

San José Clinic Establishes its Place in Houston's Medical Mecca

By Grace Conroy



Registered nurse Carol Wolkk and Sister Margaret Bulmer take care of a young patient at the San José Clinic in 1986. Photo courtesy of the San José Clinic.

Children are frequently seen chasing one another and laughing loudly, without a care in the world, but some children cannot partake in such simple pleasures. This was the case for one little boy in Houston's Mexican community who had a club foot, destined only to watch his friends cherish their playtime, until something short of a miracle occurred. When visiting Houston's Mexican Clinic, now the San José Clinic, a surgeon's kind offer to operate on the boy's foot changed the trajectory of the child's life. When the little boy later attended the clinic's Christmas party, he was seen romping around with the other children, gleefully enjoying the holiday, no longer held back by the club foot.¹ The boy's surgery in 1927 foreshadowed future successes for the clinic, changing tens of thousands of lives, as it took advantage of advancing medical technology, expanding community partnerships, and twice moving to new and larger facilities in the decades to come.

Finding a New Home

Along with adapting to advancing technologies in the post-World War II era, other changes occurred at the San José Clinic in the early 1950s. The Missionary Sisters of Immaculate Conception had managed the clinic since 1946 but now felt the need to turn their full attention to St. Elizabeth Hospital in Houston's Fifth Ward, which they also managed. Bishop Wendelin Nold appealed to the Sisters of Charity of

the Incarnate Word to run the clinic, and they took over June 1, 1954.²

At the same time, an increase in patients and the status of disrepair at the clinic's 1909 Canal Street location made it difficult to keep up with demand. So when the highway department planned to take the land for the Eastex Freeway, the clinic arranged to move. From 1954 to 1956, it relocated temporarily to two apartments in the nearby Clayton Homes housing project at 1919 Runnels. During this time, thanks to a generous \$160,000 donation from the Scanlan Foundation, a new clinic was built at 301 Hamilton Street, providing more space for patients and new equipment as well as facilitating better service. The new clinic occupied 4,600 square feet comprised of twenty-four rooms in a fire-proof, air-conditioned building – a “magnificent” building compared to the prior “shabby” model, the *Houston Chronicle* reported.³



The San José Clinic location at 301 Hamilton Street opened to patients in 1956, providing a larger state-of-the-art space for its patients and volunteers. Interview participants for this project who remembered the facility described it with affection. Photo courtesy of the San José Clinic.

The years 1969, 1975, and 1986 saw space added onto the clinic with help from the Scanlan Foundation. But most importantly, patients and staff alike looked at it with the utmost affection. Decades later, Michael Sullivan, a clinic board member involved with San José Clinic since the 1970s, fondly remembered the Hamilton location as an eclectic, unique building with “so many additions ... Some things worked, some things didn't, some things looked like they had received



Former San José Clinic president and CEO Stacie Cokinos and Dr. Benjamin Lichtiger review a model of the clinic's current building.
Photo courtesy of Stacie Cokinos.

Stacie Cokinos reminisced upon the genuine care and excitement volunteer doctors felt toward the San José Clinic. On his initial visit to the Hamilton location, Dr. Benjamin Lichtiger, head of pathology at MD Anderson Cancer Center, asked excitedly, "Wow, wow, what can I do to help? I can come and help you clean the facility. I'll clean the restrooms. What can I do to help?" His response was "so sincere and humble," Cokinos and board member Didi Garza laughed and said, "No, Dr. Lichtiger! We want medical – medical!" Dr. Lichtiger eventually became a board member and was board chair when the clinic broke ground on the current building.

them from the Smithsonian ... It was a wonderful setting." Maria Ramirez, who worked in that building for thirty years, reminisced, "It was beautiful; it was old, but to me it was nice. Because of course it's not where you work, it's who you work with and all your surroundings."

Growing parallel to the space were the number of volunteer doctors and medical services. To fulfill its patients' needs, the clinic offered specialized care in optometry, dentistry, pediatrics, maternity care, dermatology, gynecology, surgery, podiatry, and otolaryngology (ENT). Even amid the transition between clinic locations, in 1956, the San José Clinic received 16,289 visits and had a budget of \$34,502. The clinic focused primarily on preventative care and made sure its patients could afford to receive it by keeping prices low, with fees for a check-up ranging from \$0.50 to free of charge.⁴

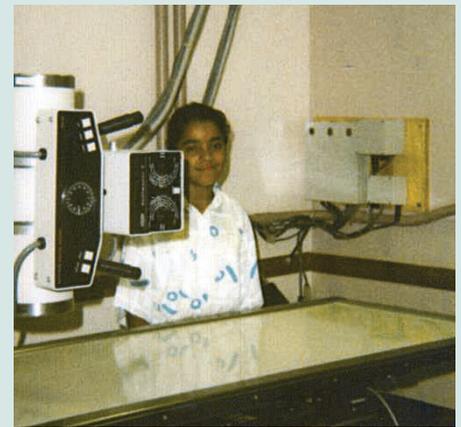
Building a Medical Community

Throughout its history, the San José Clinic has entered into partnerships that have enabled it to expand its offerings to patients and maintain its standards of excellence. For example, in 1970, the clinic entered into a partnership with the Dominican School of Nursing through which senior nursing students conducted their clinical rotations at the clinic, visited patients at their homes, and cared for any health needs. Once the Dominican School closed, other nursing programs have taken on those responsibilities at various times, including the University of St. Thomas and the University of Texas Nursing School.⁵

In 1972, the clinic partnered with the University of Texas Medical School at Houston (now McGovern Medical School) pediatric department and faculty member Dr. Susan Skrovan. The medical students and residents performed their rotations in the clinic's pediatric department under faculty supervision, treating approximately sixty-five patients a day, four days a week. Dr. Margaret Carter McNeese noted that the experience was "a huge

On May 24, 1988, this young patient became the first to use the clinic's new X-ray machine. St. Joseph and Hermann Hospitals volunteered to read the clinic's films for free.

Photo courtesy of the San José Clinic.



boon for our students and residents because ... [they saw] a canopy of medical conditions that our residents wouldn't have [seen] without these individuals that came, many from Mexico and South America, with illnesses and diseases you really didn't see [here] at that time."⁶

Drs. McNeese and Findley carried on the pediatric program, and McNeese instituted the Woman, Infants, and Children (WIC) program, which provided vouchers and food education to serve young mothers and future generations. Dr. McNeese stated that many expectant mothers were diagnosed with anemia because they lacked access to a proper diet. WIC offered the natural solution by providing food vouchers to ensure the mothers ate well and could provide for other children in the family.

San José Clinic's original goal of caring for infants and mothers to reduce mortality rates among the indigent has carried forward throughout its history in cooperation with local hospitals. By 1979, increasing numbers of births made it clear that an additional obstetrics clinic was needed. Dr. Stone took on the role of the attending obstetrician providing prenatal care at the clinic, and St. Elizabeth Hospital agreed to receive low-income mothers for their

deliveries. In 1984, when fees increased at St. Elizabeth, the obstetrics program shifted to St. Joseph Hospital, placing Dr. J. Lucci and her OB/GYN residents in command. San José Clinic's patients continued visiting 301 Hamilton for prenatal care but now traveled to St. Joseph to deliver their newborns. The clinic saw obstetrics patients every Tuesday, averaging seven new expectant mothers each month. To maintain these growing partnerships, construction began in 1986 on an addition with five social services offices, three WIC offices, a new clothing store, and an administrative office that Bishop Joseph Fiorenza blessed for St. Joseph's Day following the opening.⁷

The clinic's leadership stayed on top of developing trends in medicine and opted to serve the community in time of crisis. In the 1980s when AIDS emerged, many people refused to be in the same room with an infected person, let alone care for them. By contrast, Sister Margaret Bulmer, who headed the clinic, attended meetings to learn about HIV/AIDS and how to care for patients. The clinic became an official HIV testing site with Carol Wolkk, R.N., state certified to do testing and counseling. The clinic also coordinated with other groups that provided services it did not have.

Likewise, when Houston experienced a tuberculosis (TB) crisis in 1994, the UT Medical School and City of Houston proposed San José operate as a follow-up clinic for those who contracted the disease or had been in contact with someone who was infected. A pulmonologist from Baylor College of Medicine led the TB clinic with a nurse and x-ray technician. The pop-up clinic provided an invaluable service for patients in low-income areas and helped stop the spread of TB across the city. As the twentieth century was nearing an end, the clinic that started with \$59 and 300 patients in 1922, had an annual budget over \$2.5 million with 23,030 patient visits.⁸



San José Clinic's waiting room at 301 Hamilton was typically full of patients, often overflowing outside. This led to opening a pediatric satellite location in Spring Branch in 2002 to help families outside the inner city.
Photo courtesy of the San José Clinic.

Branching Out

With the success of the San José Clinic's pediatric clinics, the leadership believed a satellite location would help provide care for those outside Houston's urban center. The specific Spring Branch neighborhood that was chosen for a pediatric clinic lacked sufficient healthcare facilities to serve its growing population. To solve this issue, San José rented a space at 8575 Pitner Street near Hempstead Highway and Bingle Road. The 6,000-square-foot satellite opened in December of 2001 and was blessed by Bishop Fiorenza on April 4, 2002. Unfortunately, the rent became more than the clinic could afford for the services provided, and ultimately the branch, which saw about 1,000 patients in 2004, had to close. Michael Sullivan, Ph.D., believes that the location also struggled because most people did not know it was there.⁹

After half a century of serving patients at 301 Hamilton, the clinic building was showing its age. At the same time, in 2006, the CHRISTUS Foundation for Healthcare made the decision to sell St. Joseph Hospital, leaving the foundation in need of a new headquarters. As the non-profit works alongside the Sisters of Charity of the Incarnate Word, the leadership was already familiar with the San José Clinic and aware it also needed a new home. Les Cave, then president of the CHRISTUS Foundation, recognized the decreasing sustainability, high operating expenses, and escalating maintenance that had come to define the Hamilton location. Cave recalled, "When we saw a chance to build a new building, it was the idea of the foundation and the Sisters of Charity and CHRISTUS to go ahead and build a new home for San José at the same time, and then [rent] it to them for a dollar a year. So, we worked together then to build that new clinic." This arrangement enabled the clinic to improve its services and direct more funds to patients and equipment.¹⁰

Former president and CEO Stacie Cokinos, who served from 2001 to 2011, recalled the board's regular strategic



A volunteer at the San José Clinic teaches a class about childhood dermatological fungal infections. Patient and family education remains an integral part of the care provided to patients.

Photo courtesy of the Houston Metropolitan Research Center, Houston Public Library, RGD0006N-1970-2957-25.

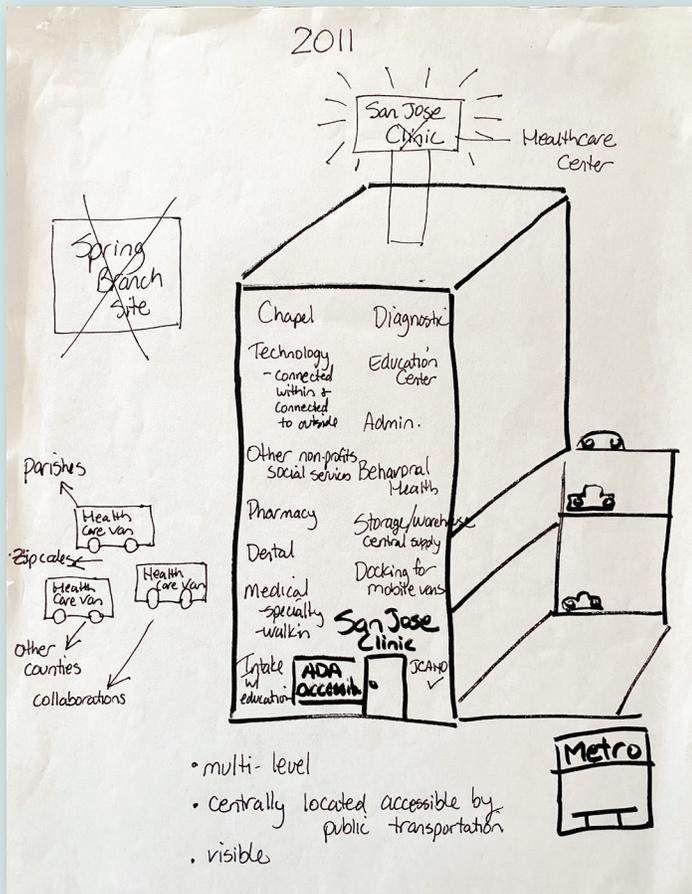
planning meetings early in her tenure: “The outcome of that was a little cartoon drawing that sort of summarized the work of the board retreat, and we set a vision statement: ‘by the year 2010, San José Clinic will be in a new facility with multiple partners under one roof to make it easy for patients. ... We will close the satellite, and we will be in an accessible location by public transportation.’” She reminisced that the simple little cartoon represented their collective vision, and that is exactly what became a reality through the CHRISTUS Foundation’s support.¹¹

Construction on the new 55,000-square-foot building at the corner of Fannin and McGowan began in 2008 and was completed in 2010, with the San José Clinic occupying 33,000 square feet of space. While the clinic experienced many wonderful years at 301 Hamilton, its worn appearance suggested – incorrectly – that inadequate services were performed inside. The new clinic’s exterior, however, matched the superior services offered there. Cave acknowledged that some people believe it is acceptable to provide poor people care in an inferior facility. The new building affirmed every patient’s worth and dignity and also allowed the clinic to expand its services, including nutrition counseling, psychological counseling, chronic disease support, and education.¹²

The new facility opened on February 6, 2010, and one



The San José Clinic’s first medical director, Sherri Onyiego, recognized army veteran and physician’s assistant volunteer, Louis Wu (1949–2020) as volunteer of the year in 2018. He served the clinic more than ten years. Photo courtesy of the San José Clinic.



This simple drawing made at a strategic planning meeting gave birth to the idea for San José Clinic’s current location, which was built by the CHRISTUS Foundation and opened in 2010 at Fannin and McGowan.

Photo courtesy of Stacie Cokinos.

month later Congress passed the Patient Protection and Affordable Care Act (ACA). It was intended to provide more affordable healthcare premiums and expand options to improve access to medical care, but the way some states implemented the program created confusion. The ACA prohibited those who qualified for Medicaid from applying, but states like Texas chose not to expand Medicaid eligibility, which meant some people who qualified for Medicaid by federal standards had no access to it through the state, leaving them without coverage in either system. Thus, places like San José Clinic found themselves in higher demand because some people were left without any coverage and because the working poor still could not afford premiums through the ACA. Paule Anne Lewis, president and CEO from 2011 to 2018, noted this created challenges. Clinic leaders had to explain to funders and people who were not “healthcare savvy” that the ACA “was great in so many aspects, but because the way Texas had chosen to implement it, or not implement it, the impact was so much greater.”¹³

The increasing patient load and a tripling of the clinic’s physical footprint with the new building made it clear that a medical director needed to be onsite at all times. Maureen Sanders, current president and CEO of the San José Clinic calls hiring a full-time medical director “by far the most significant change” the clinic experienced. For over ninety years, volunteers provided all the clinic’s patient care, but when they could not come in, patients had no one to see them. Through a partnership with St. Joseph Hospital, the clinic received a grant from the Harris County Healthcare Alliance to hire a medical director in 2013 for a three-year term, allowing an



Dr. Warren Bellows, a volunteer, examines one of the clinic's many patients. In 2020, 81 percent of the clinic's patients were Hispanic/Latino and 34 percent were men. Photo courtesy of the San José Clinic.

individual to “expertly implement a quality improvement program, quality measurements of patient outcomes ... and [be] a leader from the clinical side that understood the scope of patient care.” The San José Clinic hired Dr. Sherri Onyiego who saw patients and provided a consistent clinically trained eye to observe patient proceedings into 2017. Dr. Diana Grair followed and, as the current medical director, finds her role rewarding as she is “more active in the healthcare of these patients, with more autonomy in practice and the ability to initiate new programs and seek out opportunities and grants so that [the clinic] can expand the amount of patients it serves and the type of services it offers.”¹⁴

Nevertheless, the volunteer model is still at the heart of how the clinic operates to make care affordable. And the volunteers are completely invested in the clinic, including former medical students who return years later. Maureen Sanders recalled one advisory board member who is about twenty years into her career reacting emotionally at her first board meeting, “She just sat there crying. She [said], ‘I did my student rotation here, and to now be on the other side of the table as an advisory board member just means a lot.’” It is part of the “culture of giving” handed down over the years, explained Sanders, who sees keeping that going as her biggest challenge.¹⁵

The modern facility and addition of a medical director elevated the San José Clinic’s status in Houston’s medical community. Lewis had extensive experience working with various medical center institutions, enabling her to form relationships to benefit the clinic, its patients, and the entire healthcare community. In meeting potential partners, she demonstrated how “San José Clinic took the burden off of the county healthcare system, and other health systems, by keeping people out of the emergency rooms.” Dr. Grair points out that the clinic’s preventive care keeps people from

getting extremely sick, which helps keep costs low, and that prevention along with “managing chronic medical issues without interruption helps prevent comorbidity [additional diseases emerging] and extended hospitalization.”¹⁶

In 2016, the San José Clinic recognized an increasing need to add mental health services to provide integrated health-care to its patients. The clinic partnered with El Centro de Corazón, a clinic that was also serving the uninsured in the East End and had a strong social and behavioral health program. They received a grant from Houston Methodist Community Benefits program to bring in a licensed professional counselor (LPC) intern through the completion of her degree program. Lewis noted that the clinic saw many patients who needed more than medical care alone. The issues included depression, domestic abuse, eating disorders, and substance abuse while some also struggled with the fear of deportation. She added, “If you think about all these things and the general stress – can you imagine? You have to really think about the lives that our patients are living on a day-to-day basis.” Today, the clinic has a bilingual LPC who has experience working with the Latino community, which comprises the majority of the clinic’s patients.

With a new facility and Lewis’s expertise and connections, the clinic added services, increased revenues, and built awareness. All of this led to San José Clinic being admitted into the internationally renowned Texas Medical Center (TMC) in 2017. Although the clinic predates the medical center, chartered in 1945, and several campus hospitals – including Hermann Hospital (1925), M.D. Anderson (founded in 1942, moved to TMC in 1954), Methodist (founded in 1919, moved to TMC in 1951), St. Luke’s (1954), and Texas Children’s Hospital (1954) – TMC membership means greater access to lab equipment and medicinal technology and raises the value of the clinic from a local organization to a member of a worldwide medical center, according to Michael Sullivan.¹⁷ Several



Pictured from left to right, Texas Medical Center president and CEO, William F. McKeon; Houston Business Journal president, Bob Charlet; then San José Clinic president and CEO, Paule Anne Lewis; and San José Clinic advisory board chair, Philip Morabito attend the San José Clinic’s 7th Annual Fall Speaker Series in 2017.

Photo courtesy of the San José Clinic.

volunteers called San José Clinic “Houston’s best-kept secret,” but hopefully the TMC partnership will bring further awareness to this hidden gem.

Responding in Times of Crisis

On August 25, 2017, Hurricane Harvey struck the southern Texas coast as a Category 4 hurricane. While Houston escaped the worst of the winds, tornadoes and approximately forty-five inches of rain battered the city, leaving over 154,000 homes flooded in Harris County.¹⁸ Volunteer medical professionals and others who came to help in time of need gathered in shelters. The San José Clinic utilized its newfound recognition to support the effort, continuing its legacy of aiding the Houston community.

The crisis challenged the clinic to adapt its patient policies. Gone were requirements for identification or proof of eligibility; if an individual needed care, they received it. Eager to support others, the clinic opened its doors on August 31, only six days after the storm made landfall. Lewis claimed it was “second nature for us to open our doors even wider and wave patient fees as we came together to pull through this trying time.” Beyond medical care, the clinic provided insulin or prescription refills, including for evacuees housed in the city’s shelter at the George R. Brown Convention Center. San José established pop-up clinics for those who could not reach its main location, providing care to those outside of Houston’s central hub. One pop-up located in Rosenberg at Our Lady of Guadalupe Church inspired San José to open a satellite location in Fort Bend County in 2020. A sign of their dedication, all this Harvey relief was done even as the clinic’s staff dealt with their own flooded homes.¹⁹

Through these types of experiences, the San José Clinic has learned how to adapt in emergencies. Thus, in a time of confusion and fear of the unknown, as we saw during the COVID-19 pandemic, the San José Clinic knew how to react. With the city and county under a stay home-work safe order, the clinic met with patients virtually through a telemedicine platform known as Luma. This allowed patients to receive healthcare while still following Center for Disease Control (CDC) guidelines to prevent the spread of COVID. In addition, patients who required medical prescriptions remained socially distanced thanks to the clinic’s drive-through pharmacy that dispensed 10,426 prescriptions between March and December of 2020. These procedural adaptations enabled the clinic to care for approximately 3,000 patients during 18,662 visits at the Houston clinic.²⁰ Similar to its adaptations with Harvey, San José Clinic offered cost reductions and a satellite location to better serve the low-income population. Although the opening of the permanent Fort Bend location was delayed several months due to the pandemic, it saw success almost immediately, treating 114 patients from its opening in August through December 2020. The location’s success can be attributed to partnerships formed within the Ft. Bend community and the increased need for medical care during the pandemic.

San José Clinic administrators understood that the pandemic

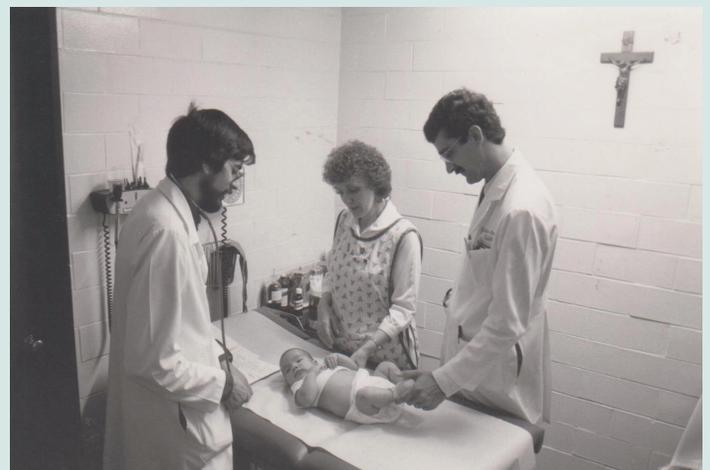
caused many to lose their jobs, so telemedicine visits and prescription refills required no payments. This act of generosity caused a dramatic loss in income for the clinic, made worse when the annual fundraising event, Art with Heart, was postponed to 2021. Dr. Michelle Herrera, current chair of the clinic’s board, offered a silver lining to the setbacks, saying, “One of the problems for the undeserved is getting access to us. ... I really believe almost everyone has a cell phone they can use to get in contact with their doctor [through telemedicine].”²¹ Dr. Herrera’s positivity is well-placed. Although incidents like the pandemic detrimentally affected millions of people, it also gave communities a chance to care for one another and develop solutions to similar challenges in the future.

A Long Road from 1909 Canal Street

The spirit of love and caring exemplified by the story of the little boy with the surgically repaired club foot is central to the identity of the San José Clinic and all of those who work and volunteer there. The boy stands among tens of thousands whose lives were changed by the service provided – those getting simple check-ups, mothers gazing into their newborn’s eyes, individuals needing minor procedures or major surgeries, evacuees suffering through Harvey’s floods, and those visiting with doctors on their telephone screen during COVID.

Through it all, the clinic has stayed true to its mission of helping those without access to adequate healthcare. Joe Goeters, grandson of the clinic’s cofounder Katherine Carroll, has fond memories growing up in and around the clinic on Canal. In thinking about those humble beginnings, he acknowledges the clinic’s work and legacy, “I’m so proud of what [San José Clinic] is doing today ... it’s just unbelievable.”²² ○

Grace Conroy is a history major at the University of Houston where she is an intern at *Houston History*. She also interns with the Center for Public History’s 100 Years of Stories and Resilient Houston: Documenting Hurricane Harvey projects.



Volunteer doctors and nurses at the San José Clinic make it their mission to see healthy infants grow up to healthy children and adults.

Photo courtesy of the San José Clinic.