



INTERNATIONAL COMMUNITY HEALTH SERVICES

# A Documentary History

*1973-2008*





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## ***Introduction***

**I**N 2005, AT a fundraising dinner, the International Community Health Services honored executive director Dorothy Wong, who was stepping down after a dozen years at the helm, as well some of the forgotten pioneers who helped form the organization back in the 1970s.

This all-too-brief moment of nostalgic recollection – about the early community idealism and activism which gave birth to the health clinic – spurred a desire to retrace the history of the agency.

This booklet and a companion video documentary are now offered on the eve of the celebration of the ICHS's 35<sup>th</sup> anniversary. Thirty-five years in the life of an authentic grassroots organization – sustained for many years on the unsteady fumes of volunteer labor and too few dollars, is cause not only for celebration, but also reflection and analysis. This agency's story is an inspirational example to those who follow in the footsteps of this first wave of institution-makers.

The narrative history presented here was woven together out of information gathered through 30 core interviews, other informal conversations and many hours of archival research. At the back of this booklet is the complete list of interview subjects, a bibliography and a detailed timeline of the agency.

First, thanks to the following individuals for their primary roles in this project: ICHS Executive Director Teresita Batayola, for her vision and leadership; Karen Fujii and Maxine Chan, also from ICHS, for helping us make the key contacts; Ed Echte, for wearing many hats, including research, writing and technical support; Shannon Gee and Ian Devier for videography; Debbie Louie for design and layout; and Dean Wong for photography.

Second, thanks to the countless ICHS staff, board and volunteers and other community activists, both past and present, for taking time out of their busy schedules to talk to us and help us search for documents and photographs.

*Ron Chew, Chew Communications*  
*May 10, 2008*



*Current ICHS Clinic at International District Village Square, Seattle*

**T**HIRTY-FIVE YEARS AGO, a group of idealistic medical students and community volunteers came together to create a free health clinic for low-income Asian Pacific Islander elderly and immigrants in Seattle’s Chinatown-International District.

Today, that agency – known as International Community Health Services (ICHS) – is a bustling \$18 million operation, serving over 15,000 patients a year in 15 different languages. This “one-stop” health care agency now has two primary locations: in the Chinatown-International District, where the agency first established its permanent roots, and in Holly Park, a low-income neighborhood in Southeast Seattle, where many newer immigrants and refugees have settled in more recent years.

How did the agency come to be? How did an organization – that many in the Asian Pacific Islander community still refer to with great affection as the “ID Clinic” – grow from a ragtag volunteer operation into the largest Asian Pacific Islander health care provider in Washington state and a model for the nation? And what are the looming challenges to the Clinic as it begins its next 35 years, on the eve of the election of a new President, with the strong possibility of major health care reform?

### ***Origins: 1968-1973***

**I**N THE 1950s, leaders in the African American Civil Rights Movement began to awaken the nation’s conscience by challenging long-standing policies of racial discrimination and economic inequality. By the late 1960s, this movement, swollen by increasing public opposition to this country’s involvement in the Vietnam War, began to unify Americans across ethnic and class boundaries. Sit-ins, riots, and freeway-jamming protest marches took center stage on television and radio and in newspapers.

Meanwhile, closer to home, in the neighborhoods, beneath the glare of the national spotlight, students and seasoned activists – energized by the movement for equality – began to organize over the issue of health care for the poor and minority groups. Through their pioneering efforts, culturally-sensitive volunteer-run health clinics were launched throughout the city.

In 1968, Seattle’s Harborview Hospital, which had provided services to low-income patients, retooled itself as a “teaching hospital,” scaling back its services to the poor. At nearly the same moment, a deep recession brought on by massive layoffs from the Boeing Company, then Seattle’s largest payroll, left thousands of Seattleites without health care. Aware of these challenges, young college-educated activists, returned to urban neighborhoods, blighted by decades of neglect and growing poverty, to start free health clinics as alternatives to the large “establishment” hospitals.

In the early days, many small clinics came and went. A few survived and grew into viable organizations. Under the leadership of Dr. John Green, the Open Door Clinic began in 1967, ministering to street kids in the University District. In the Central Area neighborhood, home to many African Americans, the Black Panther Party launched the Sidney Miller Free Medical Clinic in 1969 to provide medical screenings for sickle-cell anemia. About the same time, Pioneer Neighborhood Health Station opened its doors to serve the homeless and drug addicts. In 1971, under the leadership of Tom Byers, Country Doctor Community Clinic was born in an old vacant fire station in Seattle’s Capitol Hill area. Later, in 1976, Latino leaders and community health activists started a free clinic in the Rainier Valley, the humble beginnings of Sea Mar Community Health Center, which continues today in Seattle’s South Park neighborhood.

By 1969, Heide Parreno, a Catholic nun and recent immigrant from the Philippines, was volunteering at Pioneer Square Neighborhood Health Station. In serving the elderly Filipino residents at the clinic, she learned that there were many more elderly Filipinos who didn’t want to make the trek from their homes in the International District to Pioneer Square either because of the distance of travel or the discomfort of being served alongside the drug addicts and transients at the Pioneer Square facility.

Sister Heide, as she was affectionately known, began doing blood pressure screenings in the International District, at a Filipino American social service agency called the International Drop-In Center. Through her work there, she became convinced of the need for a clinic in the International District. According to the 1970 census, over 70% of the 1,700 residents there lived in poverty. The





majority of them – elderly men who had worked their entire lives in low-paying jobs – now lived in squalid, run down hotels – and had no access to health care.

For many Asian Americans, the voter-approved plan to construct the King County Domed Stadium next to the Chinatown-International District in 1973 confirmed suspicions that the city was deaf to the plight of their community. Community leaders and student activists argued that the stadium would spawn traffic jams, pollution, endless parking lots and other kinds of unchecked commercial development. They believed that the stadium would ultimately result in destruction of the neighborhood: closure of historic, but aging hotels which gave shelter to the long-time residents and displacement of family-run restaurants and shops which had thrived quietly for generations.

When officials held their groundbreaking ceremony for the stadium, agitators threw mud-balls at the dignitaries. However, agitation eventually gave way to negotiation, and Asian American activists began meeting regularly with government officials to discuss steps to cushion the impacts of the stadium construction, in part, through development of bilingual social and health services. Among the original community demands was funding to sup-

port a clinic in the International District.

Frankie Irigon, one of the student activists who participated in Kingdome demonstrations was a member of “Concerned Asians for the International District,” a group that put forth eight demands to King County Executive John Spellman. “One of the demands was to meet the health care needs of the elderly International District residents,” Irigon said. To the County Executive’s credit, Irigon remarked, he asked a staff member to conduct an epidemiology study to look at the need for health care in the International District and eventually helped secure County funding to establish the Clinic.

Also paving the way for this public support were the grim behind-the-scenes tours of the dilapidated, vermin-infested hotels, led by activists like Donnie Chin, director of the International District Emergency Center (IDEC), and Bob Santos, director of the International District Improvement Association (Inter-Im).

Chin recalled that the public officials and others who went on these tours came away shocked. “Some of them ran out of the building and some of them screamed when they saw things,” he said. “It was the first time I believe that the stuff they did in the surveys actually meant something.”



Pepe Kambhiranond was given a routine physical examination by Alvin Matsumoto, a fourth-year University of Washington medical student, at the Asian Community Health Clinic.

## For Asians, free health care

Text by Gary Iwamoto

THE LANGUAGE might be Cantonese, Mandarin, Tagalog, Japanese, Korean, Toison or Ilocano. But the message is the same — a pain here, a bad cold, aching joints.

And staff members of the Asian Community Health Clinic are ready to give free general health care to members of Seattle's Asian community every Tuesday evening at the Jefferson Park Medical-Dental Clinic.

The program had its start in the summer of 1973. Administered and supervised by trained licensed professionals, the clinic provides physical examinations, laboratory and diagnostic tests, medication, immunization, psycho-social counseling and child care.

The staff is composed of licensed physicians, several university medical



Photos by Steve Suzuki

students, nurses, professional counselors, bilingual advocates and other concerned community personnel.

The bilinguists interpret for the large number of elderly Asians and recent immigrants who do not speak English.

Additionally, transportation is provided to and from the clinic for the less mobile patients or those unable to drive or afford taxi fare.

Despite the limited working hours, the clinic has been used by several hundred people. While the Asian staff and bilingual services have been successful in attracting a large number of Oriental patients, people of all races are patronizing the operation.

Operating funds are obtained from donations by patients and other members of the Asian community.

After the checkup, Matsumoto recommended a cough syrup for Pepe to his mother, Mrs. Remedios Kambhiranond.



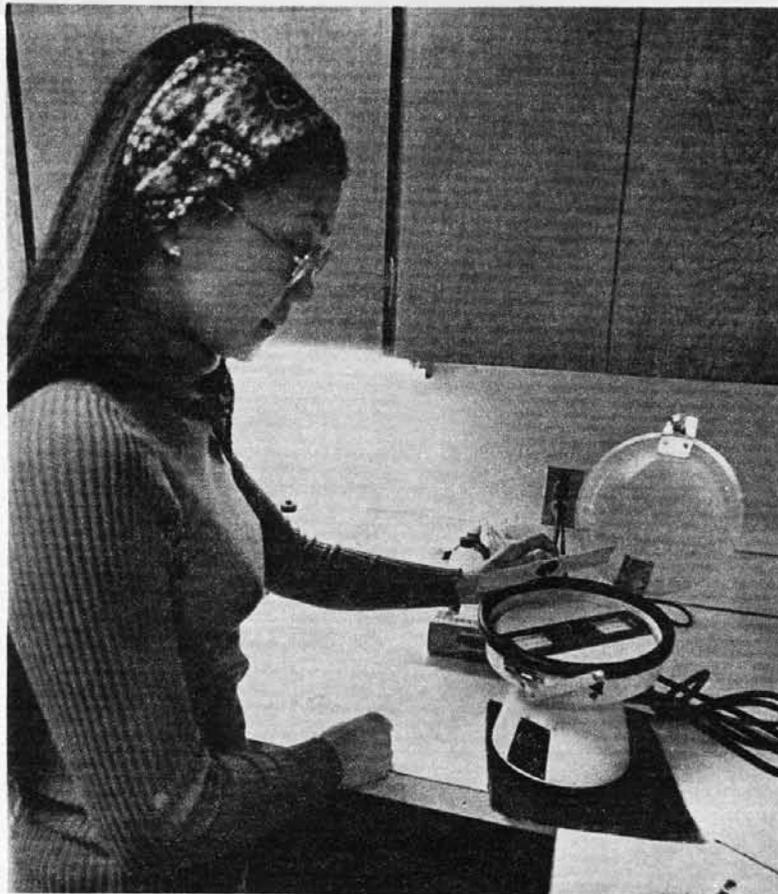
## Health clinic

continued

Physical examinations are a large part of the clinic's service. Steve Momii's heartbeat was checked by Dr. Joseph Okimoto.



Taking a blood sample from Rebecca Kang, above, Janyce Ko put it in a centrifuge, below, which separates blood plasma from the red corpuscles.



*In 1973, The Seattle Times ran a pictorial feature on the newly created Asian Community Health Clinic on Beacon Hill.*



For those who have difficulty moving about, the clinic offers free transportation. Joyce Nakagawara aided Helen Nakagawara into a car before driving her home. Following an examination, Peter Hashisaki, a fourth-year U. W. medical student, wrote a report.

## ***Establishing a Clinic for the ID: 1973-1975***

**E**VEN BEFORE THE official requests to government officials for a clinic, Asian student activists, medical students, nurses and others were working to create a free medical clinic in the International District to serve the immigrant generation – those who had built the community during an era of incredible racial discrimination and economic hardship. They knew that cost, language and culture were serious barriers to health care. These activists believed health care was as much for those who spoke Chinese, Samoan, Spanish, and Tagalog as for those who spoke fluent English, and as much for those in their twilight days as for those in their early years of life.

In 1973, Dr. Eugene Ko, a well-established physician on Beacon Hill, lent use of his Beacon Avenue medical office to a group of young activists for the newly created Asian Community Health Clinic, a free “walk-in” clinic, which operated Tuesday evenings from 7 to 9. This founding group included the Muramoto brothers, Al and Keith; Bruce Miyahara; Jon Nakagawara, the first director of the Clinic; Jan Ko Fisher, who continues to serve as a board member in 2008; Fernando Vega, Ken Nakata, Wilfred Fujimoto, Janet Kubota, Dr. Joseph Okimoto, Rebecca Kang and others.

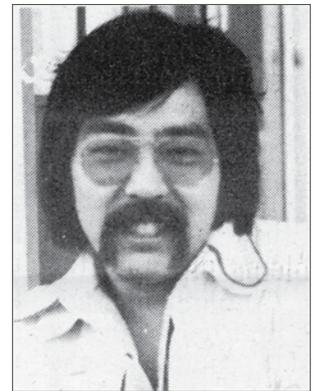
Miyahara, then a pre-med student at the University of Washington, recalled being encouraged to volunteer at the free clinic by Al Muramoto. At the time, Miyahara was “trying to find something substantive to do.” Recalls Miyahara: “Being part of the baby boomers coming out of ‘60s and after protesting the Vietnam War, what else was it that we could change?” He and other activists believed passionately in health care reform. Miyahara remembered that two posters hanging in the Clinic office reflected the central values of the cause: “Health Care is a Right, Not a Privilege” and “Health Care for People, Not for Profit.”

Jan Ko Fisher recalled that the free clinic started not with a bang, but quietly, modestly. One of her responsibilities was to open the clinic in the evening. Ko Fisher’s parents, who lived across the street from the clinic, kept the key for the volunteers. Initially, few patients made their way to the clinic. “It wasn’t like swarms of patients coming to our doors,” she recalled, “but we offered rides from the International District. We offered free transportation.”

“It was targeted toward the elderly in the hotels,” Miyahara added. “It was sort of a little hit-and-miss on access for the population we were trying to provide services for, but I think it was a start.”

On November 3, 1975, the International District Community Health Clinic (IDCHC) opened in a small reclaimed storefront at 416 Maynard Avenue South in the International District. Staff from the Asian Community Health Clinic, along with Sister Heide and other volunteers from Pioneer Square Neighborhood Health Station, were at the celebration. Two elderly patients helped with the ribbon-cutting.

This modest new clinic was located directly across the street from the recently constructed Hing Hay Park, a small urban park and gathering spot for the



*Bruce Miyahara, 1976. Background image: Earliest surviving poster advertising ACHC.*

aging group of Filipino and Chinese residents who had lived in the neighborhood for many years. They were eventually to become the first group of patients at the ID Clinic.

Miyahara remembers that even before the inside of the storefront was remodeled, volunteers from the Asian free clinic on Beacon Hill, anxious to bring their services closer to their target population, came down and took control of the space. “We strung ropes across the walls and hung blankets and brought some exam tables down and started opening up the Clinic,” he said.

Prior to its use as a clinic, the space was home to a thinly-disguised Filipino gambling operation, in a building managed by Barry Mar. Bob Santos, executive director of Inter-Im at the time, recalled how he was able to secure use of the space through a bit of coercion:

*I was set to talk to the proprietor of the Filipino gambling hall. He's a big guy – a big Filipino guy with a cigar, with a big old something in his coat pocket. I don't know what it is. It's either a fat wallet or a gun. ... I said, 'We know you're running a game here.' I just came right out and said, 'You know, you're running a game here. So if you move upstairs – Barry Mar will allow you to move upstairs – we won't say anything.'*

As plans for the new Clinic progressed, Santos met with Joey Ing, a local architect, to ask for his help in redesigning the Maynard Avenue storefront into the new Clinic.

“We must have been in a restaurant in the ID,” Ing recalled. “I grabbed a napkin and did a layout for them. It was the first and only time I did that. Bob took that, and lo and behold, he took that to Kaz Ishimitzu, and before you know it, they had a Clinic.”

Resources were very lean in the early years, and the Clinic relied on a healthy mix of volunteer services and ingenuity to get by on its shoestring budget.

“We used to get copy machines by talking to sales people and asking for a trial period so we could get a copy machine for a couple, three months and free paper and didn't have to pay anything for it,” Miyahara said. “So all we had to



416 Maynard Avenue South before the remodel, 1975.



Bob Santos and two residents participate in the Clinic's grand opening festivities, 1975.

do was line up a variety of copy machines to try out so we could save money and keep the Clinic going.”

When the Asian Community Health Clinic relocated down to the International District, Miyahara became the director of the new agency. Miyahara’s position was funded through the Comprehensive Employment and Training Act (CETA), a popular federal program which supported special public service jobs in the late 1970s. CETA was also the source of funding for Susie Chin, hired in 1976 as the first full-time front desk receptionist at the Clinic. Chin established the office procedures and anchored the early operation.

To open the Clinic, Sister Heide Parreno wrote a grant for a “nurses demonstration project,” which provided dollars for what she described as the “meat and potatoes” outreach work of the newly-created Clinic. Working as the first full-time nurse practitioner at the ID Clinic, she went out into the community to recruit patients from among the Filipino and Chinese residents.

On the organizing front, Santos, Miyahara and Sister Heide were a formidable trio, teaming up to lobby City, County and State officials for \$90,000 to remodel the gambling club into the new Clinic. Miyahara recalled the crucial meeting with the director of the State Health Department: “Bob just went in there and tried the community activist role, pounding on the table, getting fed

up and angry like he could do at times, and then Sister Heide would be so quiet and plead and just work on his guilt, and then I would come in with the charts and the graphs and point it all out.” At the end of the meeting, Miyahara recalled, the director commented, “How can you argue with that?” – then proceeded to find a \$40,000 allocation to support the Clinic project.



Top: Heide Parreno and Bruce Miyahara at the Clinic, 1975.  
Above: Susie Chin converses with a client, 1976.

### ***The First Days: 1975-1978***

TENDING TO THE medical needs of the elderly residents – who suffered from diabetes, hypertension, arthritis, gout and cancer – meant getting out to visit them in their accustomed places, rather than waiting for them to come into the new Clinic. Donnie Chin said Sister Heide, Jan Ko Fisher and others spent many unpaid hours in the social clubs, pool halls and in the deteriorated hotel apartments where the residents lived.

“We would go down there with them for security and check on these folks,” Chin said. “We’d also bring the equipment because, at the time, the nurses had an entire blood pressure trunk and a stethoscope and we’d have a medical kit.” Separately, Chin himself and other IDEC volunteers ran a resident check-up program, sometimes assisted by either a clinic nurse or a volunteer.

Recounts Susie Chin: "The nurses were strong women. They went into the hotels. All the hotels down there were really low-income. They would go out and recruit the patients and bring them in." She recalled that on one occasion, she herself went to check on "patient number 14" – a very elderly Filipino at one of the old hotels in the area – because he had missed an appointment. This patient, Chin said, did not have a phone and had great difficulty walking, shuffling his feet very slowly, one step at a time.

"We thought we better bring him some food, so after the Clinic closed, we went to a restaurant and bought a take-out order," Chin recounted. After he opened the door to his apartment, she said, "he practically broke down and cried. I remember that he hugged me and he didn't want to let go."

Chin, the child of immigrants – her father working long hours as a waiter and her mother unable to speak English – said she could relate to the importance of a bilingual clinic. "I was the daughter that was responsible for taking my mom to the doctor," she said. "I just remember how hard it was for a person not to

## Clinic Fund Still a Question

The Seattle City Council agreed last month to increase its funding commitment to the International District Community Health (IDCHC) contingent upon an equal commitment from the County Council.

Sister Heide Parreno, the only full-time nurse who would have been funded at the IDCHC had an Office of Policy and Planning (OPP) budget recommendation of \$33,000 been adopted, said she would resign unless the City's financial commitment were increased as had earlier been expected.

"I could not alone take care of the tremendous medical needs of the aged Asians in the International District," she said.

### OPP Recommendation

IDCHC had pointed out that the OPP budget recommendation would have called for elimination of the positions of four full-time nurses now treating elderly Asians in their hotel lobbies and rooms.

IDCHC points out that, according to the 1970 census, 71 per cent of the 1690 persons living in the International District are over 65, living in poverty.

On March 18, about 75 ID residents and supporters demonstrated in Hing Hay Park, calling attention to the health needs of Asian elderly in the International District. Most of the demonstrators were Chinese and Filipino elderly.

### Elderly Demonstrate

The demonstration marked the first time Asian elderly, many of whom depend upon the services of the Health Center, have rallied publicly



ID residents stood out in the rain at a rally last month to try to show the need for clinic funding.

over an issue in such a large number.

"What we want," Bob Santos, director of the International District Improvement Association (Inter\*im) at the demonstration, "is just a drop in the bucket compared to what is just needed to direct traffic."

On March 24, after rejecting the attempt of City Council member John Miller to grant IDCHC its request of \$71,000, the Council approved \$53,000, provided the County matches that amount.

### Verbal Commitment

Bruce Miyahara, Health Project Coordinator for Inter\*im, said that, at a

meeting with County Executive John Spellman early this month, IDCHC received a verbal commitment of support in locating additional funds for the Center's continued operation. There was no promise of hard money, he said, but Spellman sounded cooperative.

"Things are still in limbo," Miyahara said, "and we're wasting a lot of time searching for future funding."

The Center opened in November, 1975, with grants of \$25,000 from both the City and the County.

Ron Chew



*The first wave of patients at the ID Clinic were longtime International District residents, 1976.*

speak English and go see the doctor, because even if you do speak English, it's still hard to communicate, to get health care.

"I remember we had seven kids in our family and none of us grew up with any health insurance," Chin said. "We only went to a doctor when we were really, really sick. You don't go to a doctor for regular check-ups. That was unheard of. The same thing with dental care. We didn't have any dental insurance."

Maxine Chan, marketing and events coordinator at ICHS, recalls serving, at the age of 17, as a Cantonese interpreter at the free clinic on Beacon Hill. Over the years, she has held six different positions at the Clinic and has seen the organization grow and reach out to embrace the newer Asian Pacific Islander arrivals and others.

Chan said she came to the ICHS in the beginning because the elderly men – living in the run-down hotels without a family or decent health care – reminded her of her own grandfather.

"I remember if you wanted a refrigerator, well, there was no such thing," she said. "The refrigerator was a box outside a window. And it was a shame. This is a rich country who couldn't supply the necessities for their people. That started me to want to do something, to do a change."

This strong desire to help make a difference – as a baby boomer growing up during a time of heightened awareness of racial inequality and social responsibility – "stayed with me," she said. "I've left community, if you will, a number



of times to do other jobs, but I came home. I came home when I came back to work for the Clinic.”

Although the level of passion and idealism was quite high in the early days of IDCHC, the volunteers soon discovered that working together was not easy. Bruce Miyahara recalled that he and other idealistic, yet “naïve” college students were brought back down to earth by the “extremely difficult” challenge of creating a pan-Asian institution. The Clinic services, Miyahara said, were organized around the interpreters.

“There was a Chinese day, a Filipino day, a Japanese day or morning,” Miyahara said. “It took a while before the rhythm of the Clinic could take off and it was just interesting how the population really segregated itself to the services in the Clinic.”

By the late 1970s, the IDCHC and other community clinics – very thinly staffed and underfunded – struggled to keep up with increasing patient loads. Pooling their efforts, community clinic leaders worked to change the legislation governing the National Health Service Corps (NHSC). Previously, the program, which provided funding for medical students willing to serve in underserved communities, only applied to rural areas. Miyahara and other health care activists fanned out to gather data demonstrating the need for such services in underserved urban areas. Armed with this information, U.S. Senator Warren Magnuson rewrote the legislation in 1976 to allow urban sites to receive NHSC

funds. In 1977, the IDCHC became the first community clinic in the nation to receive a doctor and nurse practitioner with this funding.

The addition of National Health Service Corps staff provided a small measure of stability to the ID Clinic, but this stability was relatively short-lived. In August, Miyahara resigned as director to return to medical school. Fortunately, Jon Nakagawara was again willing to take the helm, but he faced new challenges as the IDCHC continued to open its doors to waves of new patients.

### ***Changing and Growing: 1978-1993***

**N**OT LONG AFTER the Clinic opened in the International District, the Vietnam War ended and waves of new refugees from Southeast Asia, mainly Vietnam and Cambodia, began to flood into the region and into the Clinic. In contrast to the elderly who were the original target clients of the IDCHC, these new arrivals came to the Clinic as whole families, bringing with them a new set of health care needs.

Clinic staff remember the sudden explosion in the number of patients and how that taxed the small waiting area in front and the two exam rooms. The staff didn't have a moment to sit down or go to the restroom until the end of the day. "We were way too busy," said Chin.

Additionally, as the Clinic went through what Chin describes the sudden stress of "growing pains," it grappled with who to serve "because there are just only so many slots open to see providers and you've got way too many people coming into our doors." Chin remembered with sadness the elderly clients – the original Filipino and Chinese residents – stopping to peer through the Clinic window and seeing the space crowded with people. Instead of coming in for their appointment or coming in to chat with the staff as they would do in the past, they would often walk away, Chin said. She remembered the nurses running out after them to bring them in for their appointments.

While the influx of refugees put enormous stress on the IDCHC, it also brought an unexpected source of funds. The State of Washington quickly pledged to help



*Clinic-sponsored Tai Chi classes, 1980s.*



*Visit by Saudi prince. Also pictured, former Mayor Charles Royer and ICHS Director Gail Tanaka, 1983.*

the Southeast Asian refugees settle in this region, and money began flowing to any health agency willing and able to care for the new arrivals. This included the ID Clinic, which recruited interpreters to assist the new populations.

The small measure of stability afforded by state refugee relief funds and the earlier National Health Service Corps funding rule change was relatively short-lived. In 1980, Ronald Reagan was elected President. In his inaugural address, he stated his core belief that “government is not the solution to our problem; government is the problem.” Almost immediately, his administration eliminated CETA, cut the National Health Service Corps and eliminated two health plans serving low-income populations.

As community clinics scrambled to make up lost revenue and retain staff, the City stepped forth with a substantial increase in funding to support health and human services during this period, partially compensating for the Reagan cuts.

The IDCHC board hired Gail Tanaka as the third director of the ID Clinic in 1980 after Jon Nakagawara stepped down to take a position with North Seattle Community Clinic. Tanaka remembers that an additional blow to the Clinic was the closure of the U.S. Public Health Hospital, the major backup to the IDCHC, another victim of Reagan era budget cuts: “That’s where we sent everybody who needed specialty care, hospitalization. They did our lab work. They filled a lot of prescriptions for us.”

During the 1980s, the ID Clinic struggled to hold onto the gains made early in the Clinic’s existence and expand services to a larger more diverse client base. One highlight of Tanaka’s tenure was a visit from a Saudi prince in 1983. As part of his visit to Seattle, the prince toured neighborhood health clinics to see how they might



*Top: Bouasy Siphandone, WIC clerk. Center and bottom: IDCHC helped screen survivors of the Hiroshima and Nagasaki bombings in the 1980s.*



*Top: Executive Director Gail Tanaka, far right, poses with clinic staff, mid-1980s. Above: Frankie Irigon, IDCHC director from 1988 to 1993.*

work in his home country. The press and dignitaries descended on the ID, and the Clinic received a brand new audiometer as a token of gratitude for the tour.

Another innovation at the Clinic was the purchase of its first computer in the mid 1980s, an Apple MacIntosh 512. While it was nearly state-of-the-art for its time, it proved inadequate for patient records, and its primary use was as a word processor and budget calculator.

By the late 1980s, despite the best efforts of the 30 board and staff members, the Clinic's financial base remained inadequate to meet the growing needs of the organization. The agency continued to hobble forward on too few dollars. In 1988, Gail Tanaka resigned, and Frankie Irigon, one of the activists who helped bring about the Clinic through his activism against the Kingdome, took on the directorship in that year.

In the Clinic's grand tradition of making do with very little, Irigon was forced

to find help wherever he could. He discovered a program that assigned Washington National Guardsmen to take on volunteer projects to gain real-world experience. He landed their help in remodeling the front reception counter at the Clinic. "I heard that the National Guard would lend personnel as part of their training, so they helped us build a front counter for the reception area to serve as a security barrier between us and the patients," he said. "Because we had a deficit and were cash-starved, we were able to take advantage of these situations to get things done."

## ***New Leadership and A Big Leap Forward***

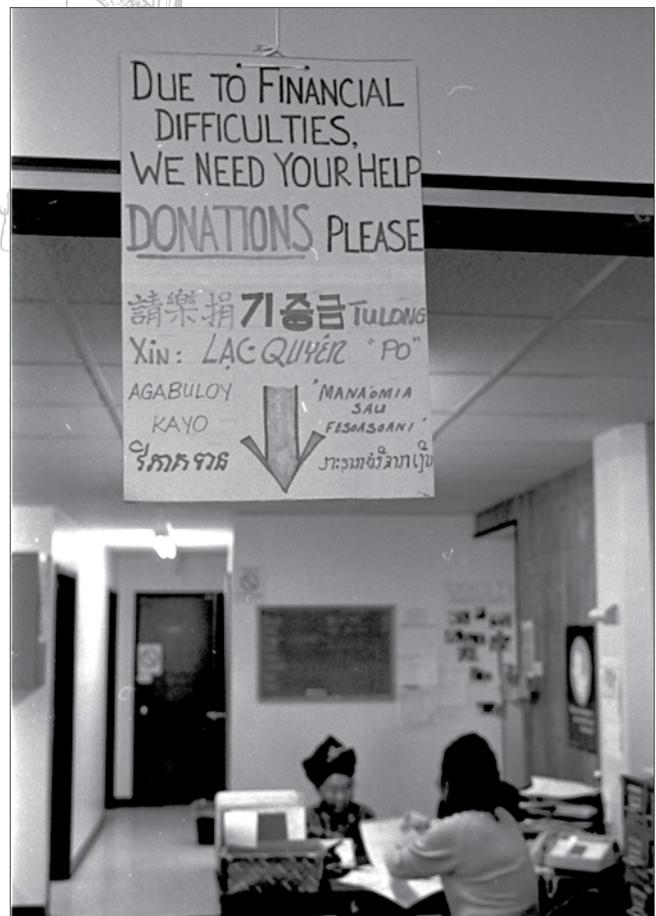
**T**HE GROWING EXCITEMENT over the possibility of health care reform in the early 1990s spurred the Clinic board to position itself to take advantage of expected changes. While the reform promised under the Clinton Administration didn't materialize, increased visibility and greater understanding of the problems facing low income non-English speaking residents helped make the ID Clinic a greater priority for government officials.

It wasn't until the hiring of Dorothy Wong in 1993 as the new ID Clinic director that the organization began dealing straight on with the woeful inadequacy of its facility and crafting a stronger business plan. Wong, a San Francisco native, trained in the health care provider industry during the AIDS crisis that swept through the nation in the 1980s, had previously worked as director of the Asian AIDS Project.

Wong's arrival in Seattle coincided with the movement to create the Community Health Plan of Washington, a new state reimbursement plan that would eventually provide a stable source of health insurance coverage for community clinics across the state. The idea of community health clinics com-



*Thu Ngo with a patient, 1980s.*



*ICHS struggled with inadequate funding in its early years.*

ing together to form this plan, Wong said, was considered so “crazy” that many people at first brushed it aside. Wong, who had a business degree in addition to her expertise in management and organizational development, made sure that the ID Clinic was involved on the front line of shaping the Community Health Plan – helping determine how the managed care reimbursement system would work. “That would be the key to our financial success,” she said. “To make a long story short, becoming involved helped stabilize us financially.”

During Wong’s 12-year tenure, the agency went from a budget of \$1.9 million with \$100,000 in the bank to a budget of \$15 million with \$10 million in the bank. “And along the way, we did seven construction projects,” she said. “You have to think of the amount of money that came our way over the course of the years – just from that 12-year period – and you realize how much money



Bottom: Clinic nurse Mee Lee (right) in front of the Maynard Avenue IDCHC in the 1990s.

ICHS was able to garner over that time.” Said Sue Taoka, executive director of the Seattle Chinatown-International District Preservation and Development Authority, “I frankly credit Dorothy with being able to figure out what the health care crisis was going to be. She figured out how to position the Clinic and put herself in the right places at the right time so that the ID Clinic would benefit most from that.”

As Wong began to build strategic community and funding relationships, she moved forward on a plan to remodel the Clinic’s existing space. A 1992 report to the board had cited the shortcomings of the space, including lack of emergency exits, poor ventilation, too few exam rooms, inadequate reception area and no office space.

When Wong first visited the 416 Maynard Avenue storefront, she saw staff packed elbow to elbow, using dilapidated furniture, inside a space that had cockroaches and mice. At one point, she said the Clinic reminded her of a “Third World dump,” a quote that was carried, somewhat to her chagrin, in one of the newspapers.

Wong recalled what was, for her, “the last straw”:

*I was talking with a staff person. We were talking to each other, and all of a sudden, this spider dropped between the two of us. She started screaming because she didn’t like spiders. ‘Aaaah!’ And in my mind, I said, ‘This is it.’ It was just totally unacceptable. I’m not going to work here. Staff don’t deserve to work under conditions like this. And before I ended my first year, we proposed renovating the Clinic.*

Wong also had to grapple – as did every director before her – with the complex challenge of creating an agency where staff could work comfortably and fluidly across ethnic and linguistic boundaries. She wanted to make sure, for



Community residents gather at the Danny Woo Community Garden, 1990s.



*ICHS celebrates the grand opening of its traditional medicine clinic, 1996.*

example, that the Chinese staff didn't favor the Chinese patients and that the Filipino staff didn't favor the Filipino patients. During Wong's tenure, her board began to discuss what it meant to be an "Asian Pacific Islander" organization, since the Clinic conceded that it didn't serve the "full spectrum" of groups, especially the Southeast Asian and Pacific Islander populations, who mostly went elsewhere to get their medical needs met.

In 1996, a banner year for the ID Clinic, the agency acquired a vacant medical office and started a South Seattle "satellite" clinic near Holly Park, a low-income housing project in

Southeast Seattle. This helped position the Clinic to better serve an Asian Pacific Islander population that had been steadily "gravitating south" from the International District, the agency's original home base. The IDCHC's first foray outside the International District also yielded, for the first time, a dental clinic, a long unmet need for low-income Asian Pacific Islanders.

In its quest for new funding streams, the Clinic also took advantage of the growing demand for alternative medicine and renewed interest in traditional Asian health practices. In 1996, the ID Clinic also opened a new for-profit acupuncture clinic in the International District, catering to a more affluent population and many non-Asian clients.

In the context of these changes, the agency decided, in that same year, to switch its official name from the International District Community Health Clinic to International Community Health Services or ICHS. The notion of "community" had now evolved far beyond a specific geographic location or neighborhood, beyond the boundaries of the once-imperiled Chinatown-International District of the 1970s.

### ***New and Better Facilities: 1998-2005***

**I**N 1998, THE DREAM of a new permanent home for the Clinic came to fruition. Under the leadership of the Seattle Chinatown-International District Preservation and Development Authority, a former Metro "bus barn" on the southern edge of the International District was transformed into the International District Village Square, a new multi-use facility taking up a full city block. The "Village Square" brought together, at one site, 75 senior "assisted living" apartments and the services of the ICHS, Asian Counseling and Referral Service and the Denise Louie Education Center. From the start, ICHS was a partner in the Village Square project and helped shape the facility as a multi-use center.

According to Dorothy Wong, this expansion into a huge new building – fully equipped with "real medical supplies" and "real office furniture" – was em-

braced with open arms by the Clinic staff. She recalled that she was surprised by the lack of sentimentalism expressed by the long-time staff at the party to bid farewell to the Maynard Avenue site. Wong remembers that their attitude was very curt: “We’re ready to move. Goodbye!”

As they were determining which pieces of furniture to take over to the ID Village Square, she said, they wondered what to do with the receptionist’s desk which “had been there forever.” “We lifted up the desk – and the moment we lifted it up, all four legs fell off because it had been duct-taped together for years, and it just fell off,” Wong said. “And so we said, ‘Well, I guess this is one piece of furniture we’re not taking with us.’”

Although the satellite clinic site was razed to make way for Sound Transit line, the ICHS decided to continue its South Seattle presence, opening a new 12,000 square foot medical and dental clinic at Holly Park in 2005 – with 14 exam rooms, six dental stations, a laboratory and pharmacy.

Teresita Batayola, current executive director of ICHS, led the construction and development of the new clinic at Holly Park following Wong’s departure in 2005. Batayola, a longtime activist and leader in Seattle’s Asian Pacific Islander community, first became involved with the ID Clinic as a student volunteer doing research for Sister Heide in the 1970s. Her parents were close friends of



*From left: ICHS Medical Director Dr. Alan Chun, Bob Santos, and Executive Director Dorothy Wong cut the ribbon at ID Village Square groundbreaking, 1996.*



*Staff gather on the mezzanine level of the ID clinic on Maynard Avenue.*



Top: Ludy Limbo, longtime Clinic physician assistant, examines patient. Bottom: (from left) Holly Park clinic staff members Kia Truong, Thao Truong, Jacky Chau, Lay Vong, and Odelia Wang model T-shirts.

Sister Heide, and were involved in the formation of the International Drop-In Center, where Sister Heide had volunteered in the early years.

Batayola, in returning full circle to ICCHS, sees the first 20 years of the agency as a story of gritty survival and the past 15 years as a story of growth. During the past 35 years, she said, ICCHS has expanded its client base far beyond the Filipino and Chinese residents in the International District. Today, she points out, the patients come from other parts of King County and as far away as Snohomish County.

“Aside from the Asian Pacific Islander populations, we see Latinos, we see East Africans, African Americans, we see Eastern Europeans, and, of course, we see some of the majority population – the Caucasians who have a hard time finding health care that they can truly afford,” she said.

Today, at the Holly Park facility, on any given day, the mix of families in the waiting area who seek assistance is astonishing – young and old who hail from East African and Eastern European nations as well as those who have a long history in America. The languages spoken include English, Somali, Amharic, Tigrinya, Spanish, Vietnamese and Cambodian.

Kia Truong, Patient Services Supervisor at the Holly Park Medical and Dental Clinic, estimates that 60 to 75 percent of the patients are Vietnamese, followed by Somali at 20 percent.

Beyond the specific services that ICCHS provides to an increasingly diverse and changing patient base, Batayola believes that the agency helps anchor the Asian Pacific Islander population with a “sense of place.”

“One of the things that happens with a lot of immigrants and refugees – and I know this because I am an immigrant myself – is that when you come here, you’re displaced from your country, your home – and you’re lost,” Batayola said. “But in this community, they’re not lost. And for our staff, for our patients, they need to know that this is a home to them. Yes, it’s a medical home. It’s a dental home. It’s a health care home. But this is a place for them.”

This sense of home and community – sustained over 35 years by six directors and hundreds of volunteers who have served on the ICCHS board and inside the Clinic – has been the hallmark of the ICCHS; it’s the glue that has kept some



*Teresita Batayola (left) at the ICHS Back to School event, 2007.*

of the staff and volunteers at the agency for decades, despite the lure of better paying and more prestigious positions elsewhere.

Said Kia Truong, who has been with ICHS for 10 years, "I just love it here. We work as a family. We agree. We disagree. We have arguments. We make up. We always have parties. Every month, we celebrate birthdays. We learn a lot because of all the different cultures that come here."

Lourdes "Ludy" Limbo, a physician assistant who has worked at the Clinic for 30 years, said, "The people here have become like a second family to me. However, it is not only the staff I have become friends with over these past 30 years. It includes my patients and their families."

One of those "friends" is Benito Valdez, who goes to Limbo for treatment of his diabetes. "It's great to have a Filipino doctor," he said. "We can understand fluently, can express my sickness and she helps me better. That is why I am so close to Dr. Ludy. Everyone at the Clinic is so kind."

OB Coordinator Thu Ngo, who came here as a refugee in 1979, started at the ICHS as an interpreter in 1981 and – except for a period when she went back to school to get her nursing degree – she has been at the agency ever since. She said she's stayed for so long because of the supportive environment and the difference that the agency has made in the lives of her patients and their families.

This comfort with – and loyalty to the agency – meant that Ngo felt great about having her daughter, Linh, spend time with her at the agency. Linh was just a 6<sup>th</sup> grader when she began helping organize files at the ICHS during the summer. For Linh, this experience led to lasting friendships with the children of Ngo's co-workers, who also volunteered at the agency. After graduating from



college, Linh came back to the ICHS and worked in the human resources department for five years. “It gave me an opportunity to serve my community,” she said, “so that was awesome.”

Linh said she would see the strength of the relationships her mother had built in the community whenever she ate with her in the International District. “Every time I come out to any restaurant – and I swear by this – she knows all the waitresses because those are all her patients,” Linh said. “It’s kind of nice because we always get really good service. But it just shows all the lives and all the people that she’s helped.”

Jennifer Vong, a medical technologist at the University of Washington Medical Center, said her mother received prenatal care at the Clinic and that she herself had been a regular patient at the Clinic from the time she was born until she turned 21, when her insurance coverage changed.

“My mom liked coming here,” Vong said, “because it felt like a community, like people she’d be comfortable with, people who spoke the same language and had the same cultural values as her.”

### ***The Challenges Ahead***

**S**O WHERE DOES ICHS go from here? Despite its successes, questions abound for the ICHS and for other community-based health clinics born out of the struggle for equality and social justice. For example, what happens if mainstream health organizations and hospitals begin to fully embrace diversity and become culturally sensitive? Will there be the same urgent need for ICHS? As the number of private Asian Pacific Islander medical clinics and physicians continues to increase, will the ICHS face a shrinking patient client base? How do the community clinics like ICHS remain economically viable as health care

costs skyrocket, the number of uninsured patients grows and as support for Medicaid and Medicare diminishes?

Even in the face of all this volatility, the agency's astounding growth – and its national reputation for excellence – are proof that ICHS is well anchored and will be alive and kicking for quite a while. You can see and feel the vitality of the organization on any given day at both the International District and the Holly Park clinic, where the waiting area is almost always full and bustling, and where the staff continue to deliver services with commitment and passion.

Jon Nakagawara, one of the pioneers of the ICHS in the early years, who served as director of ICHS from 1977 to 1980, said: "I still do believe there are members of the Asian community who fall between the cracks and need advocates to help them get into the mainstream health care system. As long as our community is as multicultural as it is, with people who need language services, there will be a need for the ICHS. As long as there is an Asian community, there will continue to be a need for the ICHS."

Betsy Graef, an ICHS board member from 1988 to 1994, believes the agency has a wonderful "little niche" and will enjoy a secure future.

"I don't believe mainstream health care organizations have really made that commitment to diversity," she said. "I think the fact that there is an organization that appreciates and respects and understands the cultures of the peoples they are serving is like – my god! – it's perfect! And if you get health care reform that gives you a base under that, you're totally positioned."

A more recent ICHS board member, Charles Wu, who joined in 2005, can



*ICHS staff, 2007.*



attest to the “specialness’ of the ICHS. He’s not only a board member – he’s an avid consumer of the Clinic services himself.

“I’ve gone to other clinics for health care and I see people that don’t speak English very well and they don’t feel very comfortable when they go in,” he said. “They feel awkward when they’re at the reception desk. They’re awkward with the medical assistants or doctors. If they come to one of our clinics, we’ll be able to speak in one of their dialects, in their own languages – and they feel comfortable. They’re able to ask those questions and really get the health care that they need.”

Amy Kim, a civil rights attorney who also joined the ICHS board in 2005, agrees that the need for ICHS will continue to be strong. “Our patient population may change because you don’t know what they’re going to look like in 10 years, but I see the agency growing in a way that takes on more leadership roles in the community. Already, we are advocating for our patients. Already, we are reaching out to educate our patients about their rights and health issues that impact particularly the APA community.”

Finally, Hiroshi Nakano, who joined the ICHS board in 1997 and has been the chair of the board during about half of that time, says he continues his involvement because of the “mind-boggling” commitment of the staff and the dynamism of the organization. “The other reason I stay on is that the future for ICHS is really big. The kind of impact that we can make on the policy level to help our community – not only locally, but nationally, is tremendous.”

Thirty-five years ago, when the ID Clinic was born out of a simple passion to serve the community at home, this spotlight role – of influencing health care policy on a national stage for Asian Pacific Islanders – might have seemed like a very distant calling. But now that the agency has matured and stepped out of obscurity, the next dream of service might well be to work with others to spread the vision of culturally competent health care – and the ICHS blueprint – to other communities across the land.



# ICHS Historical Highlights

**1967** Harborview Hospital acquired by University of Washington, reduces service to low-income patients.

**1968** International District Improvement Association (Inter-Im) founded.

King County voters pass bond to fund the Kingdome sports stadium.

**1970** US Census shows 71% of the 1,690 residents of Seattle's International District are living in poverty.

**1971** Boeing layoffs increases demand for low-cost health care.

Country Doctor Clinic opens on Capitol Hill in Seattle.

National Health Service Corps (NHSC) created to provide medical assistance to underserved rural populations.

Sister Heide Parreno begins to volunteer at Pioneer Square Neighborhood Health Station (PSNHS). She discovers there are many elderly Filipinos in need of medical care.

**1972** Several older hotels close in the International District due to fire code violations, displacing elderly residents.

Bob Santos becomes executive director of Inter-Im.

*November 2:* Kingdome groundbreaking ceremony disrupted by ID community activists who threw mud at the dignitaries. They fear the Kingdome will displace the ID community.

**1973** Asian Community Health Clinic (ACHC) founded on Beacon Hill.

**1974** Young activists found Committee for the Corrective Action Program in the International District (CCAPID) to lobby the city to mitigate impact of the Kingdome. In December, they present their "eight demands" to King County Executive John Spellman. Demand # 6: "Establish and maintain a health clinic in the District."

Hing Hay Park constructed at King Street and Maynard Avenue; used by many elders.

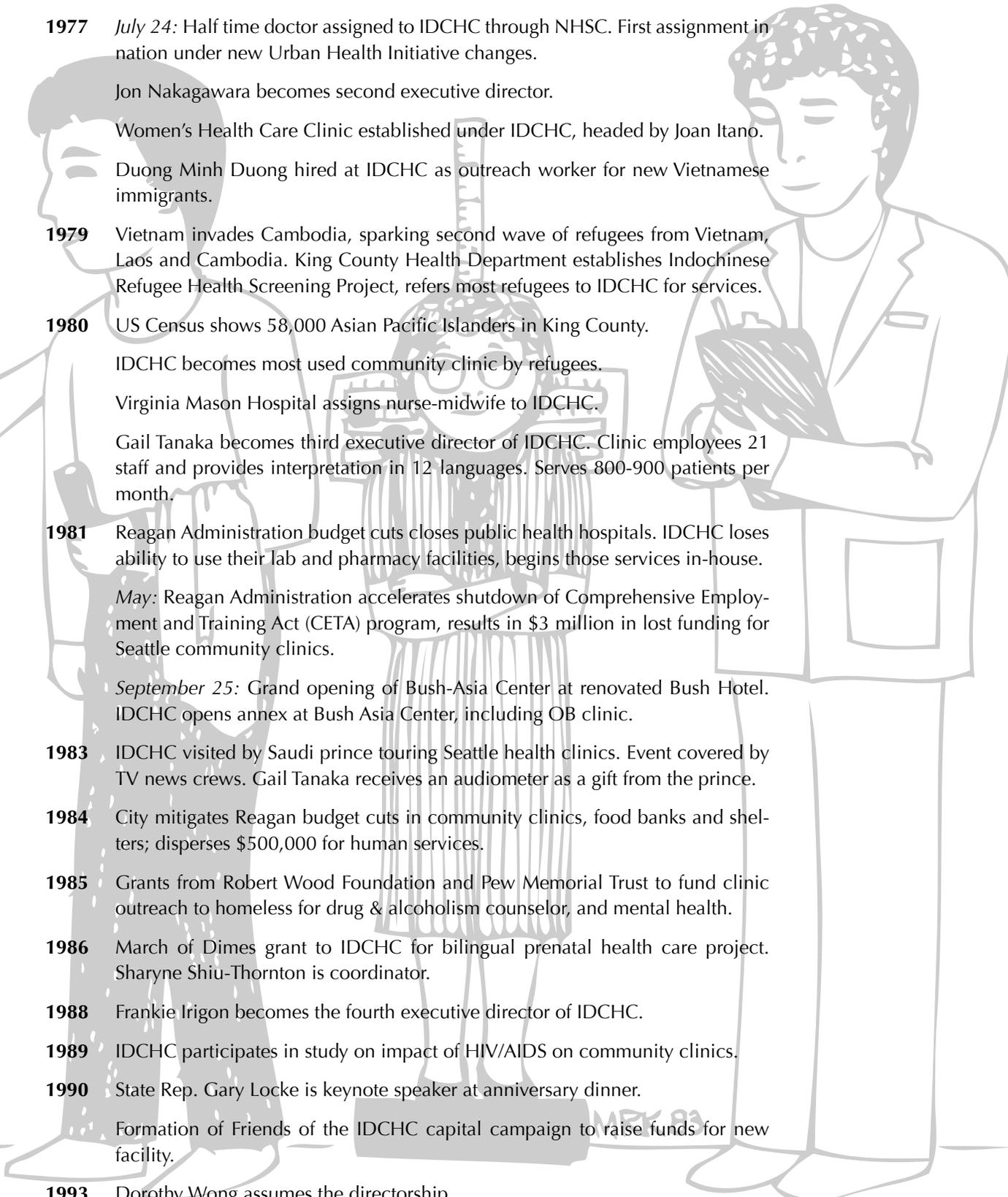
**1975** *April:* Fall of Saigon, first wave of Southeast Asian refugees to US.

*August:* Sister Heide Parreno receives a \$100,000 grant to fund Asian American Nurses Demonstration Project (AANDP).

Bob Santos secures use of 416 Maynard Avenue South for clinic, formerly a Filipino gambling parlor.

ACHC changes name to International District Community Health Center (IDCHC).

*November 3:* Grand opening. Bruce Miyahara serves as first executive director of IDCHC. Staff consists of one nurse practitioner and one outreach worker. A physician from PSNHS consults. Five additional nurses work through IDCHC as part of the AANDP. Fees are sliding scale.

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- 1976** Senator Warren Magnuson sponsors the Urban Health Initiative. Expanded existing NHSC to include urban populations.
- March 27:* Kingdome opens.
- 5,000 patients served in first year.
- 1977** *July 24:* Half time doctor assigned to IDCHC through NHSC. First assignment in nation under new Urban Health Initiative changes.
- Jon Nakagawara becomes second executive director.
- Women's Health Care Clinic established under IDCHC, headed by Joan Itano.
- Duong Minh Duong hired at IDCHC as outreach worker for new Vietnamese immigrants.
- 1979** Vietnam invades Cambodia, sparking second wave of refugees from Vietnam, Laos and Cambodia. King County Health Department establishes Indochinese Refugee Health Screening Project, refers most refugees to IDCHC for services.
- 1980** US Census shows 58,000 Asian Pacific Islanders in King County.
- IDCHC becomes most used community clinic by refugees.
- Virginia Mason Hospital assigns nurse-midwife to IDCHC.
- Gail Tanaka becomes third executive director of IDCHC. Clinic employs 21 staff and provides interpretation in 12 languages. Serves 800-900 patients per month.
- 1981** Reagan Administration budget cuts closes public health hospitals. IDCHC loses ability to use their lab and pharmacy facilities, begins those services in-house.
- May:* Reagan Administration accelerates shutdown of Comprehensive Employment and Training Act (CETA) program, results in \$3 million in lost funding for Seattle community clinics.
- September 25:* Grand opening of Bush-Asia Center at renovated Bush Hotel. IDCHC opens annex at Bush Asia Center, including OB clinic.
- 1983** IDCHC visited by Saudi prince touring Seattle health clinics. Event covered by TV news crews. Gail Tanaka receives an audiometer as a gift from the prince.
- 1984** City mitigates Reagan budget cuts in community clinics, food banks and shelters; disperses \$500,000 for human services.
- 1985** Grants from Robert Wood Foundation and Pew Memorial Trust to fund clinic outreach to homeless for drug & alcoholism counselor, and mental health.
- 1986** March of Dimes grant to IDCHC for bilingual prenatal health care project. Sharyne Shiu-Thornton is coordinator.
- 1988** Frankie Irigon becomes the fourth executive director of IDCHC.
- 1989** IDCHC participates in study on impact of HIV/AIDS on community clinics.
- 1990** State Rep. Gary Locke is keynote speaker at anniversary dinner.
- Formation of Friends of the IDCHC capital campaign to raise funds for new facility.
- 1993** Dorothy Wong assumes the directorship.

- 1994** Malnutrition Project begun to help elderly suffering from poor diets.  
*July:* 416 Maynard Avenue facility remodel upgrade completed. Capacity to handle patients doubled.
- 1995** *October 14:* IDCHC collaborates with Virginia Mason Medical Center, Asian Pacific AIDS Council, Chinese Information and Service Center, ACRS, Filipino Elder Day Care, Kin On Nursing Home, Puget Sound Blood Center, Refugee Women's Alliance, and Washington Pacific Islander Families Against Substance Abuse for first International District health fair.
- 1996** IDCHC name changes to International Community Health Services (ICHS) to reflect the clinic's growth.  
*July 1:* Traditional Chinese Medicine Clinic opens.  
ICHS purchases old Holly Park Medical Center building for satellite clinic.  
Groundbreaking for Village Square project to consolidate multiple service agencies in ID including ICHS.
- 1997** ICHS receives "Community Health Service of the Year" award from Washington Association of Community and Migrant Health Centers.  
*September:* ICHS receives "Community Organization Award"
- 1998** ID Village Square opens. Also includes Breast and Cervical Health Care Program, Dental Clinic, Family Planning services.
- 2002** Administrative offices relocate from Village Square to third floor of Northwest Asian Weekly office.
- 2005** *January 22:* Grand opening of new Holly Park Medical & Dental Clinic.  
*May 7:* 32nd anniversary celebration honors 15 founders of the clinic with "Community Visionary" awards.  
*June 30:* Dorothy Wong steps down as executive director. Teresita Batayola becomes interim director.
- 2006** *March:* Teresita Batayola hired as executive director.
- 2007** ICHS Foundation established.

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30-31	Michelle Kumata illustration, courtesy <i>International Examiner</i>





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