AMANDA MONIZ: This is Amanda Moniz conducting a Philanthropy Initiative Oral History with Regina Lee, the Director of Development at the Charles B. Wang Community Health Center in New York, New York. It’s September 28, 2018, and we’re at the Charles B. Wang Community Health Center on Canal Street. Could you please state your name and birthplace?

REGINA LEE: Regina Lee. I was born in Hong Kong.

MONIZ: Great, thank you. And did you grow up in Hong Kong?

LEE: I grew up in Hong Kong and came to the United States when I was eight years old.

MONIZ: Tell me about growing up there first a little bit. Tell me about your time as a child in Hong Kong.

LEE: I have very, very positive memories of growing up in Hong Kong. I remember the place where we lived. It was an apartment on the first floor with a large courtyard. At that time, my family was essentially my mother, my grandmother, and two sisters. My father had already left Hong Kong to immigrate to the United States. He came when I was very young; I don't have any memory of him as a child. He came to the United States to study. My grandfather and my great-grandfather were also in the United States.

Part of the reason why all the men in my family immigrated to the United States and all the women stayed home was because of the direct result of the Chinese Exclusion Act. The first restrictive immigration laws in the United States were actually aimed against Chinese. Under the Chinese Exclusion Act opportunities to immigrate to the United States were very, very limited. Essentially, men belonging to a certain economic class were allowed to immigrate to the United States and women essentially stayed home. So, in my family we had three generations of men who came to the United States, and women staying home in China. I’m the fourth generation of my family in the United States, but I'm also an immigrant.

MONIZ: Was your family always from Hong Kong? Or had they migrated there from somewhere else in China?

LEE: My father was from Southern China, in the Canton region. Because of the wars in China, World War II and also the Chinese Communist Revolution, a lot of members in my family left China and went to Hong Kong. We were fortunate to have left China at the time that we did. It was under very rough circumstances. One of the reasons why my mother was able to immigrate to the United States was [because] in the early 1950s the U.S. government had a small refugee admissions program for people fleeing persecution from communist-dominated countries. We were fortunate enough to have been admitted to the United States under that special program.

MONIZ: What was your experience of immigrating here at that time like?
LEE: We came and lived in Chinatown [in New York City]. Chinatown at that time was very, very small. It was maybe seven or eight blocks. So it almost had a feeling of living in a small village in China. People were predominantly Cantonese speaking. Most of the immigrants were from Southern China from the Canton region. Everyone knew everybody else; the community was very small. The census data—I looked this up much later on. During the fifties, I was a kid; I didn't know anything about census and didn't pay attention to it. The census data showed that at that time the Chinese population in New York City in the sixties and seventies was around maybe 15,000. The unofficial community estimates were about maybe 50,000. When I was growing up as a child, it was just this feeling of being in a neighborhood, being in a village because people knew everybody. The man who worked in the shop across the street was an uncle. My great-grandfather had a grocery store on Pearl Street. It was [one] of the oldest grocery stores in Chinatown. He ran it with my grandfather. At that time Chinatown was still pretty much a bachelor society. I remember that a lot of men came to the grocery store to get their mail.

MONIZ: What was the name of the grocery store?

LEE: In Chinese, it was called “Tonglong [phonetic].”

MONIZ: Were your father and grandfather and great-grandfather always in New York? Or were they in any other parts of the United States after they immigrated?

LEE: I'm not quite sure. My great-grandfather came to the United States when he was a young man. I think he probably traveled throughout the United States and eventually settled in New York City. Regrettably, I never really learned his immigration history. It didn't occur to me when I was young to ask my family about their immigration history. I wasn't even thinking of myself in terms of being an immigrant. I was thinking of myself, here I am, living in this country. I was, at that time...when we immigrated, I was eight years old. I was extremely afraid, extremely shy. I remember my first day of school I refused to put my head up. I just had my eyes cast down because I was so shy and scared. There was one other girl in the class who was Chinese, and she translated for me. I was in the third grade. For the entire year, I didn't know what was going on around me. As a child, I think I was able to adapt more quickly, and I eventually learned English. By the time I got to the fourth grade I was actually the top student in my class. I was on the honor roll. I learned English. I got adapted to school.

MONIZ: What was your mother's experience like?
LEE: My mother grew up in a fairly affluent family in China. Her father was actually U.S.-educated. He attended school at a technical school in West Virginia. He received a degree in mining engineering. When he went back to China, he was able to get a very high-status and high-paying job. He helped the Chinese government build the railroad system in China. Because he had a high-status and high-paying job, he was able to educate all of his children. My mother was the oldest in the family of eight. My grandfather sent all the boys to engineering school and all the girls went to medical school. My mother went to medical school in China. She actually graduated from medical school, and then the war [World War II] came. She was forced to...The family split up. She was forced to leave China and she went to Hong Kong. She never practiced medicine and she was never able to get a license in the U.S. When she came from Hong Kong to the U.S., she did what Chinese immigrant women have always done, which is, you accept whatever job that's available in the community.

At that time there were only a handful of immigrant women in Chinatown. My mom became a stitcher in a garment factory because that was the dominant industry in the Chinese community. She was a stitcher for many years. Eventually the family was able to open up a small candy store on Bayard Street. So my mother operated a little candy store on Bayard for a number of years until she retired.

MONIZ: What was the name of the store?

LEE: “Sweet Shop.”

MONIZ: Good name. So she was running the candy store and your great-grandfather and grandfather had the grocery. What was your father doing?

LEE: My father actually received a master's degree in business administration in the U.S. from the University of Tennessee. I remember his first job was with the New York Life Insurance Company selling insurance. I remember that he took us—all of us, my mother, my sisters—to a company picnic. It was very awkward because we were the only Chinese family. I just remember not fitting in quite well. It was just very uncomfortable. They were playing games I was not familiar with. I think they were kind to us, but we were clearly not part of the same social circle. I remember doing that. Eventually my father left that job, and he started going into business with some friends and colleagues in Chinatown. So, we had a couple of businesses; the candy shop was one of them. I think he was the part owner of a printing company and then a little video company that sold videotapes. He had various small businesses, and also, at one point, a restaurant.

MONIZ: Did your family all live together? Your grandfathers were involved with the Chinese Consolidated Benevolent Association [CCBA]. Is that right?

LEE: Both my great-grandfather and my father were very civic minded. At that time the only organizational structure that was more community based aside from the Chinese school,
was something called the Chinese Consolidated Benevolent Association. What happened is all the immigrant men, depending on what village they came from, and their surnames, organized themselves into family associations or village associations. So if your surname was Lee, there was a Lee Family Association. If your surname was Chan, there was a Chan Family Association. If you were from a particular province in Southern China, there was a village association.

All of these family associations and village associations then organized themselves into a Consolidated Benevolent Association. The Benevolent Association became the unofficial government in Chinatown. People with disagreements would go to the Benevolent Association and talk to the elders and talk to the president of the Benevolent Association to resolve differences. The Benevolent Association also raised money to support other Chinese immigrants. The Chinese school was appointed by the Benevolent Association. If someone died in the U.S. and did not have any family, the Benevolent Association would take care of burying that person. It functioned as a social service agency, and also as [a] quasi-government agency. My great-grandfather in the fifties was the president of the Benevolent Association. Then my father in the seventies served for two terms as the president of the Benevolent Association.

MONIZ: What were their names?

LEE: My great-grandfather was—I only know the Chinese names. I don't know the English names—great grandfather was.... Lee was our surname. My father was.... He had an English name. Everyone in Chinatown called him M. B. Lee.

MONIZ: What did you learn or observe about their experiences as president of the organization?

LEE: I grew up with my father talking about issues in the community and talking about the fact that we Chinese people really need to help ourselves. Talking about the importance of being part of the community. Having a sense that everyone in the community is part of your family. To me, community service and being part of the community was part of my growing up experience. I remember as a child when there were functions at the CCBA. My father was sometimes bringing us to those functions. As a child I probably didn't appreciate what was going on. I just remember going through these long meetings that weren't particularly interesting. They would have debates, and all the time it was men up there because women actually did not belong to the Benevolent Association. My mother would go to go to these meetings, but there were no women who were in the Association, and [no] women in leadership. There was a women's auxiliary group that the wives belonged to. But the leadership and the decision-making were all male. I grew up with that and that was sort of the norm.

MONIZ: You mentioned that the CCBA supported the Chinese school. Did you attend the Chinese school?
LEE: Did I attend the Chinese school? Unfortunately, I dropped out because it was too hard, and I was a kid. I went to American school from 9 a.m. to 3 p.m. At 3 o'clock I took a break. I went to my great-grandfather's grocery store, and then he would go to the kitchen. There was a kitchen in the basement, so he would go to the basement, go to the kitchen, and cook us a snack. At 7 o'clock I went to Chinese school. I was a normal kid; I didn't want to be in school for so many different hours. One of my first acts of rebellion was telling my parents I didn't want to go to school anymore. It was a big disappointment to them, but they accepted it. They finally allowed the three of us—my sisters and I—to drop out of Chinese school. I really regret it today because I sort of feel like my Chinese is fairly—I'm basically conversational but my reading and writing skills are fairly modest. So I really regret not finishing Chinese school because I feel that being bilingual would be such an enormous help to me in my work now. It also makes a strong connection to my roots.

MONIZ: Did your family maintain connections to relatives back in Hong Kong or China?

LEE: My mother eventually sponsored her seven younger brothers and sisters to come to the U.S. She was the sponsor since she was the first one and the oldest. Her younger brothers and sisters all eventually came to the U.S. I still have some cousins in Hong Kong, but pretty much all my family now is in the United States. We're the fourth generation in the United States even though most of us are still immigrants and most of us speak Chinese as a first language. We are fourth generation in the United States; we have a long history in this country. When I travel and people ask me, what's your nationality? Who are you? I'm American; I don't even think about not being an American.

MONIZ: I'm curious about your other civic or philanthropic experiences when you were growing up besides the CCBA. Was your family involved in other organizations inside Chinatown or that were outside of Chinatown?

LEE: My family's primarily involved with the CCBA. My father was one of the first presidents in CCBA to speak English, and to be U.S. educated. His views about immigrant adjustment in the U.S. and civil rights were probably a little bit more liberal and more progressive than most of his peers in Chinatown at that time. Chinatown at that time, if you remember, during the fifties and sixties, it was before the U.S. normalized relations with China. There was a deep conflict within the community about Taiwan versus the People's Republic of China. My father's attitude was that things that occurred in Chinatown to Chinese Americans should not be dictated by U.S. foreign policy. All concerns should be as Americans in the United States. We should be focusing on the welfare of Chinese Americans, and not let the division between Taiwan and China dictate what happens in Chinatown. At that time it was considered a very radical position. He stuck to that. The focus was always about civil rights in the United States.
He did a couple of things that established his reputation in the community. During the seventies, I remember about 1975/76, there was a big issue in the community. A young man was arrested in a traffic stop in Chinatown and taken and arrested and brought to the police station in Chinatown. The Fifth Precinct. He was allegedly beaten up very badly by the police officers. It became a big community issue. There was a lot of anger in the community because people experienced it as a supervised violation by the police. The police are supposed to be protecting the community, and not beating up on citizens.

My dad led a major community demonstration. It was the first time in Chinatown that people have demonstrated—older generation people, not just young generation. Older generation people, more conservative people, people from the CCBA, people from the business community—all united and demonstrated against police brutality.

I remember seeing a photo of my dad holding a big banner that says, “Chinatown Protest Police Brutality.” I thought, my god, this is really about asserting the civil rights of Chinese Americans. My dad did that. He also helped to... When the City of New York decided to expand the detention center, The Tombs—of course, nobody wants to see a prison in their backyard. When the city attempted to expand that detention center, the community had a very negative reaction because they felt like the city made a decision without consulting the community that would be impacted by the expansion. So my dad also led a demonstration against that. After the decision was made to go forward with the expansion, he actually led the negotiations with the city to win community benefits. As a result of that activism, the city gave Chinatown a building on Walker Street. By sheer coincidence, the Charles B. Wang Health Center has a site in that building. Our dental clinic and our pediatrics clinic are located on Walker Street. When I walk into the building on Walker Street, I see a plaque with my dad's name on it.

MONIZ: What year was that?
LEE: It was in the 1980s.

MONIZ: And when was the civil rights activism about the police brutality?
LEE: That was in the seventies. I think around 1975 or '76.

MONIZ: Just backing up. You went to elementary school on the Lower East Side. And then, what high school did you go to?
LEE: I went to a Catholic high school, St. Michael's Academy in Midtown. St. Michael’s Academy was actually a feeder high school for the elementary school that I went to. I went to Transfiguration Elementary School on my street. Most kids growing up in Chinatown went to Transfiguration. I started in public school, and then my parents transferred me to Transfiguration because Transfiguration had a better reputation. Also, there were more Chinese students in that school. There were also Chinese teachers.
MONIZ: Were you raised Catholic?

LEE: Yes. So, actually, that’s an interesting story. The reason why we were raised Catholic was in Hong Kong at that time the Catholic Church, Catholic Charities, worked with refugee groups. Catholic Charities sponsored us for the special visa that we got to come to the United States as refugees. That's when my mother became a Catholic.

MONIZ: I see. I'm curious about your experience then, of coming here under that refugee program. Did you have a sense of coming here as a refugee? Did it shape your experience?

LEE: I wasn't aware that we were here as refugees. I was aware of the fact that my dad wasn’t here; that my family was only my mom, sisters and my grandmother. When we came, we actually left my grandmother in Hong Kong because it was immediate family members. Grandparents were not counted. I had a sense of that, but I didn't have a sense of refugees, green cards, or U. S. citizens. I was eight years old; I didn't know. I was just going to a new country. It felt exciting, but it felt scary at the same time. I remember getting on the plane. It was Pan Am. The flight was very long. It was overnight. My mother dressed us in our Sunday best. We all had dresses on; we were really dressed up. The plane made a stop in Hawaii. We were able to go to a restaurant to get a snack. I remember we didn't know how to order. I think my mother ordered some—I remember we had some broth maybe with beef or pork or something, and my mom thought it was soup. We put sugar in it, and it didn't taste right. I remember those kinds of little experiences, but I really didn't have understanding of what was going on; what the big picture was like. It was in part scary, but it was—when you’re eight years old—also a big adventure. I actually didn't think, “I won’t see my grandmother again. I won’t see my friends again.”

MONIZ: Did Catholic Charities provide any kind of support once you arrived?

LEE: I don't know about [that].

MONIZ: For high school you were at Saint Michaels...?

LEE: St. Michael's Academy.

MONIZ: What was your experience like there?

LEE: The nuns were really strict. I thought the Catholic education gave me a lot of discipline. But I just remember the nuns being really strict. I remember having somewhat complex feelings because there was one particular nun who had a sort of strange idea about Chinese people. Maybe it was the model minority stereotype. She would call us her Chinese girls. There were maybe five or six of us in the class, all of us from Transfiguration who graduated in the same class. My oldest sister was one year ahead of me. She went to St. Michael's and she had two or three friends from Transfiguration. I did the same thing and my younger sisters did the same thing. There was a cohort of
us who graduated from Transfiguration who went to St. Michael's. This particular nun, she was Irish, she was very short. Sister Mary Louise. She talked French. Sister Mary Louise was very, very tough. She called us her Chinese girls. She always thought that we were [the] best girls in class. That we were the best students and best whatever.

As a kid, I didn't know what that meant. I just remember one day we were in the cafeteria and I guess we were making a lot of noise. She made all of us stay for detention. She said, “The only exception is my Chinese girls. They don't have to stay in detention because I know they’re not troublemakers.” I felt really strange about it. On the one hand, I was escaping detention. But on the other hand, I felt like, “I’m being singled out because I'm Chinese. It's not true that we’re better than the other girls in the class.” Most of the other girls in the class were white. Italian. Irish kids. I sort of felt like, “I'm being treated differently, and it just feels very odd to me that she has a sense of these ‘Chinese girls.’ That she has this sense of how we would behave simply because of our race.”

Much later on I learned about the concept of Asian Americans being seen as model minorities. That we are so Type B: good education, high achievers, et cetera. Some of the stereotypes are positive, but some of the stereotypes really denied us our individual humanity and individualism. Why Asian Americans really have a negative reaction against the model minority stereotype is because it allows some policy makers to not recognize that there’s poverty in the community, that there are many, many Asians who don't succeed in America. It's also sometimes used as a way to point out to other minority groups, other unsuccessful groups, “Those Asian Americans are successful, and they did it by their own bootstraps. So you should be successful. The reason why you live in the conditions that you do is because of your own inability.” It ignores the largest social issues that confront all of us in America.

MONIZ: Moving along, after high school you went to Pace?

LEE: No, I went to NYU. I stayed local.

MONIZ: What was your experience at NYU like?

LEE: It was a large school. By the time I got to NYU, Chinatown had really grown. It was in the 1970s. The Chinese Exclusion Act had already been revoked and replaced, so more and more Chinese families were immigrating to the United States. There was increasing diversity. There was a noticeable presence of Chinese and Asians at NYU. I liked the location of NYU. It was walking distance of Chinatown, but far enough for me to feel like I was out of Chinatown. I loved that environment of being in the Village area, and NYU was such a big institution, with lots and lots of options. I remember being really excited and feeling like, “Wow, here’s whole world that’s opening up for me.”

MONIZ: What did you major in?
LEE: I probably dabbled in too much. Because when your world opens up—and it felt a little bit sudden to me because I was in Chinatown and in a fairly sheltered environment going to a Catholic school. So when I went to college, I felt like my world just opened up completely. There were things that I was exposed to that I had no idea; I didn't know what I didn't know. So my world opened up. So I dabbled in a lot of things. I took lots and lots of different classes, and I didn't declare my major until my junior year. I essentially picked the major that required the least number of credits so that I could graduate on time. I picked political science.

My major was in political science, but I took classes in French and literature and history and sociology. I took a broad array of liberal arts classes. After I graduated, I really didn't know what I was going to do. By that time I had already become a volunteer in the Chinatown health clinic. I volunteered in the clinic pretty much full time for a year, and then I decided to go to law school. So eventually I went to law school, also at NYU. When I started at NYU law school, law was still a relatively new profession for Asian Americans. In my class, when I entered NYU, I think it was 1975. There were seven Asians; I was the only person from the community. The other Asians in the class—one was from Hong Kong and there was someone from Hawaii. I was the only woman from Chinatown. There were seven of us. There was one Asian in the second year and one Asian in the third year. There were nine of us in the entire school with nearly a thousand students.

MONIZ: I wanted to back up and hear more about your experience volunteering at the clinic. But first, can you tell me about extracurricular activities you were involved in in college? Were you involved in different clubs or organizations or activism?

LEE: I was primarily involved in starting a free clinic in Chinatown. That was really my major passion, and that's where I spent most of my time.

MONIZ: Tell me about how you got involved with that.

LEE: In 1971, in the summer of 1971, a group of students and community workers organized a health fair in Chinatown. I found out about it somewhat by accident. I went to a conference at Pace College called “Asian American Identity.” At that time I actually didn't know what the concept of Asian American identity was, so the title of the conference captured me. “Asian American Identity.” It was a conference on Saturday, and I found it interesting, so I went. It was essentially young people, mostly college students, young Asian Americans, talking about what it means to be Asian American in the United States. This was the anti-war period, the Civil Rights period where many minorities in the United States—Latinos, African Americans, Asians—were rediscovering their ethnic identity. I think the Asian American conference at that time was the first in the East Coast.

I went to the conference, and someone at the conference mentioned that there was a group of people trying to organize a health fair. There was going to be a meeting at
Transfiguration School on such and such a date and this sounded very interesting to me. A health fair. What is it? I had some time, so I decided to go the meeting. At the meeting there were a lot of people, and they were talking about the health fair. About closing off my street and offering a variety of health screening tests and education, and about health care and about social services. The theme of the health fair was to bring the exam room to the community. I thought about it and said, “Wow, that sounds really powerful.”

I remember growing up as a kid there were very few healthcare resources, just a handful of doctors. If you needed health care, there was just a handful of people that you could go to. I had a sense that that was an issue. I remember I needed dental care, affordable dental care. I couldn't get dental care in Chinatown. My parents found out about a free dental clinic uptown. I think it was 79th Street or 84th Street or something. They took us. It took a whole day and I remember being really nervous. I was already nervous about seeing a dentist and it was a big clinic. It didn't feel comfortable. You have to wait in line and wait a lot of hours in order for a dentist to examine you. Nobody explained anything. I just remember being really scared as a kid. That was the only experience I have seeing a dentist. My parents didn't want to bring us back there because we were nervous, and it took them a whole day. They couldn't go to work. I never had any dental care except for that one experience.

I knew from that that health care was a big issue in the community. So I said “No, let me check this out, and let me volunteer, because I have some time.” I signed up to be a volunteer, and I ended up being a translator in a van that offered mammography screening. I remember translating for women who came to it, and a lot of them said—I did a little intake to ask whether they've ever had a mammography, and an overwhelming number of women said no. I remember that so many people who came didn't have it. I went home and I asked my mom if she'd had one and she said no. And I said, “Mom, you better go because they're offering it for free.” I volunteer translated. After the health fair—about 2,500 people participated—and after the health fair I volunteered to be part of something called “follow-up committee.” What that meant was, with people with positive screening results, we sent them a letter and made a referral that said, “You have positive screening results and you should go to Bellevue Hospital for follow-up care.” Then we gave them a phone number to call if they had any questions. Some people called and said, “I didn't understand what this means, and I can't go to Bellevue because blah, blah, blah. I can't take a day off, and besides, I don't speak any English.”

We decided at the follow-up committee—I remember having the discussion—we decided that we would provide translators to serve the people who needed to go to Bellevue for their follow-up appointment. I volunteered to be an escort. We would schedule appointments for people who needed follow-up. I would meet them in Chinatown, and take them to Bellevue, which is a bus ride, and then I would walk them to the clinic for the appointment. It frequently took a half day or a whole day. I remember, even though
I spoke English, I didn't understand the process. They would send you from one room to another room. No one explained what was going on. If you tried to ask questions, people frequently dismissed you. I remember going to a lab. We waited for a long time; I waited with a woman who needed to have blood drawn. When it was finally her turn, she was very nervous. She wanted to know why she was getting her blood drawn. I asked the lab tech, and he was very annoyed with me. He sort of said, “Well, if you don't want your blood drawn, you can leave.” I didn't know what to do. So I asked, “This is what he said. What do you want to do?” So she decided to wait.

Those kinds of experiences really taught me about issues around access and how people are treated. It's a lot of lessons about the healthcare system. I also saw that they'll be with a big hospital: a lot of doctors, a lot of nurses, a lot of equipment, a lot of stuff there. It was only a bus ride away. You can take a bus at that time and it was like 15 cents. But why is it that people in Chinatown don’t have healthcare and you have a big hospital here? The people can’t get access. It doesn't make sense. So anyway, after the health fair, the volunteers who organized it, the man who was actually one of the leaders of organizing the health fair, his name was Thomas Tam; he was an organizer in the community. Tom was very charismatic, fully bilingual. Tom was the one who said, “You know, we need to do more than a one-time screening event. We should find a more permanent solution.”

At that time in the seventies, there was the beginning of the free clinic movement that came out of Berkeley, California. The Haight-Ashbury Free Clinic was based in Berkeley, California. And the concept of a free community clinic began to evolve. People in the East Coast heard about it, so Tom said, “Why don't we organize a free clinic?” Those of us sitting around the table thought, “Oh, what a great idea.” We had no idea what it means to organize a clinic. We had no experience; we’re not professionals. I was a volunteer. I was in college at that time. I was not a healthcare professional. I had some experience translating, but I knew nothing when he said, “Let's organize a free clinic.” We thought, “Oh, that’s a good idea. We could do it.” We knew nothing. We didn't know that you need a license, you need doctors, you need blah, blah, blah, right? Now looking back on it, I say the fact that we were so naive probably helped us because we had no awareness of all the obstacles that you had to face.

Our approach was to identify the problems and solve the problems one step at a time. The first step was, we need space. Where can we get space? We didn't start with a needs assessment. We didn't start with, “Let's go get a grant.” We just said, “We need a space and where in the community can we get space?” We eventually got the church on Henry Street, the Church of Our Savior, 48 Henry Street. The pastor at that time was Father Tom; he was a younger generation, more progressive. He really wanted the church to expand its mission beyond just the traditional church activities, to be more engaged in the community, to meet community needs. He agreed to give us space, so we had two rooms in a church. We said, “Great.” Next thing, “We need doctors. How
do we find doctors?” We said, “Let's try to recruit volunteers.” One of the volunteers in the group, her name is Elizabeth Lee. She was a nurse with visiting nurse services. What she did was she wrote a letter, went with the Yellow Pages—this was before computers, before Google, so you used the Yellow Pages—she looked in the physician directory in the Yellow Pages, went through it, and identified all the Asian-sounding surnames. We sent them a letter: “We are starting a free clinic. We're looking for volunteers, particularly bilingual volunteers, to help us on this free clinic.”

We just sent the letters out and lo and behold, someone responded. A physician named Dr. Samuel Yeh. Dr. Yeh was at that time a specialist in nuclear medicine at Memorial Sloan Kettering. Dr. Yeh received his medical degree in Taiwan and his PhD in Science from Johns Hopkins. Dr. Yeh, bless his heart, responded the same. I will volunteer. He volunteers. Dr. Yeh volunteered with us for 34 years. Dr. Yeh then recruited a colleague from Memorial Sloan Kettering, Dr. Donald Armstrong. Dr. Armstrong was at that time the Chief of Infectious Diseases at Memorial Sloan Kettering, and he had particular interest in tuberculosis. Tuberculosis was a big issue in the Chinese community, and the American Lung Association, in fact, had difficulties with providing follow-up to Chinese people who screened positive for tuberculosis. They would go through the screening. They would be put on prophylactics, but the Lung Association couldn't follow up because they had no ability to communicate with them. So they lost a lot of tuberculosis patients through follow-up care.

Dr. Armstrong was aware of this issue, so Dr. Armstrong (inaudible) volunteer. Dr. Armstrong persuaded his residents who were working with them to also volunteer. That's how we started the clinic. We had one volunteer already, Dr. John Lee. Dr. John Lee was a pathologist at a hospital, I think it was Morrisania. He volunteered at the health fair, and then when we started the health clinic, Dr. John Lee also became a volunteer. We started the volunteers essentially with three positions: Dr. John Lee, Dr. Sam Yeh, and Dr. Donald Armstrong. Dr. Sam Yeh volunteered his services as a physician to us for 34 years. He would come and see patients, and as the clinic grew and we were able to become a federally qualified health center, and we were able to hire physicians full-time, Dr. Yeh continued to maintain his own patients. He came to the health center on a regular basis to see his patients, and for 34 years donated his services. Dr. Lee and Dr. Armstrong continued to donate their services. But later on when we became a federally qualified health center and we had physicians on staff, they switched their role. Instead of donating their volunteer services, they both served on the board of directors. All our founding physicians have been involved with us for decades.

MONIZ: Wow. What a story. Who were the patients in the early years?

LEE: We served everyone who came in. People learned about us by of word of mouth. We were in Henry Street for a number of years, and at that time the free clinic was considered very radical. The idea that health care was a right, and that we were
offering free healthcare was considered a very radical idea. There were some people in Chinatown who considered us communist. Don't forget the environment in Chinatown at that time was very polarized. It was a split between the People's Republic of China—people who support the People's Republic of China—and people who support Taiwan. If you were younger generation, and you were talking about civil rights and healthcare as a human right, there was a sector in the community that thought of U.S. communists as radicals. Because of that, poor Father Tom at the church who tried to support us, some of his parishioners started complaining that we were a radical communist organization. Out of respect for Father Tom we decided to move. We didn't want to put him in a difficult situation. We moved. We moved to a loft on the second floor at 22 Catherine Street. The stairs were really steep and in order to go to the clinic, people had to climb a long flight of stairs. One of our volunteers joked that the staircase was used as triage. If you were able to climb up a flight of stairs, you were probably in pretty decent health.

MONIZ: That's funny. Did your parents approve of your involvement?

LEE: Yes and No. They approved because it's the tradition of my family to be involved in community volunteering. My dad was already at that time, in the 1970s, the president of CCBA. He actually got into trouble with other CCBA members because he supported that 1971 Chinatown Health Fair. We also did a street fair in 1973. When we did the health fair [in 1971] as well as the 1973 street fair, we had to get a permit to close the streets. Some of the merchants in Chinatown objected to closing the streets. So some of the business groups actually went to the CCBA and complained about the street closing. I remember my dad telling them, don't fuss about it. This is a community service. They're only closing the streets for a week. Business may experience a slight disruption, but it's only temporary, and it's a community service. He was supportive in that regard—behind the scenes—but he was also very aware that this free clinic had a reputation in the community of being radical, communist, etc. But his position has always been we have to pay attention to the welfare of Chinese Americans, and not let foreign policy dictate what happens. I'm sure he got a lot of pushback from some of the more conservative members in CCBA.

MONIZ: Was it in the 1970s that you developed a relationship with, or the clinic developed a relationship with, the International Ladies’ Garment Workers Union?

LEE: At that time a lot people who used our services were also women who worked in the garment factories. That was the major industry in Chinatown. It was the garment factories, the major employer. A lot of women were members of the Garment Workers Union, the ILGWU. They [THE ILGWU] were actually quite supportive of us as a free clinic. They recognized that the members were working for garment owners, frequently Chinese, who did not offer health insurance. The union at that time had a little clinic for their members, but they didn't have translation capability. They recognized that their Chinese speaking members were not accessing healthcare. What the Union did
was, they offered to do lab testing for free. So when we drew blood, we were able to send it to the Union and they did the testing for us for free. They also gave us some supplies for free. The first supplies that we got, medical supplies and bandages and blah, blah, blah, came from the Union.

One day an official from the federal government—at that time, the federal agency that was responsible for healthcare was called HEW—which is the U.S. Department of Health, Education and Welfare. An official from HEW came to the clinic when we were still on Henry Street, and he said to us...I remember his name, he was a dentist. His name was Dr. Reginald Louie. He came to us, and he said, “I heard about this free clinic. I just want to come in and check you out to see what you’re doing.” At that time we were still completely volunteers. We really didn't have a budget. The union did our lab tests, and the union gave us supplies, but we didn't have any equipment. One of our volunteers, a student by the name of Joseph Lau, he eventually became a physician. Joseph Lau was a student at that time at Cooper Union; he was a physics major and very handy.

During the summer, he was working for Dr. Armstrong in Dr. Armstrong's lab at Memorial Sloan. Joseph actually built a centrifuge—a centrifuge to test for anemia. You draw blood. You put it in the little test tube. You put it in the centrifuge. You spin it. Then you measure the results and you can tell whether someone was anemic. It was a very basic screening test at that time, and anemia was actually a problem with Asian women. So, Joseph decided to build his own centrifuge. He went to Canal Street (which had a lot of job loss) and bought a motor and bought some test tubes, and he built this centrifuge. He took this homemade centrifuge and calibrated it with the machine at Memorial-Sloan Kettering. It worked. So again, it was our naivete about licensing and medical safety, so we used this homemade centrifuge, right? When Dr. Reginald Louie came and saw that we had this homemade equipment, he was actually impressed by our self-help, can-do spirit. He actually gave us our first federal grant, a small grant to buy supplies and equipment.

MONIZ: I'm curious then to hear about how you become a more established center. Could you tell me that story?

LEE: He gave us the federal grant, and then he came back a year later and he said, you know, the federal government is launching a health careers program to encourage more minorities to enter the health career professions. Since you use you so many volunteers, you might be interested in applying for that grant. I remember looking at Joseph and some other volunteers and saying, we know nothing about applying for a federal grant, but let's try anyway. We did. We worked on it, and I remember typing the grant application on a manual typewriter. The typewriter was broken and had a defect in one of the letters, the capital “E” had a line missing. We typed this proposal on a manual typewriter, and after we typed the proposal, you have to use a pen and go in and fill in the missing line in the capital “E.”
I guess we were in the right place at the right time; we received the grant. It was our first large-scale medical grant to train Asian Americans in the community, and to encourage them to enter into the health career professions. Because of our experience in receiving that federal grant, we became much more confident. With the federal grant we were able to hire some staff to run this program. At that time the federal government was also starting the Community Health Center Movement.

The Community Health Center Movement actually started in the 1960s, out of the War on Poverty during the Johnson administration. A young physician by the name of Jack Geiger went to South Africa and observed in apartheid South Africa there was a network of community health centers offering primary care primarily to Africans. It seemed to be a really effective model for low income communities that did not have access to healthcare. Dr. Jack Geiger said, “You know, I don’t have to go all the way to South Africa to learn about people who are medically underserved. We had a large population in the U.S. who didn’t have access to care. Let me see if I can bring this model back to the U.S.” Dr. Geiger and another physician at Tufts University, Dr. Count Gibson, went to the Office of Economic Opportunity and convinced them to fund two demonstration projects in the United States, one in Mound Bayou, Mississippi, and one in Columbia Point, Massachusetts. That’s how the Community Health Center Movement in the U.S. started.

By the time we were on the scene in the early- to mid-seventies, the federal government, the Office of Economic Opportunity, the Department of Health, Education, and Welfare, was very interested in expanding this model. The Robert Wood Johnson Foundation in New Jersey was also very interested. Somehow, they found their way to us. We had a meeting with them, and we talked to them about the history of the health center. I remember I invited my dad as a community leader to come to the meeting, and a number of our health center founders came to the meeting. Dr. Yeh and Dr. Armstrong came to the meeting.

The Robert Wood Johnson Foundation encouraged us to pursue this model. They actually gave us a small grant, and the coordinator that we had hired at that time, Jane Ing, and I went to Rochester, New York, to observe a community health center in Rochester. When we came back, we were very excited about doing this. Again, we were fairly inexperienced. We were just a group of people. We had some doctors, but it was a new model. We really didn't know how to go about doing this. There was no Google, so you can’t go online and search. We knew that the first thing we needed to do was a needs assessment. The way that we did a needs assessment is that we went around Chinatown, door to door. This is low-tech solution. Door to door, and we looked at the building directory. We looked at how many physicians were listed, and we looked at their office hours. We counted up all the office hours, and we were able to document that there were very few physicians in Chinatown.
We then looked at the medical records that we've accumulated by offering free healthcare from our 1971 health fair, from our 1973 street fair, and from our offering free clinical services to the community through this clinic for 10 hours a week. We looked at our records to sort of identify what the key health issues are. That was our needs assessment. At that time there was no health data on Chinese Americans. They're very low demographic data. The Census Bureau really didn't collect any data on Chinese Americans. We really had to sort together our case for creating a community health center in New York City based on what we were able to find. But lo and behold, I think we were at the right place at the right time. We were approved. Our application to become a federally-qualified health center was approved. We were approved in 1977/1978. It took us a couple of years.

The main challenge at that time was staffing. We needed to hire a full-time medical director, hire full-time professionals. Then there was an issue within the steering committee at that time. There were some people who were very reluctant to become institutionalized. We had volunteers that were very reluctant to become government run healthcare. People knew very little about community health centers, and we really didn't know what kind of role the government would have. We recognized that there would be some benefits, including funding, and also professionalizing operations.

By that time we had grown enough that we really needed to have more full-time staff. Also, the group of us who were volunteers, who were college students at that time, we were graduating. Joseph Lau (who built that centrifuge) was leaving us to go to medical school. He got into Tufts Medical School. He eventually became Emeritus Professor at Tufts Medical School, and his specialty is translational research. He developed a method for synthesizing medical evidence to try to answer one simple question in medicine: When is evidence-based medicine truly evidence-based? He spent his entire career studying that issue. He received a lifetime achievement award for his research in the field of translational medicine. One of the journal articles that he wrote was cited by the Lancet as a must-read in the canon of medical literature.

We're very proud of the accomplishments of our alum. Another volunteer, Donna Cheng, also became a physician. She now works in the V.A. [Veteran’s Administration] Hospital in Hawaii. So anyway, among the original core group of volunteers, we were all leaving and advancing to our full-time careers. I went to law school at that time and after law school, I moved to Boston to work in a nonprofit legal services program in Boston. Because of the transition in volunteers and transition in staff, the board made a decision to move forward to become a fully federally qualified health center, and part of the community health center program in this country. It turned out to be a very wise decision because 47 years later we are a large community based, primary healthcare center in New York City.

We serve today about 58,000 patients; the majority are low income. The majority are Asian Americans. About 85% of our patients are considered best served in a language
other than English. Our mission as a community health center is to serve everyone regardless of their ability to pay. Today we are nationally recognized for our high quality of care. This year we receive a national quality leader award from the Federal Bureau of Primary Healthcare for our high quality of care. We are the only community health center in New York State to receive this award, and we are one of 37 community health centers in the entire United States. There are almost 1400 community health centers in the entire United States. So our mission today, which is a mission that I'm very proud of, and I feel like is my community contribution, is to ensure that people who need healthcare, not only have access to culturally competent care but quality matters.

We work very, very hard to make sure that every patient who walks through the door receives quality care. When people in the public think about being a health care facility for immigrants, for uninsured, for low-income people, the misconception that they have out there is that, “Oh, the quality of care must not be very good.” You know, cleaning for poor people. We're very intentional at Charles B. Wang. We want to make sure that we deliver the highest quality care possible. Our performance indicators actually exceed Healthy People 2020. Healthy People 2020 is the nation's public health agenda. The 2020 goals are goals that the healthcare system is supposed to aspire to. Our clinical performance actually exceeds the 2020 goal. I'm so proud of our clinical staff for the work that they do each and every day to make sure that our patients receive the highest quality of care.

MONIZ: I want to hear more about your career. You went to Boston. What was the name of the nonprofit you worked at?

LEE: I worked at Greater Boston Legal Services, also a nonprofit organization that provides free legal assistance to people who are low income. I became their asylum attorney. I went to Boston I think in 1978. I was the Asian outreach person for a number of years. By 1981 the U.S. passed the Refugee Act, creating the right of asylum in the U.S. What that means is that if we have someone in the United States, or at the border, and that person says I'm in the United States because I'm pleading political persecution in my home country, under the U.S. Refugee Act that person has a legal right to apply for asylum. When the law was passed, there were very few attorneys who were trained in doing asylum.

I volunteered at Legal Services to become the asylum attorney because in law school I actually took a class in immigration law. Immigration law at that time was considered a very relatively new area. Not that many people in law school took classes in immigration law. I took a class, and I was the only one who had that experience, so I volunteered to become the asylum attorney.

I was in legal services for about 10 years, and I took all the asylum cases. What that meant was, Boston was the detention center for immigrants, a long-time detention
center. If someone landed in an airport in New York City, Newark, or the New England area, and that person needed to be held in long-term detention primarily because of asylum, they would then be transferred to Boston, because Boston was a long-term detention center. I would then go to the detention center, usually on Saturday, to do intake, to identify the asylum cases and then represent these clients. It was oftentimes a very frustrating experience for me.

My clients came from all over the world, [including] Central America (at that time because of the war in Central America), Nicaragua, El Salvador, Haitians. They were from all over the world. I didn't speak their language. I understood the need for linguistic and culturally competent care because I advocated for it. But I was on the other side of the table. I spoke English and Chinese. I felt very inadequate, frustrated, and a lot of times I would try to recruit volunteers from community nonprofits to come and help me. It was very challenging, and I always felt inadequate in terms of understanding my client's story, particularly the cultural differences. People from foreign countries tell their stories in a very different way. We in America tend to be very linear: from A to B to C. We tell stories in chronological order. If you don't tell stories in a chronological order, you are not considered credible.

The asylum process is actually a very hostile process. The burden of proof is on the asylum seeker. A lot of times people plead political persecution under very traumatic circumstances. They don't have documents proving that they are subject to persecution. They have a hard time telling a credible story. They have a very hard time with the cross examination. You're supposed to answer yes or no…. It's very difficult for my clients to tell a story that would be credible to an immigration judge trained in U.S. litigation tactics. So it was a very frustrating experience for me. And because of the nature of the asylum process—the asylum process is a very political process, right?—there are some refugee groups from certain countries that are automatically granted status. Cubans Russians. If you came from a country that was in conflict with the forces that the U.S. supported, you were pretty much automatically denied asylum. If you were from El Salvador, and you were escaping political persecution from El Salvador, the suspicion is that you're a communist, so you would automatically get a negative letter from the State Department. It's an uphill struggle to prove that your reason for fleeing was political and not economic.

There are some automatic assumptions—if you are from certain countries in the world [it is assumed] that you are an economic migrant. It was very challenging. A majority of these cases get denied, and most of the times you have to pursue an appeal to the immigration court, or to federal court, to try to win your case. I did that for 10 years, and I feel like my experience in the community working with people who are immigrants, people who are foreign born, really made me more empathetic in terms of listening to my clients; more understanding of the difficulties that they have in telling their story; maybe more patient in learning how to listen to them better. But it also was
very frustrating because it was so hard for me, even with that background, to try to put together a credible, compelling case for them.

MONIZ: When did you move back to New York?

LEE: After Boston, I left legal services—I took a sabbatical after 10 years of doing asylum work. I went back to school and went to study community development. I did that for a year at MIT. I also wanted to understand housing and economic development because I had an interest in that. I went to the State Office of Refugees and Immigrants to become their general counsel and about six months after I took that job, the director of the agency left, and the governor of Massachusetts appointed me to become the Director of the Massachusetts office of Refugees and Immigrants. I found myself in both a policy role, an advocacy role, and also in the role of coordinating the service system for people who are foreign born, and also designing and evaluating effective programs to help foreign born individuals make a successful adjustment to the United States. I did that for a couple of years and during the Clinton Administration I went to Washington to become the deputy director for the U.S. Office of Refugee Resettlement. I actually did the day-to-day operations for refugee resettlement for the United States.

MONIZ: What was that experience like?

LEE: I am proud of this nation's tradition of accepting refugees. This is what America's about. The history of this country is about accepting refugees; accepting people who are fleeing persecution for freedom in the United States. That's what America is. That's what the pilgrims did. That's what generations of immigrants did. I'm very proud of that. So I was very proud of the fact that I was part of this system. The system was not only the U.S. government. There was international commitment to refugee resettlement. The countries in the world felt, at that point anyway, all of us needed to accept our fair share even though we recognized that, in the short-term, there may be some impact in local communities, in states, in local communities that accepted refugees because of impact on schools and services. But we also felt that was an American value, and by and large people stepped up because we recognized American value.

Sometimes I would feel a little bit frustrated by the politics around refugee resettlement. There were always political forces out there that complain about compassion fatigue that blah, blah, blah; the negative impact of refugees blah, blah, blah. Complaining about “The wrong kinds of people come to the United States”; complaining about the demographic changes in the United States. You have to deal with that, and you sort of have to remind people what the real values are in the United States.

You have to remind people of the contributions of refugees in this country, and I’m thinking about my own family. I think about my mother. I think about all of my siblings. All of my siblings are college graduates. All of my first cousins—my mother sponsored all of her brothers and sisters and every single one of my cousins are college
graduates. Contributing. All of us are contributing to the United States. And that has always been immigration history. It's not unique to Asian Americans. Every single immigrant group in this country...The first generation may have to depend on government assistance, but by the second and third generation, all of us are contributing. People need to take that view and embrace that this is the strength of the U.S. Nowhere in the world do you see this kind of diversity.

And nowhere in the world can immigrants who come to this country... They come as common workers, restaurant workers, minimum wage workers, and by the second generation, their kids are professionals. Nowhere in the world is that upward mobility available to people. That's the strength and the beauty of this country. I was very proud that the U.S. was doing this. I was in the refugee resettlement program, and then we came back to New York in 2011—a month before 9/11. We came back because my husband, who was then working with the justice department, was reassigned. He got a job at the regional office in New York, so we moved back from Washington, DC, to New York.

MONIZ: Did you come back to the center at that point?

LEE: I came back to the center to get reconnected. People asked me, would you like to come back and work for us? I wasn't thinking about it. I was just coming back to get reconnected. I thought about it, and I said, “Yeah, it makes sense.” I’ve come back full circle. I said to Jane Eng, who is now our CEO, and she was actually the first coordinator that we had when we were a little free clinic—I actually was one of the people who interviewed Jane for her job, so I’ve known Jane for 38 years. So Jane said to me, “Well, what would you like to do?” And I said, “It doesn’t matter. What do you need? Whatever you need, I'll figure it out.” She said to me, “We need someone to do fundraising.” I said, “Okay, I'll do that. I don't know anything about fund raising but I think I could learn. Okay, I'll do that.” So I started out doing the fundraising job. I created the development office and developed the fundraising function. Now at the health center I do fundraising, communications, outreach, and health education departments. I also do a lot of population health projects.

MONIZ: Talk to me about how you learned about fundraising.

LEE: I talk to people. My problem-solving method is to look to the community first. There are always resources in the community. The Asian community now is rich in resources. There are a lot of very smart people out there. So I sort of said to myself, and I said to Jane, “Who in the Asian community knows something about fundraising?” She said to me, go see Cao O at the Asian American Federation. Cao K. O was at that time the Executive Director of the Asian American Federation. The Federation is an umbrella organization of nonprofit service agencies in the Asian community. I went to Cao; Cao sat down with me. He gave me a master lesson in fundraising in about an hour; gave me a list resources; and I said, “Thank you very much Cao.” And I got started.
MONIZ: Tell me about some of the ways you've raised money.

LEE: I’m very fortunate to have a whole group of people on my fundraising committee who really care about the mission, who have been with us a long time. The chair of my fundraising committee, Marie Lam, is one of the founders of the health center. She has been raising money for the health center for more than four decades. Marie has been chairing our fundraising committee for years and years and years. Marie uses her network resources, her family members, her husband, her relatives, her business relationships, her husband’s business relationships, to raise money for the health center.

Through the years, because the health center today now has a very good reputation in the community, we have a network of relationships. We do a lot of different fundraising events. I wasn’t involved with this particular event because it happened before my time, in the 1980s. The first capital campaign we did when we were trying to renovate a new site on Baxter Street, a couple of blocks from here, a warehouse that needed total renovation. At that time there was very little capital money. No foundation? No government gives you capital money. It’s still very hard to wait to raise capital money because you really have to raise it by private donors. We did a community-based capital campaign.

What we did was we got a radio station in Chinatown, a Chinese language radio station, a Sinocast radio. The owner of the radio station, Yvonne Yu, is also herself an immigrant. She has a great immigrant story; someone should interview her at some point. Yvonne Yu, very, very caring, committed to the community, said that she would sponsor a radio-thon for us on her radio station. So with a radio-thon our staff went on the radio—it’s a closed-circuit at that time. You needed a special receiver. So simulcast was only available in businesses. It was mainly garment factories and restaurants that had special receivers. So people in the audience were primarily Cantonese speakers. Our staff went on Sino Radio, and did an appeal. People listening to them made pledges. It was a very positive response. In the garment factories people would make a phone call and make a pledge. We would announce, you know, “Sewing machine number 13, Mrs. Lee, just made a pledge.” Then someone else would say, “Oh yes, I’m also going to make a pledge,” and we would announce the name. We ended up raising quite a bit of money from our capital campaign. Because of our experience in raising money from the community, our fundraising program today still has a large piece that's based in the community. We feel very much that as a community-based organization, we really should be reaching out to people in the community, even if they are low income, not affluent, et cetera, to support this organization, because we belong to the community. We always make an effort, even with our fundraising program, to be grounded in the community as much as possible.

A story that I want to share is my experience in raising money, one of the first experiences I had. We were at Walker Street at that time, before we had the Canal Street building. We were in fact doing a fundraising campaign to do Canal Street, which
is the building that we’re in right now. I was at Walker Street, and one morning one of our facilitators at the front desk came to me. She said, “Oh, there is a woman out in the front, and she wants to make a donation. Do you want to come out and talk to her?” I went out, and I talked to her. She was dressed very simply, very casual clothes. She proceeded to give me some cashier checks. She counted out six of them, and then I looked at them. Each cashier check was 500 dollars. She gave me three thousand dollars. I looked up—I thought, that’s a really generous donation from somebody just walking in from the street—I looked up and I saw that she was wearing a license. She was a street vendor. She had a street vendor license. The license had a photograph of her, and her ID number, identifying her as a street vendor. I was flabbergasted. I said, “Wow, how come you decided to make this generous donation to us? How did you find out?” She said, “My father has just passed away. He left some money for us. My brother and I talk about it, and we decided to donate the money. Both of us have jobs. We have a place to live. We have enough food. So we just decided to donate. And someone told me to come and donate it to you.”

MONIZ: Wow, that’s incredibly moving.

LEE: That's the aspect of fundraising that I think we sometimes forget because we're focusing on fundraising. We approach major donors and try to solicit large gifts. I understand that, if you're doing a capital campaign. But I also feel that if you're community-based organization, those small donations also matter. To me, it means that what we're doing is the right thing, that people care about it, and people need it, and they appreciate it. So that $3,000 donation to me is as valuable as a million-dollar gift because it validates our mission and validates our work.

MONIZ: When did Charles B. Wang give his gift to this building?

LEE: We were doing this building [on Canal Street], and at that time it was the largest capital campaign that we were doing, and we really needed to raise money in a hurry. So we got some consultants, capital campaign consultants. They put together an appeal for us, and we started on the path to try to solicit a major gift. We were quite fortunate. Through Marie’s connection, she was able to reach Charles Wang. He was at that time the president and CEO of a major computer company, Computer Associates. He was the founder—again, an immigrant who made good and founded a computer company. The first time we presented our case to him, he turned us down. Marie then realized that in her network of relationships, she actually knows someone who is married to Charles's brother. So, through her relationship, she was able to represent our proposal. So Charles Wang reconsidered the proposal and he agreed to give us a lead gift. During the discussion of the lead gift, we agreed to rename the organization from The Chinatown Health Clinic to The Charles B. Wang Community Health Center. At that time within the community, it was actually quite controversial because people knew us as the Chinatown Health Clinic.
I remember a couple of months after I came back to New York City, I was on the streets, and one of the people that I knew from the Chinatown health fair many years ago, I saw him on the streets. The first thing he said to me was, “Oh, you sold out.” I said, “What are you talking about? What do you mean we sold out?” “You know, you're now Charles B. Wang Health Center. You're not Chinatown Health Clinic.” I said, “But we’re the same organization with the same mission.” So there was a feeling in the community that somehow, we sold out. Now we are like whatever, we're private. Occasionally we get some comments from patients who say that, “Probably Charles B. Wang wants to be making money.” But we’ve had the name change for quite a number of years now, and I think the reputation of the health center is so good at this point that it really hasn't affected us. The impact was really among the older generation; people who remember us from many, many years ago as Chinatown Health Clinic.

MONIZ: I'd like to talk about how the center has evolved over time because in addition to the name change, you've expanded to other sites in Queens now, and you're serving a more diverse Asian population, is that right?

LEE: We started it in Lower Manhattan, right? Because at that time, that was the concentration of Chinese. When we started in the 1970's, there wasn't really a concept of “Asian.” Asians were essentially Chinese. The diversity within the Asian community didn't really evolve until the 1980s when the immigration laws were changed. The U.S. did away with the National Origins Quota Act, and immigrants from other parts of Asia started coming to the U.S. Also the Asian American identity movement helped us to define identity not just as Chinese, but as Asian Americans.

We started in Lower Manhattan in Chinatown. We were at Walker Street. We were at Baxter Street, then we moved to Walker Street. We added Canal Street, and then we added Center Street. We now have three sites in Lower Manhattan. But over the course of the last 15 years, there has been a demographic shift. Manhattan has become less affordable, not only to Chinese or Asians, but to most of us. Lower Manhattan is becoming gentrified. The zip code that we are in now is actually the same zip code as Tribeca.

The population is shifting into the outer boroughs. Asians end up moving to Brooklyn. There are Chinatowns in Brooklyn. They're also moving to Queens. There is a very large Asian American community in Queens. In order to go where the need is, we've been shifting our focus. We started 15 years ago to build a new site in Flushing, Queens. We now have two sites in Flushing, and we're getting ready to build a third site. The third site, it’s in Flushing, on 40th Rd. It’s going to be the largest site ever in the history of the health center. The project costs 65 million dollars, and we are embarking on the largest capital campaign that we have ever done.

MONIZ: Could you talk about how, not just how the center has expanded geographically, but talk about how it's evolved in terms of the patients it's serving?
LEE: The center has evolved a lot in terms of the services that we provide and the patient demographics. Our patients are still predominantly Asian Americans because that's our reputation, and we see Asian Americans coming from all over, not just in Manhattan or Queens, but Asians from New York and New Jersey. We have patients from out-of-state because they know the reputation. They know they can come here and get affordable care. They know that our care will be culturally competent. So even if they move to another state, we have patients coming back to us.

Our patient population is more diverse. We serve Chinese, Korean, Vietnamese. We also have a growing population of non-Chinese. We have a Hepatitis B clinic; we have one of the largest Hepatitis B practices that's community based in New York City. We started the Hepatitis B practice about 20 years ago because we recognized that Hepatitis B was a major health issue in the Chinese and Asian immigrant population, primarily because of the lack of universal vaccination against Hepatitis B in Asian countries. In the U.S., about 50% of the people infected with chronic Hepatitis B are Asian. We started a comprehensive Hepatitis B clinic, and we've been running this clinic for about 20 years.

We're very well-known for our Hepatitis B services. We actually partnered with the New York City Health Department. When the New York City Health Department identifies household contacts with people with chronic Hepatitis, they send the household contacts to us for screening and for services. So we function as a New York City Clinic for Hepatitis B screening. Through the referral system, and through our reputation in providing services with Hepatitis B, we are seeing a more diverse population group.

The other populations affected by Hepatitis B are African immigrants. African refugees and immigrants, but particularly from West Africa. We partner with an agency uptown—African Services Committee. They provide outreach, social services, health services, advocacy on behalf of African refugees and immigrants. We collaborate with them. When they have a patient who screens positive for Hepatitis B, they refer the patients to us for care. Because we serve everyone regardless of their ability to pay, and our services are a little bit easier to navigate than a big hospital system, we are seeing referrals from more diverse populations.

MONIZ: I wonder if you could talk more about some of the culturally specific practices here. First of all, talk about culturally specific practices for Chinese patients, and then maybe for other Asian patients.

LEE: Within the Chinese community, we know that most Chinese immigrants use some sort of traditional Chinese medicine. My family did. My mom did, and my mom graduated from a Western medical school. If there were any issues, the first thing she would think was, "Oh, what herb can I use?" She didn't think of what medicine, what doctor I should see. It was always herbal, because Chinese history has a long tradition of using
herbal medicine. So they love herbal medicine stores. Everyone grows up with some knowledge about herbal medicine. A lot of the herbal medicine stores actually have trained herbal medicine specialists. If you need a diagnosis, you can go to them, and someone who is trained would give you a diagnosis and give you a prescription. You can fill the prescription. A lot of people resort to that. It’s also less expensive than a visit to a doctor's office.

We know that, and we understand that, after practicing in the community for so many years. Doctors know that. We are not licensed to practice medicine, so we don't have anybody on our staff who does herbal medicine because our license doesn’t authorize us to. But we know there are lots of resources in the community. Our healthcare providers are aware of that. They talk to their patients about it. If their patient is on medication, we educate the patient. While you're taking this medication, it's probably not advisable to take herbal medicine because they might be contraindicated. We don't tell patients to stop because we respect the culture of Asia. A lot of our providers probably also do herbal medicine [themselves].

MONIZ: Is this a challenge to have such a diverse patient population? To be culturally competent for Asian American populations, and then you have African patients and so on?

LEE: It is incredibly challenging. Even within the Chinese community there is diversity. There are many, many different dialects. Most of our staff are bilingual, our frontline staff. Most of our staff are bilingual, many of them speak more than one Chinese dialect; Cantonese, Mandarin. And then, of course, English. When you hire bilingual people, it is extremely challenging to find people who are professionally fluent in all the different languages. I know it's an issue that we have in the organization. We have staff who may be strong in Chinese, but weaker in English, so communication becomes an issue.

Sometimes we get patient complaints that blah, blah, blah, poor communication skills. We also have less ability to communicate directly in other Asian languages. We have some providers who speak Vietnamese, and a smaller number who are Korean speaking. But being culturally competent isn’t simply having bilingual staff. It has to be a systems-wide approach. We recognize that. I think we're pretty good in terms of Chinese; we need to improve in terms of Vietnamese and in terms of Korean. That's a challenge because it’s system wide, it's not having one provider. You have to have front desk people; you have to have it at governance level; at the program staff level. It's very hard to do that. And given the enormous diversity in New York City....

I mentioned the Hepatitis B's practice. With African refugees and immigrants, they come in speaking Wolof. Totally different culturally. It's very challenging for us. We talked about it, and we're struggling with what's the best way to provide care. One of the things that we're looking at now—I was just talking to a vendor yesterday, a whole
group of us talking to a vendor, because we're all concerned about improving patient communication. There are some services out there that now provide video translation instead of just telephone translation. We're very excited because video translation may improve the quality of the communication.

We're always looking for solutions to our problem with communication. But I would be the first one to tell you, our solutions are not perfect. There are going to be gaps. All of us who are healthcare providers in New York City struggle with that. I've been on the other side, advocating for culturally competent care, but I'm not sitting on the table trying to design culturally competent services. How do you do it when there are more than 200 languages in New York City, and they're growing in diversity. I look in Queens. Flushing is the most diverse neighborhood in this country. How do you do this in a culturally competent way? We can't train our staff to be truly culturally competent. But what we can train them around is the mission of the organization: deliver high-quality care; focus on quality; treat people with compassion and respect. That's what people need. Even if you can't communicate with them, if you treat them with respect, chances are, that may be good enough.

MONIZ: I'd like to ask you for a couple of final reflections. Is there something that you regret, or that hasn't gone the way you hoped it would with the center?

LEE: I wish we could do more. I think all of us are very frustrated with the healthcare system in the U.S. Primary care practice today is extremely tough. Our doctors—and I see them struggling with this day in and day out—they want to spend time with patients. They want to do education. They want to develop effective communications. They want to get to know their patients. They want to be truly patient-centered. But the nature of healthcare makes it very difficult.

Our reimbursement system.... You have to turn over patients very rapidly in order to be reimbursed, and the reimbursement system for primary care right now is the lowest because primary care is not valued. Our doctors are stressed. They have to meet certain productivity goals, right? They spend 10 minutes with a patient, 15 minutes. If they spend more time then everyone's in the waiting room, and there's a group of patients out there who are not happy. There is this tension they experience every day. There is a lot of documentation that's required. We now have electronic health records. Health information technology is both a blessing and also a curse.

Our doctors spend a lot of time documenting in electronic health records. Because the health information technology now allows us to collect a lot of information about our patients. The reason why I call it a blessing is because we can more effectively manage our patient care outcomes. We can generate reports that show, of all the patients that we have, this number of patients has diabetes. We know by generating one report what percentage of those patients have diabetes well-managed. How many of them are getting an annual eye exam? How many of them are getting an annual foot exam? That
helps us improve our quality of care because we can monitor the health outcomes as a group in a more effective way. That's why we have very high-level performance, because we track and monitor that.

We generate these reports, electronic health records, for our doctors on a regular basis so they can see how they're doing. It’s good from the improving quality of care point of view, but the level of documentation that's required…. For every single patient visit, our doctors have to document every single thing. We see our doctors—I’m a health center patient—I’ve experienced it. When you have a visit, our doctors are sitting in front of a computer. Everything that you say has to be documented, every interaction, every record ever. They spent a lot of time in front of the computer documenting. It is one of the major causes of physician dissatisfaction in practice, the amount of time it takes to do documentation.

There are some solutions out there, but we haven't found a solution that works for us. I look at our doctors, and I feel for them. The volume of work that they have to do in order for us to meet our budget calls; the documentation; the fact that in primary care we do a lot of paperwork because primary care is also a gatekeeper to specialty care. Because our care system is so fragmented, there is enormous care coordination that's required. Every time we refer a patient outside of primary care to do specialty care, we have to make sure the patient follows up with that referral. That the lab tests that we asked for come back. Did it go into the proper chart when it comes back? We have a lot of systems in place to make sure that there are no holes, no gaps.

It's so easy when you have a large primary care practice serving so many patients to have gaps in the system. The main challenge, I think, for the healthcare system in an environment such as New York City... It's not simply access to care. It’s care coordination and quality of care. Fortunately, in New York City we have a very strong safety-net system. We have federally qualified health centers in pretty much all the major neighborhoods in New York City. We have safety-net hospitals. We have public hospitals. New York City operates the Health and Hospital Corporation. There is a network of safety-net hospitals.

By and large, people who are uninsured, people who lack access to care, have a resource. The challenge is, “How do you get the system to function more seamlessly so that the patient gets more coordinated care?” That system doesn't exist. We depend on patients navigating the system, and there may be some programs out there that are doing care coordination and patient navigation, but there are a lot of weaknesses. A lot of providers have their own EMR system. They don’t speak to each other. You need human beings to intervene to make sure lab test results come back. When the lab test results come back, you have to scan it into a patient chart.

For our patients there’s a special challenge because Asian names are very confusing. Some people use their surname as their first name; the rules are very inconsistent.
There are also similar names. We have a quality improvement project in the medical records department to reduce errors in scanning. Our error rate, the last time we looked at it was 0.3%. We want to reduce it to 0% because that one mistake…I wouldn't want to be the patient with that problem. There are lots of care processes that people who are not involved in providing care don’t understand. Achieving high-quality access is really important, having health insurance access. Not worrying about paying for [it] is really important, but how the healthcare system functions is actually equally important. Quality is also very important. Having a Medicaid card doesn't guarantee quality.

The other big issue that I feel very strongly about is we know that there are many other conditions that impact health and wellness. It’s not simply medicine. Education, affordable housing, the quality of community, access to healthy foods—what we now call social determinants of health. If you look at the data, someone with a college degree lives five years longer than someone with a high school education. Five years of life. The difference is in education. We can’t achieve that with medicine. I feel this country as a whole may be over-investing in medicine as the pathway to health, and under-investing in other supports: education; making sure that everyone has a job that pays a living wage; affordable housing. Because all those things matter. I feel very frustrated. I totally support universal access to care. There are a lot of debates right now about single payer and Medicare for all. I’m a healthcare provider; I support that. I feel like access needs to go hand-in-hand with the other support that people need.

MONIZ: The center does some of those sorts of programs, doesn’t it?

LEE: Yes. We have [a] very strong focus on support services. We have social work. We have health education. We have care managers. We have people on staff with responsibility for care coordination. They call the lab to make sure that the results come back, scan the medical records, call the patient and make sure that they follow up with a referral. If it shows on the patient’s chart that the patient did not comply with the referral call, they find out what happened and make the referral appointment for the patient. So we do that. We go that extra step.

We have a fairly comprehensive approach. And that's the strength of the community health center model; that we can provide a lot of support services within the primary care setting. It's very hard for a small group practice or solo practitioner in the community to do that. We also do a lot of prevention programming—what we call “population health”— that looks at, “What can we do to prevent the onset of these kinds of conditions. Smoking is a big issue in the Asian community?” The smoking rate is actually up. Chinese men have the highest smoking rate in New York City. 25% of our male patients, our adult male patients, smoke. Cancer is now the leading cause of death for Chinese in New York. For all the other populations, it’s heart disease.

So, smoking is a big issue. It's very hard, clinically, to help someone quit smoking once they are addicted to nicotine. It's very hard to get them to quit. However, you can try to
You get a lot more bang for your buck if you prevent people from initiating smoking. We have a project to work with community organizations, with ethnic media, to raise awareness; to prevent people from smoking; to work with teens to prevent the initiation of smoking. We do a lot of these community population health projects because we recognize that environmental conditions in the community also impact health.

MONIZ: Last question: what's the proudest accomplishment over your career? From the early days in the health fair through working at legal services, to your work at the refugee resettlement program, to today... a proudest accomplishment?

LEE: I think creating this health center. I would say, when I started in 1971 with the health fair, and even when I was volunteering in the Chinatown health clinic in the seventies, I don't think that I had a vision that we would become what we are today: a nationally recognized, national quality-leader in delivering healthcare to underserved populations, particularly Asian Americans. I am so proud of our mission, and I really admire our staff, our clinical staff. It's very, very hard to work in this organization. We don't pay them as well as private practice, as hospitals. Everyone who works in this organization works here because they care about the mission. I know that if they leave us, they can get a much higher paying job elsewhere. But they're here because they care; they're really dedicated.

I look at our doctors, and I admire them so much. All the pressures that they are under, all the things I described a little bit earlier, having to meet productivity goals, and turning over patient visits, and managing care coordination, and making sure that we deliver high quality care. They really do it all, and they do it with such a sense of passion and dedication. They inspire me. A lot of people in this organization inspire me.

MONIZ: Thank you. This has really been an extremely fascinating conversation. Thank you so much.

LEE: You're welcome. Thank you for asking me.