

Houston Asian American Archive, COVID-19 Special Collection
Chao Center for Asian Studies, Rice University

Interviewee: Rev. Dr. Anthony Tam Pham

Interviewer: Kelly Liao

Date of Interview: 06/02/2020

Transcribed by: Kelly Liao

Edited by: Helen Pu

Audio Track Time: 34:39

Background:

The special oral history collection is created in response to COVID-19 that started in February 2020. Rev. Dr. Anthony Tam Pham, also known as Father Tam, is a PM&R physician and Catholic priest. He spoke about his experiences during the pandemic, particularly about his involvement in the palliative care team of the Elmhurst Hospital in New York. He also talked about his involvement in Houston's Vietnamese community to provide support for frontline medical workers and shared the lessons he learned from this pandemic.

Setting:

The interview took place via Zoom, a popular video conferencing app (and the official app for Rice University) during COVID-19.

Key:

KL: Kelly Liao

AP: Andrew Pham (Father Tam)

—: speech cuts off; abrupt stop

...: speech trails off; pause

Italics: emphasis

(?): preceding word may not be accurate

[Brackets]: actions (laughs, sighs, etc.)

Interview transcript:

KL: So today is June 2, 2020 and we are here with Father Tam for the Houston Asian American Archive. Thank you so much for a time Father Tam. To start, would you like to briefly introduce yourself?

AP: Yes. My name is Father Anthony Tam Pham. I'm a Catholic priest currently practicing helping in all Odyssey (?) of Galveston, Houston. And also I'm a practicing physician, and I have my own clinic.

KL: Okay, great. I heard that you closed up your office for three weeks and went to New York to serve the COVID-19 patients in the hospitals. Can you talk a little bit about what you've been doing there?

AP: Okay, I, I went up to New York for about three weeks actually at the end of March. So what's watching in the news in the morning I saw that the governor of New York, Governor Cuomo was asking medical professionals around the country to come and help New York City because they were overwhelmed with COVID patients. And they were under-staff and the staff were infected by a virus the virus. So responding to his, his call for help to the New York City. I was preparing my clinic to close

Houston Asian American Archive, COVID-19 Special Collection
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for about five weeks. Because I know that I'll be there for three weeks. When I come back, I'd be quarantined for another two weeks. So I was prepared clinic to close for five weeks. And also another respond to the Cardinal Dinardo here in Galveston, Houston that he was calling our priest to pray harder, and also to work harder. And he was using a image of Jesus on the boat that he, that Jesus sleeping and then the disciple was calling on him. And eventually that he wake up and calmed a storm. So as we work harder and pray harder, that somehow that Jesus will wake up, and then calm the storm. So that's how it happened. So I arranged myself and I went up to New York for most of April of 2020 and help at Elmhurst Hospital in Queens in New York.

KL: Okay, so what do you have been doing here? What kind of job or work have you been involved in during your time in New York?

AP: Okay, so when I went up there, I went to the health department of New York City and I sign up to volunteer and of course, I have to prove myself that I'm currently a practicing medicine, a medical professional with all my active license. They asked me where I want to work. And I said, I'm up here for three weeks to volunteer and I want to go to where it is busiest and this was the hardest hit. So they said that the go to the Elmhurst Hospital in Queens, that is the, that was the epicenter of the New York: the most hardest hit the most severe patients and most under-staff. So I went there for I went to serve at Elmhurst Hospital for three weeks. And when I went to Elmhurst, I was assigned to a team called palliative care team. Palliative Care Team means that we deal with end-of-life situations. We work mostly with the ICU patients and those patients are, most of them were most severe and their—mo-most of them did not make it through the epidemics.

So what we do is, number one, help them with the pain issue. Help them to feel more comfortable with their pain. Number two is on so that too we contact a family to deal with end-of-life issue meaning that we present their medical situation at that time to the family and ask the family to consider how they want to treat their loved one, whether do they want to resuscitate, meaning DNR or do not intubate. Because for most of those patients are COVID patients end of life, these treatment may not be helpful for them. In reality, it may prolong their suffering. So we want them to, to present to the family for further consideration on so another aspect that would be we help the family with was to, for them to be able to see their loved one because the hospital was isolated from from outside, no family members can come to visit their loved one. So we use the iPhone or we use the phone to, to FaceTime their loved one. So the family was able to see their loved one in ICU. And most of the time they, they cry, they they pray for the loved one, they say a few words a goodbye. And these usually were at the end, that the last 10 or 15 minutes that their loved one were able to see their family member was still alive.

That's the medical aspect of my work for the more so as the Catholic priest that I was, I was able to exercise my my priestly vocation, meaning I was anointing those patients. Sometimes people use the word the last right, that I was giving the last right to those patient to pray for them. And the family member was able to see that I was praying for the member and for the loved one and to anoint to, to try to get the oil to the loved one. So this is a great comfort for family members as well.

KL: That's wonderful. I'm so impressed to hear a story of going against the flow and everyone is trying to escape New York. So could you share with us one of your most memorable experiences in New York?

AP: I think the most memorable experience would be could be with family members because it was a highly charged and highly emotional situation. When when the patient was taken down hospital most of the time they lost contact with family members, family members at home. Sometimes I'm able to call on a state get to ICU, they they work [inaudible]. And so I think the most emotional or memorable experience was to help the family to deal with the end-of-life issue of their, of their loved one. And especially to comfort the family to pray with them and to comfort them. That's, I think that's, that's one of the most memorable experience even more so that for when it happened to the younger patients. Most of the time we think the people will most suffer were older patients that it will most affected by the COVID. But maybe patient that I had was younger patients, one was 25 years old lady. The other one was about 29 years old, young, strong man, and maybe in the 30s and 40s. And it was more difficult to see those patients, you know, gradually becoming unconscious and then gradually die, yeah, in front of your eyes.

KL: Yeah, this is very sad to see I believe. So is there anyone, like who you find very inspiring during your time there? [**AP:** One more time.] Oh, are there any people who you find inspiring to you during your time in New York?

AP: Oh, absolutely. A lot of my co-workers were really inspiring to me. I was there for only three weeks, but many of my co-workers as staff at the hospital and they have been fighting this this war since the beginning in in March. And they are still fighting now. And, and what they did at the hospital was, was truly sacrificial and inspiring. They in a way they they gave their life for their patients, every time that we walked into the patient's room, it is the time that that our life is threatened, you know, virus is everywhere, and we wouldn't know how much the room was infected, because patient has been sitting there for so long for a couple of weeks already. So who knows how much how much infection the room was. So every time that a doctor or a nurse or or medical staff walk into the patient's room to help them best when they are facing the challenge, they're facing danger in their life. And every day they come to work with the most cheerful attitude, and the most motivation or attitude, so it's really inspiring to see how medical staff work day in and day out in the danger of Coronavirus.

KL: Mm hmm. Is there any like a specific case or story that you would like to share?

AP: Specific case in terms of the staff or in term of the patients?

KL: Either you would like to talk about?

AP: Yeah, I think I think my mentor, I think is she was just inspiring about Dr. Tita (?). She is the—she's in charge of the palliative care team there. And she was very involved. She was very understanding she had a very vast experience in the past that when she talked with family members, especially at the end of time issue, she was very gentle and very understanding and present the situation very accurately so that they were able to assess relation and to feel comfortable to make decisions and offer time to those are very difficult decision in their life.

KL: I think you're cut off a little bit. Do you mind repeating your last sentence?

AP: Say it again?

KL: Oh, do you mind repeating your last sentence? I think you're cut off a little bit.

AP: Oh, okay, so answer the last question again?

KL: Oh no, the last several sentences I guess.

AP: I'm not sure where to start. [**KL:** Ah. Oh, okay.] No, you want you want me to answer the last question?

KL: Um, no. I think it's fine. I guess it's just last several words. Yeah, it's fine. So I guess my next question is, since you mentioned you're on the palliative care team, how do you feel after witnessing those the final moments of those patients?

AP: How did I feel after I serve in the team? [**KL:** Yeah.] I think it was a very pleasant experience and very brand new experience. I was, I was happy, blessed and and thankful for, for being able to serve the people in New York. I think it will last--this experience, it will last me a lifetime. Number one, it helped me, it tea-teach me. It taught me to face the death, especially people struggling with that in their life. That's number one, number two, that it brings the experience of Coronavirus very personal. Oftentimes that we see on TV, you know, so many people die in New York on this day, some so many people were admitted to ICU or admitted that hospital. But when you went up there it became personal 800 or 600 700 numbers are not numbers anymore, but each of those number was a patient. Each one of those number was a person behind that number. And there was a person that's struggling with to fight the coronavirus and to—who was struggling to to fight for their life. And when a patient die, it's not just a number, but it's a person, not a number. And not only the person died, but there's a whole family that they they carry with them on.

So, so this many people were suffering, which is that we're just not numbers that we often see on TV or on the news. That's the second thing that I remember that I learned from this experience. And the third thing I learned is that many times that we, we take things for granted in life. That there's many things that we do in life every day, going to the restaurant to eat out, to be able to practice medicine freely. But during this time, things change. And we, or I learned to appreciate like more than many things that we take advantage, you know, like, we we don't pay special attention, but now these things are valuable.

KL: Mm hmm. Yeah, absolutely. I believe it's definitely a very meaningful experience for you. So have you, I'm wondering have you experienced any stress, anxiety or depression during the period?

AP: I wouldn't say depression, but perhaps this post traumatic experience syndrome, that when I go back to New Yo--go back to Houston, I still remember my friends in New York or I still remember the members who are looking to fight the wars up there. I remember the patient that I served, the environment in a very unique environment that that I served in the Elmhurst Hospital everything was you know, I saw people was wearing protective suits and everything was was so protected. So it's just a whole environment and some, a lot of time that they just come back to me in memory. So I guess sometimes you can call us a post traumatic stress syndrome.

KL: Yeah. So do you find any ways to combat those syndrome? Like...

AP: Like did I find any way to come back?

KL: Yes, combat syndrome like to really feel more relieved?

AP: Go back to reality?

KL: To deal with the syndrome.

AP: Oh, to go back to New York?

KL: No, no, no. I mean, like after you returned to Houston, do you find any ways to deal with the syndrome or like, anxiety you suffer or experience, I mean?

AP: I'm sorry, one more time.

KL: Oh, okay. So, after you return to Houston, do you find any ways to deal with depression or anxiety you face nowadays in Houston?

AP: Well, sometimes that I, I still have anxiety about the experience in New York, just like I share is a post traumatic stress syndrome that sometimes that get it remind you about the time that you were there, remind you remind myself about the patients about the co-workers that I work with on the dangers, the environment that I was working up there with.

KL: So, do you still keep in touch with people you encountered in New York?

AP: Yeah, absolutely. Yes. We became very close friends, especially that the team that I was working with. So once in a while, that that I informed them going down here and tell them that I do miss the time, miss them up there. And I know that they still fighting with the war of Coronavirus up there. And I pray for them. And so I tell them that I remember that the patient that we had an opportunity to serve. Yeah. And I tell them that I hope that someday soon that thing will get back to normal for them.

KL: Yeah. So can you give us a little bit update of what's happening right now in New York or like in the hospital you used to work for?

AP: Yeah, I think the situation in New York is getting much better. The, the Elmhurst Hospital itself is gradually going back to normal. Meaning that many units that were converted to ICU units have been converted back to their original unit because they have less demand of the ICU beds. There's less patient that being admitted to ICU, there's less patient being admitted to the hospital. And especially there are much, much patient with COVID positive in the hospital. At the time it was there almost 100%, a patient with COVID positive, but now that number has gone badly (?). So—so—so—so in terms of that, I think the is getting better, much better. And overall, the number of deaths per day has been significant reduced.

Houston Asian American Archive, COVID-19 Special Collection
Chao Center for Asian Studies, Rice University

KL: That's great. I heard you also a very, very active community leader in several initiatives to serve our people in Houston during the COVID-19. Would you like to talk about that a little bit?

AP: Sure. Yes, I'm very involved with the Vietnamese community here. Even before I go to New York, I was organizing a group here to help the elderly people with chronic disease go shopping, because as we know that that the government discouraged to go out because when they, if they were to be infected by Coronavirus, they can be--suffer very severely. So, so they they should stay in house. So for those people, even before I went to New York I was organizing a group to contact those people to help them go shopping, maybe grocery shopping, maybe to do medicine shopping for them, and we, we helped them do that to, to decrease the the chance of a special opposed to Coronavirus. That's number one. Number two is we organize a group to make homemade facemask. Very early on in the Coronavirus period, maybe beginning of April that we were making—no, actually they—the, the end of March we start making those homemade face masks already. Many hospital down here we're using it. Methodist in the medical center, Children Hospital was receiving some. West Houston Hospital was also receiving some. So we were making homemade masks to provide you medical professional working in the hospital, who were in short supply face masks.

And so we we have a group that that show appreciation for the frontline people, hospital worker, police uh police officers, firefighters, by providing meals for them. Our community, our Vietnamese community in Houston made many donations and we were able to collect about, I'll say about \$17,000. So with that money we were buying lunch and dinner and and bring those meal to those frontline workers to show appreciation for their work and their for their sacrifices.

KL: Yeah, that's wonderful. We appreciate your help and your co-workers help to our Houston community so much. So what do you think the future of Houston community looks like in terms of like social interactions and returning back to normal?

AP: Well, I think maybe one will hope and wish that everything is gonna go back to normal. That's just—we just have to wait and see. So far, the social distancing has helped greatly to reduce the Coronavirus, new Coronavirus places. So I think what we're doing is working, but at the same time that we have to get out and to get back to our normal activities again. People need to go back to work. People need to go back to their normal social activities. So let's see, but hopefully the weather change with the new cases going down and and especially with the facts, the hope coming out soon that that will will help us greatly in this, in this fight for Coronavirus.

KL: Okay great. Since you mentioned your involvement with Vietnamese community I'm wondering like how did you feel hearing about like assumptions made about the Asian community as being more prone to the virus?

AP: How do I feel about the Asian community?

KL: Assumptions about Asian community as more prone to the virus.

AP: In terms of the the cases among the commi- Asian community, I think, okay, number one, first of all, I'm not sure about the different Asian community around here, but for the Vietnamese community, I

know that the number of cases are very low. And the reason I know that is because in the past three weeks, I helped organize the COVID testing sites for the Vietnamese community. So we were able to test about 600 patients in the past three weeks at a church location at temple locations. and up to 600 patients that we tested, only one came out, came back positive. So I would say among the Vietnamese, maybe Asian community overall, the effects is very, very low, compared to maybe like I'll say about eight percent among the general population in Houston here.

KL: Cool. I guess my original question was, how do you feel about like some racist attacks against Asians during the COVID-19 pandemic?

AP: The racial bias bias.

KL: Yeah.

AP: Well, I'm not sure. What is racial bias you talking about?

KL: Or racist attacks? I mean, like some racial discrimination or some yeah, some just attacks or prejudice against Asians.

AP: Here in in Houston, I haven't heard many, that the racial attack on Asian, In New York, we probably saw a few video clips. That Asian boy was attack on on the train in the in the subway. Well, some—racial bias is always wrong. And racial discrimination is always wrong. We cannot take a whole race as a whole, as a lump sum. There's people that are infected that people are not infected. And in reality among the Asian community, I think the the infection ratio is much lower than, you know, overall population. So yes, this number one is a misconception that that Asian community, bring the virus over here, I think is a very misconception. Number two as as I share that the infection rate among the rate community is much lower than compared to the general population. And attributing to a race or to religion or to ethnic group is that racial discrimination is always wrong.

KL: Yeah. So I'm wondering, have you personally encountered any attacks based on your ethnic--ethnicity or race during your time your New York?

AP: Me personally, no, I did not experience that. But then people warned me to be careful in New York, because I guess what they saw on TV from Houston, so I guess always careful. But, you know, while I was in New York, number one, I work in hospital and I did not I did not feel any discrimination at all. And number two on weekends I went to, I didn't have to work on the weekend. So I took a subway to go to New York City. And anywhere I went, actually there weren't many people at that time anyway. But I went, I just did not see discrimination or any racial bias.

KL: Okay, that's great. So how do you feel we could come out of this pandemic stronger as a community?

AP: Number one, I think the Asian community has shown good faith with the general population especially, I can talk about the Vietnamese community, because that's the only experience that I have. And the Vietnamese community tried to connect with the general community around us in many

Houston Asian American Archive, COVID-19 Special Collection
Chao Center for Asian Studies, Rice University

different ways. Number one, we we like to be help, and to be connecting by making face mass and give it to the frontline worker, police officer, firefighter, the medical community. So we try to connect with with the overall community. Number two as I share that, that we we bring meal to to serve other people. So we try to to, to live in this experience together with the general community. Number one, that we are a part of Houston definitely. We are definitely a part of Houston and we journey together, we fight this fight together. And number two that we try to be as helpful as possible, in—with the general Houston community.

KL: Cool. Will you consider a change in your career or your like direction of community services as a result of the pandemic?

AP: I have been active in my community for a long, long time. And we have done many different volunteer work with. So me and a group went to many different places to serve people. Like for example, we went to Haiti about 10 years ago when there was an earthquake that killed 100,000 people. So we went there for two weeks to help. We went to the Philippines about three or four years ago, there were there was a tsunami that killed about 100,000 people so went there to serve as a medical professional. And we, we we help we serve our Houston community here during the Harvey flood, so yeah, we—so we have been trying to to provide service this as much as possible. So it's nothing new for for me.

KL: Okay. I guess my last question is, if there are positive lessons learned out of this pandemic, in your opinion, what are the important ones?

AP: One more time?

KL: Okay. If there are positive lessons learned from this pandemic, in your opinion, what are the important ones?

AP: What are the...

KL: Important lessons?

AP: Encourage? [**KL:** Lessons.] Important lessons?

KL: Yes. [**AP:** Okay.] Out of this pandemic.

AP: One lesson is that there's many things that we we are taking advantage in life. For example, for yourself, friends, family, time together, activities together and many times that is, many things that we are enjoying in the life, that sometime we don't want to pay attention. But when these privileged thing are taken away, then we really can appreciate what we have. So that's one of the things that I think is very important life lesson that we can learn, to appreciate life as it is and relationship with family and friends. Number two is that we can recognize that life is so fragile. Sometimes we think that we can live forever and the things that we have in life will be there forever. But this Coronavirus epidemic change everything that we can see that one day that we strong and the next day we can be infected by by such a small virus and it can it can really affect our life and it can really kill us so we can see that that our life is

Houston Asian American Archive, COVID-19 Special Collection
Chao Center for Asian Studies, Rice University

so fragile. And thirdly, also not only our life, but everything that we have around us is also very temporary, very fragile, that they can be gone very easily and very quickly. Number four is I think religion is very important as well, that I think many people come to appreciate how much they miss when religion is gone. Just for the fact, people were not able to go to church or they go to temple in the past two months or so, because they were all close. And many people feel that that they did not appreciate that their participation before but now they they can really appreciate the time to go to those religious events. So there's many life issues, any life's lesson that can be learned from this epidemics.

KL: Definitely. Thank you for sharing your inspiring experiences today. I guess these are my questions for today. If you have anything else to add, you can...

AP: Thank you very much for your time. And it's my honor to be able to participate in this conversation.

KL: Okay, me too. And yeah, I'm very touched by your story, the stories you shared. Again, thank you so much.

AP: You're welcome. Thank you.

[Interview Ends]