Columbia, and came in here. That was a major transition in our lives at that point, with the three children and their own transition. Anyway, we all lived in this neighborhood, but we all very much wanted it to be a home for people and part of our kind of faith journey, we wanted to learn to be with people and not just to do for people. So part of the decision was that we would come and we would live here, too.

So it's been a learning experience for all of us through the years. Much sicker people. We thought we knew pretty well who would be coming, because we'd been seeing a lot of homeless persons, knew the type of problems we would have, but certainly much sicker. I think that's been as the years have gone on

because people are kept in the hospital a much shorter period of time. They're back out on the street [unclear].

**Mullan:** But the idea of Christ House is it would provide not only residential, but residential facility for the sicker member of the community?

**Goetcheus:** You had to be homeless and you had to be sick. We picked out the sickest ones to come because we had a limited number of beds.

**Mullan:** How large of a facility?

**Goetcheus:** On the second floor are thirty-four beds.

**Mullan:** That second floor is?

**Goetcheus:** It's a nursing floor, the one you came up on. There are thirty-four there, where the nurses are. There's twenty-four-hour nursing care. Originally this was not part of the dream. We thought these top floors would be for medical students and others who were coming to volunteer. We eventually knew we wanted to use these rooms for men who had been on second floor, but were not ready to go out and live independently, had had a stroke, were demented, whatever reason, that needed to stay here longer. So we got a house down the street for volunteers called

the Manning House. It's right across from Joseph's House. So that's why there are a couple of [unclear] here.

**Mullan:** So there are transitional [unclear]. How many beds?

**Goetcheus:** There are eight beds. For a while, the folks that were here, the men, were here for at least a year because we'd have to have them here. We'd have to be trying to find apartments in the neighborhood where we could get them to. That's when we put the new place across the street. It just opened in January. That's thirty-seven apartments, and that is for chronically ill homeless persons. Those folks who came in, [unclear].

**Mullan:** What is that called?

**Goetcheus:** Kairos. K-A-I-R-O-S. It means a special time in someone's life, a time of change. It's just been opened in January.

**Mullan:** There's how many?

**Goetcheus:** Thirty-seven apartments. The other thing that was happening is that we began to see much more HIV people.

**Mullan:** In Joseph House?

**Goetcheus:** [unclear].

**Mullan:** I'm just trying to get the institutions.

**Goetcheus:** We started seeing a lot more HIV. A lot of things have happened around this table. We sat around this one evening and David was here.

**Mullan:** David Hilferton.

**Goetcheus:** We made a decision that we needed to get a house just particularly for them. The numbers were going to be so great of HIV. David came back to us and said that he and his wife and kids, if we could find a house, he and his wife and children would move, and we began putting HIV folks in. That was Joseph's House. So Sister Marcella, who lives upstairs, went out here, walking her dog, and found a house in the neighborhood over here on the corner.

None of these things have we ever had money for when we started. We had no money when we started Christ House. We began sharing the vision and figuring out how we were going to do all this stuff. So we might go into foundations and see what we could get to pull it together enough. Anyway, that's how Joseph's House--and three of the men, the first three men--what year did Joseph's House begin? I can't remember how old it is now. Anyway, Howard [unclear] this past weekend. There were three men who were living with us here on this floor who moved.

When David moved over, then three men moved over. He was the sickest of the three men and we thought he would probably pass first, and he just passed.

**Mullan:** This would have been in 1990 or something?

**Goetcheus:** I'd have to guess it was around six years ago.

**Mullan:** So there's Joseph House, which is HIV. There's Mary Center, which is maternal and child health. There's Kairos, which is the chronically ill homeless.

**Goetcheus:** Permanent. That's permanent housing. If they want to stay there, they're welcome.

**Mullan:** Chronically ill, permanent. There is the Christ House, which is homeless, sick, non-permanent. The Columbia Road Health Services continues?

**Goetcheus:** Yes. There's five of us there, but it's various. It's not five at a time.

**Mullan:** Five physicians?

**Goetcheus:** Yes. It's Don Martin and Bob [unclear], he teaches at Georgetown. They are all family physicians, except a pediatric nurse practitioner.

**Mullan:** And Jubilee Housing?

**Goetcheus:** That's not. That's much before. There's a whole number of outreaches of Church of the Savior around this neighborhood--Jubilee Jobs, there's a number of children's, there's a garden center which is a Montessori school, FLOCK, [unclear]. Did you ever hear of an institution called Junior Village?. It was here. It was an orphanage years ago.

**Mullan:** So Jubilee Housing continues with its own projectory?

**Goetcheus:** Every one is a separate non-profit type of thing.

**Mullan:** The network of health related institutions, is there a framework under which they all work, or is each one independent?

**Goetcheus:** They're each independent, they're each non-profit. Like Health Care for the Homeless has its separate board, Christ House has its own board, Columbia Road has its board. They're all separate non-profit.

**Mullan:** The Health Care for the Homeless as an institution is maintained an administrative and service life that's grown outside of this community.

**Goetcheus:** Oh, very much so. We were just the beginning overseers.

**Mullan:** Tell me about that, because you've been involved in that, in terms of your current job.

**Goetcheus:** In '85 when we began, there was a board. Our vision was always that the money would be used to put health services within the shelters. The board might know this, but we knew that we had Columbia Road, we had SOME, we had C\_\_\_\_\_ Hope. What we needed was to go directly into the shelters. The first shelter we went into was on Emancipation Day in February of '85. It was in a coat room. You know these shelters were in old school buildings. So we had a coat room and we built another little room onto it, and that was our first health service for Health Care for the Homeless.

[Begin Tape 2 Side 1]

**Mullan:** This is Dr. Goetcheus, tape two, side one. You were saying about Pierce?

**Goetcheus:** That Pierce Shelter was the first shelter we went into.

**Mullan:** Let's close for a moment on the homeless. As I understand it, homelessness was less a phenomenon or less an appreciated phenomenon through, say, the 1970s. But by the mid-1980s as you worked in this community, and this community mirroring others around the country, homelessness had become a

very prominent and disastrous feature of community life.

Describe that a little bit. Where did it come from? Did we not appreciate it before or was it getting worse?

**Goetcheus:** My sense would be that the numbers were increasing. I'm not an expert in that area, but the housing stocks were going down. The old kind of what we knew then as SROs, the old boarding houses and all of that--

**Mullan:** SRO being single residency--

**Goetcheus:** Right, but the where people used to go into these and get very cheap rooms and stay, all that kind of housing was going so there were more people out on the street. Drugs were coming in and adding to all of this. So I think the numbers were increasing during that time. Here in this city, in terms of raising the consciousness or the voice, you had a person like Mitch Snyder, who was coming in here, who was just really not letting anybody forget what was going on here. So that was part of the consciousness-raising here in this city. I don't know here in D.C. what the numbers looked like really in terms of the number of homelessness in the seventies as compared to '85, but my sense would be because of all sorts, one of which was because of the housing, the number of housing units decreasing, the more the homeless.

**Mullan:** As I understand it, at least two important external things happened to assist those who were interested in health care problems. One was the Robert Wood Johnson grants started, you describe in '85 or '86, of which you were a recipient, and they continued for some time and then phased out.

**Goetcheus:** Yes.

**Mullan:** But then the federal government got involved.

**Goetcheus:** McKinney Act. And that wasn't just health care. That was various housing and all.

**Mullan:** It included health care.

**Goetcheus:** And it included Health Care for the Homeless.

**Mullan:** Do you recall when did that start?

**Goetcheus:** The Robert Wood grant was for four years, so it kicked in--I don't know. I guess since this was '85.

**Mullan:** Late eighties. And you were recipients of funds for that?

**Goetcheus:** Right.

**Mullan:** And it continued?

**Goetcheus:** Right, as well as some city money. There were originally nineteen cities, and each city had to decide how they would continue on, and every city's model looked a little bit different in terms of how they delivered the health care and how they continued on with it. Here in D.C., it was through the McKinney money, which still is the major source of our money, and it was through some local money which had diminished through the years, particularly now.

**Mullan:** The Health Care for the Homeless organization grew in the city and now has a responsibility for broader health care. Tell me about how that developed and how that's functioning today.

**Goetcheus:** In terms of 330 involvement or other? HIV stuff came in, so we began to get HIV money, and that led into some things that weren't just primary care. It led into a drop-in center for homeless persons. It led into another respite area like Joseph's House, a small house. So that was another aspect that grew out of Health Care for the Homeless. Then the number of shelters we started going to, those increased in numbers as we added additional shelters. Then what happened with the homeless families here in the city, they were out at a 1,000-bed shelter out on Capitol City Inn, a terrible, awful, awful place. Then

the city put the homeless families in Pits, which is also awful, awful place.

**Mullan:** That's Pits, P-I-T-S?

**Goetcheus:** Pits Hotel, when you're coming up Fifteenth Street right at Belmont, and look over there. They put all those homeless families. They paid an inordinate amount of money. They could have put them up at the Watergate and paid less, and they put them up at the Pits. So we had health services there and there was one other hotel down at Fifteenth and Rhode Island--General Scott. Anyway, but what happened, they decided they were not going to no longer have hotels. They'd put them out in Southeast in public housing projects. So that led us going out to traditional kind of health services to reach homeless families. So we're out of a public housing project called Woodland Terrace five morning a week. Then we went into a church and then moved that one from the church into a professional building right at Martin Luther King Avenue where there's a big chair, but it's only part-time. So we had been doing some not-in-shelter kinds of things when the 330 came, and that came this past year.

**Mullan:** Tell me about the 330 happening. It's the community health centers in the District that were in bad shape.

**Goetcheus:** Right, and had been in bad shape a long period of time, as long as I can remember--C\_\_\_\_\_ Hope was right down the street--as long as I can remember in terms of being able to access those health services for the people that we were seeing, often uninsured, who had [unclear]. So I know from that standpoint through the years of trying to make any kind of a cooperation with them, it was very difficult. So I knew a little bit that they had lost a number of physicians and that kind of stuff.

But anyway, the feds knew us because of involvement, because we were a 330 program, and because we had to go through inspections and all that, and just because we're here in D.C. So I think that led to their--when they knew that they no longer wanted to fund them, coming to Health Care for the Homeless, which was a real struggle for the Health Care for the Homeless board to know whether to do this or not because they knew it had the potential of being so overwhelming that it could really affect our ability to sustain ourselves in our 340 program. So there was a lot of soul-searching with regard to whether or not we would take these on. Anyway, ultimately made the decision to do it.

**Mullan:** Your role has been as medical director for the Health Care for the Homeless operation as a whole. When did that start?

**Goetcheus:** From the beginning. Since '85, that's my primary work, is with Health Care for the Homeless. I mean, I live here

at Christ House and, yes, I'm here, but that's part of my life. My patients are here and I'm over at Columbia Road, but I'm only on at Columbia Road a couple half-days a week because the rest of the physicians can carry that for me now. I need to go in there to maintain contact with people and with homeless people who live there who come over to see me over there. But my day to day, where I am during the day is the Health Care for the Homeless.

**Mullan:** That's principally administrative?

**Goetcheus:** No. I take one day--I'm trying, we'll see what happens--I'm taking Wednesdays now and I'm at Cardoza and just do administrative meetings on Wednesdays. I'm trying that.

**Mullan:** But the rest of the time principally clinical. Clearly you enjoy the clinical work, you've stayed at it, the administrative side of things?

**Goetcheus:** Huh-uh.

**Mullan:** "Huh-uh" means you don't enjoy it?

**Goetcheus:** I'm not good at it. I'm good as far as being able to vision and dream, but in terms of really getting down to organization and getting all the lists and getting that all, that would not be a gift for me. Writing would never be a gift. I can tell stories of daily experiences, I can do that writing, but

I cannot do the things that a really good administrator needs to be. So that's not a gift.

**Mullan:** You had mentioned a decision made by your family and others to live where you work. Tell me about both what went into that and how it's been. It must be a very difficult decision when you're working in a tough neighborhood.

**Goetcheus:** There are two parts to that. One was early on in terms of moving in before Christ House and bringing the children into the neighborhood. This was back when the neighborhood was a much poorer neighborhood. The decisions that we worried about, safety issues for the children. The children, when they were in Columbia, Maryland, thought they were in heaven. There was every recreational thing any child could ever want. So to move in was a very major decision for us, and especially when they began to have some trouble here in the neighborhood.

**Mullan:** The kids began to have trouble?

**Goetcheus:** Yes and at that time we would ask ourselves, "What have we done?" If you talk to the children now, I think you will hear 90 percent will be a very positive thing for them, a real appreciation of the gift it was for them to be there. But even then, they'll start to tell their war stories and then I'll be able to [unclear]. So anyway, that decision was hard, but what we were convinced about, or what we thought we were at the time

was, I was more worried about what was happening to them in Columbia, Maryland, than I was over what might happen to them here. I was more worried in terms of the values. They were so apart from seeing the daily suffering that we were seeing, and they were so apart from getting to know the people that we knew and that were so enriching. That's one of the joys of my being here. The guys who walk in here, they're like family to me, and I'm grateful for them. It's wonderful. And we wanted them to have those kinds of experiences.

So we felt schizophrenic. We felt like we were preventing the children from really knowing their richness of the people that we knew, and we wanted them to have those same opportunities. And that meant living here. It's very hard to do it and bring kids in once or twice a week, at least for us. So anyway, that led to the decision here.

The decision to move into Christ House was an easy transition for the kids and everybody else because we had already done it. But the decision here, again, was to be with people. We wanted it for ourselves, as far as our own journey, but also we felt it would important. See, behind this, I can't tell the story of Christ House--there's actually a faith community, and in that faith community are homeless people and others and we're together on a--

**Mullan:** A faith community is?

**Goetcheus:** It's the heart of Christ House. Anybody wouldn't know that, but like every Thursday night there's a dinner and it's lovely. We always get stuff that the men will like. But always meet downstairs, and then there will be a simple liturgy. And then there's usually a gospel group that will come in and [unclear]. This group is six of our guys, homeless guys, that did the group. I had to go out to a shelter event and I missed it.

**Mullan:** The singing group?

**Goetcheus:** Oh, yeah. One's a guitarist. He's [unclear]. He's now with us upstairs, he's not been here too long, but he'll move over to the [unclear]. He was the guitarist and the other five guys, these are guys who have been in prison, just awful kinds of things, and all are sick. One's going for a carotid endarterectomy this week, I'm scared to death over it, and he's already had two strokes. Anyway, they're all in leadership positions now, some of these. I didn't even talk about that, how these guys [unclear] responsibility the decision of who comes in that building or not. The leadership all happens through the men. But anyway, these guys were the ones who sang. But there's a faith community behind that that brings this all together.

**Mullan:** A faith community is the group that meets.

**Goetcheus:** It grew out of a model of Church of the Savior. So there are gathering times, like on the Thursday night when we're all getting together.

**Mullan:** This is a group of people who formally constitute this community?

**Goetcheus:** Well, on Thursday night it's for everybody. Everybody comes for dinner. It's just dinner downstairs down in that big dining hall, and you then you can stay or not stay or not stay, and then there's some sort of a singing group. That's the thing on Thursday night. On Sunday morning it would be a more formal service. We're Catholic, we're Protestant, we're all sorts of things. It's like an AA meeting, there's a Eucharist at the end. It's a very ecumenical kind of a thing. We use a black Catholic hymnal that has all the old Protestant songs that most of the men knew, having grown up in Baptist churches. But beyond that then, there are these small groups.

**Mullan:** I'm just trying to understand these faith groups.

**Goetcheus:** I know. It's so hard.

**Mullan:** But it's very, very interesting and important to understand for telling the story. The faith community, I'm not sure I have the right term, but the Church of the Savior mission

group concept, in which there are a handful of six, eight, ten people?

**Goetcheus:** Ours is only five, the mission group I'm in.

**Mullan:** That's based here? What is the relation between the mission group, as in the one you're in, and what you're calling the faith group or the faith community?

**Goetcheus:** When someone wants to move into membership to be a part of the faith community, and this commitment is made on a yearly basis, you can drop out of membership if you don't want to keep the disciplines or prayer or whatever, but when you do that, you go through a preparation for doing that. That means there are classes: Old Testament, New Testament, prayer. There are six classes you go through. We've [unclear] because they're not Church of the Savior kind where you wrote papers and all, sort of like a mini-seminary. Even ministers, my husband, all went through, but we had to do that because a lot of the men don't read. So we used these and taped the lessons and that still happens.

**Mullan:** So that's preparation?

**Goetcheus:** That's preparation. Then after you've taken four of those courses, you can go into a mission group if you so choose. Those mission groups are around certain [unclear]. Our mission

group--do you know Family Place? It's another one of these. All of our mission groups are centered around things that happen here at Christ House. Most of them began with things out in other places. Anyway, the one I'm a part of has to do with welcoming new people, and so the guy who runs the [unclear] downstairs, he is also on the board of Christ House now. He, myself, and two others are in that mission group and we're together on a weekly basis. Then there's so many levels of community.

Then the residential community who live here also gather for a meal every Tuesday night. They're sharing dinner, there's accountability in it. That's at the heart of Christ House, but nobody would know that, but that involves men and growing in community with the men and how you bring out the men's leadership here and empower them to be the leaders for their own community.

**Mullan:** To wind down here, general questions I want to ask, just finish out on the kids. How have they done? What are they doing now?

**Goetcheus:** Well, they're wonderful. Our oldest went law school. He went to Catholic [unclear] for grad school, and he is a Senate legislative counsel now. [unclear], he's doing Medicare and lives here in the area.

**Mullan:** In the community?

**Goetcheus:** No. His wife teaches first grade in Montgomery. Our middle son is a food manager for a large Lutheran retreat center out in the Cascade Mountains. He's been there four years. And our youngest is a nurse at D.C. General and is going back taking chemistry now, trying to decide whether or not she wants to go through med [unclear] or whether she wants to go into nurse practitioner training. She's in the emergency room at D.C. General.

**Mullan:** That's great.

**Goetcheus:** She's here at Christ House with us. She's the only one who lives here.

**Mullan:** You lived through a period in this city of a lot of change and, one would think, a certain amount of social deterioration. I don't know whether that's fair, but I'd be interested to know what your observations are on the life of the city and how you feel about the outside players--federal government, city government, philanthropic community, how they have related to the inner-life of the city you have been so involved with.

**Goetcheus:** In terms of the social deterioration, I think it certainly has worsened in terms of access issue for health care for all people. I think it's worse now than any time I can remember. I think there's less access now and I think it's going

to get worse. I don't see anything ahead that's going to change anything. [unclear] people out on the street. Like I [unclear] one of these families on Wednesday night, generally younger folks, crack-addicted. They're lining up for the soup [unclear] and hopeless. I only see worse things ahead, and worse things ahead for them, in terms of accessing health care.

In terms of the city, our foundations, or all that, foundations are being inundated because the government money is drying up. Then they're getting a lot more applications so they have to try to divvy it up around. Foundations want to [unclear] get going, but they don't want to do general budget stuff. So we're seeing non-profits really struggle to stay alive.

In terms of government stuff, of course here in the District, that's a story in and of itself. We lost all of our funding here at Christ House locally. Health Care for the Homeless is struggling because it sort of can't pay its bills, and therefore those payments don't come in. Whatever happens, [unclear], jargon is public-private cooperative. I don't think non-profits can do it, never handle the need. It's always going to have to be a cooperative effort between the government, foundations, and non-profits.

**Mullan:** You've seen D.C. government establish itself as a quasi-independent force and then kind of, at least in the eyes of some, fall apart. How do you feel about that? You've been a theoretical recipient of their benefits, and yet it's not been a pretty picture.

**Goetcheus:** Part of it is I ache. The part that makes me ache is that in knowing the history of racism in this country and knowing the history of this city in terms of empowerment for African-Americans who have been so oppressed, and now to see that power yanked away from them is very sad and doesn't recognize all that this, what particularly white citizens of this country have done to oppress people. So the [unclear] I feel very sad about.

**Mullan:** As in the control board asserting itself?

**Goetcheus:** Yes. That's the one part. I also know that people are suffering there. So I know the need. Even when we get involved in [unclear], when things were so terrible at the shelter, we were part of being expert witnesses and going down and testifying against the city and all that. But that's necessary in terms of you can't allow people to continue to suffer. You can't allow the kids in schools to continue to suffer. But there's a gleam in some folks' eyes, as far as--

**Mullan:** "We told you so" kind of thing?

**Goetcheus:** Yes, or a sense that, "African-Americans couldn't do it. Now we're going to have to take it back." So it's [unclear]. What we've reaped in this city. How young is this government? It's not very old. D.C. was the slave-trade capital of the whole East Coast. They paraded slaves up and down in front of the Capitol Building. The Europeans used to be so

embarrassed when the Europeans would see all this happening. Then to see and to know that history through the years, how they went through the false shepherds [phonetic] and all those aspects of it, the council being appointed, the corruption, I don't know what we're getting, because by history what the federal government did here was terrible. I mean, as corrupt as could be. Then finally getting to an elected mayor, which was a major thing for African-Americans to be able to have that kind of an opportunity. Now that we're back into a predominately white, it's--

The other one, and I can hardly even talk about homelessness [unclear] the whole jail stuff and what's happened with the [unclear] justice system and the jails, numbers increasing, the impact that's going to have on social [unclear].

**Mullan:** Appreciating that the outcome of that is more shredding of social life and people who are bereft of skills, what is your front-end approach to that? What ought we do, given rate of violent crime, and crime, and drug-related crime, and so forth?

**Goetcheus:** Whenever anybody ever asks me how to end homelessness, I always say start with the children. So if I had X amount of money, that's where it would go.

**Mullan:** [unclear].

**Goetcheus:** If we don't, we're in trouble. We're already in trouble and it will get worse. Someone told me Marion Wright Edelman, the Children's Defense Fund, just issued something that showed Washington as the worst city in the nation for a child.

**Mullan:** You've seen the neighborhood change a fair amount. Poverty and related issues were largely an African-American phenomenon twenty years ago. Today this community has got a large percent Hispanic and then there are others, at least in terms of upper Cardoza, I'm aware that there are many different groups.

**Goetcheus:** Vietnamese.

**Mullan:** Right. Residentially they are not necessarily in this community, are they or are they not?

**Goetcheus:** Vietnamese in Mt. Pleasant area, a large number. I think we saw several transitions, one with persons coming from Central America from the war and very poor Latinos here, multi-family dwelling kinds of things. Then what we've seen most recently is the gentrification of it. So folks with money coming in and buying up. You can't touch any property here. I suppose the cheapest house you could get here in the area would be around \$400,000 to buy. Your rents for an efficiency here in this neighborhood, other than Jubilee Housing, but in a normal efficiency--we rented a two-bedroom apartment, we had four of the

men in a two-bedroom apartment down the street, Park Plaza. It's an okay apartment, but it's not anything fancy. Twelve hundred dollars. So we've seen all this property bought up, renovated, sold, renovated again, resold. So the number of poor are decreasing in this neighborhood and they're being pushed out. There are areas that the whole neighborhood will become a Georgetown type of setting.

**Mullan:** Is that proceeding rapidly? What does that mean for the institutions that you've got implanted here?

**Goetcheus:** Well, as far as Christ House, that's okay because folks come to us. There is a homeless shelter at La Casa [phonetic], but the homeless shelters tend to be more downtown so people come to it, so it won't affect us here. The health service, it may well affect us. It will be whether people can get to us. We're on a good bus line there at Columbia Road. In terms of upper Cardoza, not a good bus line there. So I think people could get to those health services even if they were being pushed out as they are over east of the river and south east of-- oh, my, that's a whole other story. I've been in lots of poverty kinds of situations. At least maybe part of it's being new over there, but these are African-Americans, many of them older folks who haven't had health care. Here in this area there will be one block of poverty and then all these new houses all being renovated, but there it is just continuous rows of people who are very, very poor, living in bad conditions. It's a whole

different feel for me in Southeast. It's a forgotten area of Washington.

**Mullan:** Throughout your work, certainly here in D.C., you've been a minority. You've been a white working in either African-American or Latino, or other minority community. And that's been in a time where it's been increasingly difficult, as compared to, say, the civil rights movement when whites working among blacks was relatively easy. We've got all kinds of racial tensions. How has that progressed for you and how do you feel about that now?

**Goetcheus:** In terms of Christ House and Columbia Road, we've really struggled with that, because we're primarily white. The thing we have to struggle with is salary level, because the salaries here and at Columbia Road are low, and the only people who come here to be with us, in terms of being employed here, are primarily white or on some sort of religious faith journey that they want to do this work. That markedly limits it, in terms of our having paid staff who are minority. The only people we pay on regular market-value salaries would be our medical assistants. We pay higher than what they would get in a regular setting.

It was less so through Health Care for the Homeless, because those were federal salaries, but, as you know, even for physicians, those are low, and again we struggled with it and have had just to say, like in Southeast, "We won't hire a nurse unless it's an African-American nurse." Sometimes that's hard

for the amount of money we can pay, even on a federal thing. So we've been very aware of it, and I think it's hard when we go to even my involvement as a medical director. I think it would be much more preferable to have a medical director who was either Latino or African-American in this city than someone who's white. So we do struggle with those issues and not always very successfully.

**Mullan:** Primary care has become much more a trendy concept now than it was a few years back, certainly when you were struggling to do your externship in medical school where only two in the class did it. It's been important, I would gather, at least your background has been important to your work, but many continue to feel that specialty services are the way to go and maybe doctors shouldn't be in primary care at all, we should have nurses and specialists. As you've watched the issues of primary care and the issues of health policy swirl around your work here, how do you feel about that?

**Goetcheus:** I heard Jesse Barber say that the poor don't have enough of anything. They don't have enough specialists, they don't have enough generalists. So I think there's a need for both. In our setting, I think it has been helpful that we had generalists, especially when we worked with homeless families or were on the van or wherever, that whoever walked in to that door could be seen, no matter what age. So we could put a physician there, and whether it was a minor health problem or whether it

was someone with congestive heart failure or whatever, or no matter what age the person was, we had someone there to handle the problem. You may ever only get one shot at that person when they come in. So I think that's been important.

We also have mid-levels who work right alongside the physicians. We have physician assistants and nurse practitioners who work right with us and are very independent. But in that setting, you commonly see people who, because they have not had access to health care, don't come in just with the sore throats, but come with 10 different health problems. It takes a while to figure out what all those problems are and then how to begin to address them. So I think there's a real need for both physicians, as well as mid-levels and specialists. There's just not enough of any type of practitioner who wants to work in these types of setting for the need.

**Mullan:** How do you see the future developing for the medical care sector? You've lived up close and personal through AIDS, through homelessness, through increasing epidemic of drug use, through increasing related problems like multiple drug-resistant TB, I would imagine--

**Goetcheus:** Yes, that brings to mind a whole other thing of advocacy stuff.

**Mullan:** Let's pause on that. How so?

**Goetcheus:** That's how we lost our funding.

**Mullan:** You did lose your funding. From?

**Goetcheus:** The city.

**Mullan:** Because?

**Goetcheus:** Because we made people mad over talking about TB.

**Mullan:** Inadequacies of it or just raising the issues?

**Goetcheus:** Oh, it's a long story, but yes, we had been raising the issues for some period of time. There was an internist--have you met Ken Singleton? He's an African-American physician who is with Health Care for the Homeless, and now he's full-time in upper Cardoza. Ken was very versed with TB policy, and we were very worried about MDRs (multiple drug resistant) TB. So he went out to the National Medical Library and gathered up everything he could find that had been written about MDR TB. Then we took it down and showed D.C. Public Health officials. We tried to say, "Look what's ahead." At that time the TB sensitivity studies were not being done so we didn't even know really whether we had MDR or to what extent. Then some task forces were established which were not really empowered.

We were also finding homeless persons with TB discharged out to the shelters. We began to yell about that. The city's

response was to try to do a TB screen in the shelters here in the city. The whole thing was so ill-planned. The medical society, thoracic society all came out prior to the screen and said, "This is silly. Don't do it." But they wanted the publicity. The thing that finally broke, that really made them angry was the mishandling of a patient with MDR. He was misdiagnosed while in Lorton Prison, told he had a simple pneumonia, rather than MDR TB. He was released became homeless and eventually was admitted to G.W. Hospital. G.W. was great, but then he'd go out repeatedly and use drugs and then he'd come back in. He was an active TB patient and finally they just said, "No way." They called over to the public health officials.

I was down at CCNU shelter when the phone call came, and this public health official wanted to bring this patient down to the shelter infirmary. And I knew he had active TB. He was a sputum-positive, MDR patient and they were bringing him down to the shelter. When I began to raise objections, the fellow said to me, "Well, we have no other place to put him." So at that point we talked to G.W., who said, "Speak out." So we did talk with the media, with the result of being pulled out of the city budget. We weren't reduced, we lost the whole thing, which was 40 percent of our budget here. Fortunately in the District at that time, there was HUD money coming in, so we applied and that's where we now receive 40 percent of our budget.

But anyway, so with advocacy issues, it's a fine line, but I think it's part of a physician's duty in a community to think about the community's health, and part of that is advocacy.

Invariably that's going to put you at conflict with people whom you have to work with. That's always been a struggle for me. What do I do? I know I need to work with D.C. General. Okay. So how much do I go after sometimes when I know that in terms of quality of care issues--how much do you that? How much do you go after a TB clinic here that at times has no X-rays, at times has no developing fluid? A guy was out on an elderly unit at CCNV shelter--a 1,400-bed shelter, who had--well, it's a long story--but he'd had abnormal chest X-rays we'd told the TB officials about. They said, "Oh, no. It's just a little TB." Anyway, they did get sputum on him. He'd been in the shelter all during this time. Sputums came back positive. They called and said, "Just keep him in the shelter." We say, "No way," and so we start going through the commissioner's office--but what do you go after when you're trying to work with people? And how much do you expose?

Our experience thus far is even when we've gone to the media, the media exposure hasn't made that much difference. Everybody is, I think, so numb, you can't say too much anymore. Amy Goldstein from the Washington Post wrote the articles not long ago about the increased TB rates here in D.C., and all the awful things at the jail, but we've become numb to respond.

Advocacy, I forget how we got onto it, but advocacy is a part of any physician's--

**Mullan:** How has how you saw the future unfolding for medical care? Do you feel hopeful?

**Goetcheus:** In terms of access?

**Mullan:** In terms of access, is the country going to get serious about the unserved, uninsured?

**Goetcheus:** I think it will for the middle-class because there'll be enough yelling about that. I think it's begun. I think that's why we're hearing it now. It's got in a corporate level, insurance rates and people moving from one job to another and all of those issues. So I think that's why it's at the forefront. It has nothing to do with the poor. We've known this about the poor for years and years. We've always known that in terms of minority health rates, you can take any mortality, morbidity rate and double it for minorities.

For example, that report that just came out on cancer this week--mortality rates among minorities. The American Cancer Society held hearings, it's been several years ago--showing increased mortality rates among the poor. It may have gone down for some, but it's not gone down for the poor. My worry on health reform. Yeah, it's going to be talked about, in terms of working middle-class folks, but what happens to the quality of care that happens to the poor? I don't see many people talking about them.

**Mullan:** Does that mean you feel that things will remain the same or get worse?

**Goetcheus:** Oh, I think they'll get worse. People are sicker now, also more HIV and more substance abuse. That part will get worse. Even the hospitals now, hospitals have generally been generous, like G.W. G. W. did all of the lab work for Health Care for the Homeless for years totally free. Receive a call, within a month it's gone. I mean, it is totally gone.

**Mullan:** This is the result of a sale?

**Goetcheus:** This was prior to the sale, but this was when they were financially struggling. So all the hospitals are struggling for their own viability and therefore don't have resources and energy to reach out to uninsured. So access points that we had in the past, we no longer have.

Did I mention about the Archdiocese Health Care Network? It's 350 specialists. Do you know Dr. Pelligrino?

**Mullan:** Yes.

**Goetcheus:** I don't even know what year. He's been wonderful through the years and has helped me think through advocacy kinds of things. I remember years ago, going and crying in his office when I was with this mess with D.C. General. It's difficult to be an advocate and to work with an institution.

**Mullan:** Let me turn the tape over.

[Begin Tape 2, Side 2]

**Mullan:** Dr. Goetcheus, tape two, side two.

**Goetcheus:** He was on Columbia Road's board and he knew the kinds of access problems we were having getting people in to specialists. He went to Cardinal--who was then an archbishop--Hickey, and said, "There's a real need here in the community for a physician's network." We had tried it through inner-faith groups, we had tried it through the D.C. Medical Society to get a group of physicians that would see patients in their office, specialists, and never could really get it going. Cardinal Hickey wrote every Catholic physician in the Greater Metropolitan Washington area. He invited them to his residence for a dinner, beautifully catered dinner at his residence, and during the dinner, got up and spoke in terms of the need and connected it with one's faith journey and doing that. And out of that came a small group of physicians who spent a year planning the network. The worry was if anybody put their name on that network, they might be swamped, and therefore if their name got out, they wouldn't want that.

So we spent a year, and Dr. Pelligrino was the leader on that. Anyway, out of that now is around 350 specialists who volunteer. If we need an orthopedic consult, we go through the network. There's an office with two people, a Catholic sister and one other, and we fax that information down to them when we need an orthopedic physician or we need an ENT or whatever

specialist. The children, too, they have pediatric sub-specialists now. We're looking for a dermatologist right now. Anyway, it's been a wonderful resource.

**Mullan:** What's the [unclear] archdiocese?

**Goetcheus:** Volunteer Health Care Network. But it's a very ecumenical group. We started through the archdiocese, but it really has been by word of mouth. It has spread. It's not just here in D.C., it also serves people in Maryland and Virginia.

**Mullan:** So that continues to work?

**Goetcheus:** Yes, and they are swamped. That's a whole other one where they are swamped. They are seeing increased load because of more referrals and always having to keep up with, as physicians retire, whatever, move on, then trying to fill those vacancies, and never enough of certain kinds of specialties.

**Mullan:** You've done colossal service over a tough and toughening period. As you reflect back over the twenty-plus years you've been in this community now, how do you feel about your work-- medical, social, spiritual?

**Goetcheus:** In terms of the work itself, I think I feel a sadness in the sense of so much unnecessary suffering. In terms of the happiness part of that, I guess would be at several levels. One

is being part of a community of people that have been a real support, and then also just being with the people. Even on a daily basis, just being with people here at Christ House or patients or whatever, that's a very enriching experience for me and it brings me lots of joy in just being there, and getting to know all of them. But also a sadness. People often say, "Well, what have you seen happen?." We've scattered health service all over the place and it doesn't make any difference. Things get worse and you're not going to see--or we don't. We haven't seen anything get better. It gets worse. Problems have been getting worse.

**Mullan:** That's sort of a dour note to end with. Is there anything we have not touched on that you would like to talk a little bit about? One loose end, twenty years ago, your husband was having trouble, they needed a doc, but he was having trouble finding a job. I presume he's found many jobs since then. What does he do?

**Goetcheus:** Initially he was on staff at the Potters House--a ministry of Church of the Savior. Also developed religious drama. But then he became the director and is the director of both Columbia Road and Christ House. So half of his time, he's a pastoral counselor at Columbia Road Health Service, and then also provides leadership for the faith community that is a part of Christ House. We don't have a pastor as such, but if there is that kind of a person, he is the pastor. He also oversees the

fundraising, the budgets, all the administration of both Columbia Road and Christ House.

**Mullan:** You spend most of your time, your daylight hours, anyway, laying hands on. How do you feel about that? Is it an important part of what you do?

**Goetcheus:** I very much enjoy practicing medicine and I want to be a good physician and I want to be up on things. I want to practicing good medicine. In fact, I get really upset if I think poor people are getting poor quality of medicine. I want to know that they have good access, they're getting quality medicine, that they've got somebody twenty-four hours a day they can get if they need to get, and all those kinds of things that go into good primary care, I want them to have it. I want to be that kind of doctor for them, but I enjoy practicing medicine.

**Mullan:** Are you able to stay abreast?

**Goetcheus:** Oh, I hope so. I'm a part of the American Academy of Family Physicians and do the 150 hours of continuing education. Being around other physicians, too, helps in terms of keeping up, and the physicians here also are keeping up their continuing education.

**Mullan:** You took your boards at some point?

**Goetcheus:** No. That's another whole story. In my time there was no family practice. There were no boards, there was nothing. So there was one opportunity where they opened the Boards up for practitioners. This would have been probably in the early--I don't know when it was--one time. Anyway we were headed overseas, the kids were young, and I thought, "Well, there's no reason for me to do this." And I didn't do it. I wish I had. I've gone as a delegate to the American Academy of Family Practice for the last three years. This is the first year I haven't gone.

On the floor is always a debate whether or not to open up those boards and whether or not to allow other people to take them. They will not, I don't think, because one of the reasons is, and I feel it, too, would be now you'd have young physicians who have gone through a residency program who feel very strongly about not wanting to dilute family practice by opening up and letting anybody take the boards, which I wouldn't want to dilute it either. If it were going to dilute it, I wouldn't do it.

**Mullan:** But you certainly count yourself a family physician and are active even in the organization.

**Goetcheus:** Yes, have been, and the Academy folks have been wonderful in terms of being supportive and I appreciated that. The local academy here is a strong group of activist physicians. I didn't know it even existed until a few years ago.

**Mullan:** Good. We'll stop at that.

[End of Interview]