

Houston Asian American Archive
Chao Center for Asian Studies, Rice University

Interviewee: Thrity Desai

Interviewers: Tara Patel; Caroline Zhu

Date/Time of Interview: June 25, 2014, at 1:30 p.m.

Transcribed by: Tara Patel; Caroline Zhu

Edited by: Priscilla Li (5/14/2017)

Audio Track Time: 1:19:03

Background:

Thrity Desai was born in Karachi, Pakistan, but lived most of her life in Multan, Pakistan. She attended medical school in Pakistan, and finished her residency in the U.S. She lived in Los Angeles, Kansas, and Ann Arbor before moving to Pasadena, Texas to work for Cigna. Upon a restructuring of Cigna, she opened up her own pediatric practice in North Houston.

Setting:

The interview was conducted at Thrity Desai's home in the Spring suburb of Houston and required around an hour and twenty minutes. Dr. Desai explains elements of women's education in Pakistan, transitioning to the U.S., as well as demographic changes in her neighborhood in Houston. She also discusses her perception of American healthcare.

Interviewers:

Tara Patel is a rising fifth year at Rice University and has lived in Houston most of her life. She is one of the HAAA summer interns, and is majoring in history and economics.

Caroline Zhu is a rising Senior at Rice University originally from Beijing, China. She is one of the HAAA summer interns, and is majoring in chemical engineering. She is also a pre-medical student.

Interview Transcript:

Key:

TP	Tara Patel
CZ	Caroline Zhu
TD	Thrity Desai
—	Speech cuts off; abrupt stop
...	Speech trails off; pause
<i>Italics</i>	Emphasis
(?)	Preceding word may not be accurate
Brackets	Actions (laughs, sighs, etc.)

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TD: [Distantly] This distance is good, huh? Is this distance good?

TP: This distance is great, thank you.

[Noise of microphone moving]

TP: This is Tara Patel.

CZ: This is Caroline Zhu.

TP: We are here in the home of Dr. Thrity Desai?

TD: Yes, correct.

TP: And we're interviewing her for the Houston Asian American Archive through the Chao Center of Asian Studies. Would like to start out with just telling us about your childhood, where you're from?

TD: Sure. Um, so I was born in uh Karachi, Pakistan. But my family lived in Multan, Pakistan, which is uh in the Punjab province. Um, the reason I was born in Karachi is, culturally, um, when the first child is born, usually the moms travel to their parents' home for delivery. And so my mother went to Karachi, which is about 700 miles away from where my dad was. I was the first child. And my dad lived and worked and that was our home, was in Multan. And so, I was born there and stayed there for about two months. Typically, that was um the cultural thing; the infant stayed with the mother and the paternal family, usually the paternal grandmother, and um they would take care of uh, the mom and, and the newborn. And then, um, I think my dad came, um and we all went back to Multan. That's where I grew up, I went to elementary school, um at a Catholic school, St. Mary's Convent. [laughs]. That was a long time ago, and um, so the nuns were Italian. Um, some of them were local people that went to Italy, to be trained, but most of them were Italian, European, uh, nuns. Uh I s—for a short period of time, for about two years, um my family was transferred to a different town, which was about, oh, three to four hundred miles away from Multan, a small town called Sihwal... Montgomery. Sihwal--

TP: Could you spell it for us?

TD: S-I-H-W-A-L. And that name was changed to—it's very interesting—so, during the British empire, it was named Montgomery, after Lord Montgomery, but when Pakistan got its independence, they renamed it Sihwal. [whispering] I don't know what Sihwal means, I should know that. So we were there for about three—two to three years. My dad was um, a builder, he was in construction business. And so, he had a project there, building a women's college...Or was it a men's college, I can't remember, I was like seven then. A college, let's say. [laughs] And so, we were there. And fortunately, in that little town, which is basically, it was a very small town, there was a convent too, so that's where I went to school for two-three years, w-while we were there. And then we moved back to Multan, and so most of my life I spent in Multan.

So I was the old, oldest of uh four children. I had a brother two years younger than me, and a sister th-the third child was a sister who was eight years younger than me, and the fourth sibling was a sister, who is fourteen years younger to me. My mom was nineteen when she had me. Twenty actually; nineteen when she was pregnant, twenty. She had her twentieth birthday and I was born in August. Yeah [laughs]. So, she was kind of young. So that's, um, I did my high school. Um, we were from a very conservative family, a Zoroastrian family, so a

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minority in Pakistan. And uh, the town I lived in did not have many Zoroastrian families, we were like about, maybe a total of thirty to forty people, with five families. And so, we were more socially assimilated with, all our friends were Muslim girls. And um, like the Muslim families. I told you about my father, he was i-in construction, he had his own construction company, and so he used to do projects like buildings and build roads. And, my mom initially didn't work 'til I was fourteen. And then she, um, took over her aunt's elementary school, so she was a t-teacher, basically, an administrator and a teacher. So she managed an elementary school. Uh...Mm, let's see, you want to go into details about my mother, mother and father...[laughs]

TP: Whatever you'd like to talk about.

TD: Yeah, so um. Yeah, so she uh, you know, um as far as influence and-and developing your um habits and values, and... I got a lot from my mother as far as the social graces, and h-how do her-her um her uh biggest, um, biggest, um asset or whatever, you know, her biggest um, pearl was, she was very philanthropic person. She, um, you know th-those days in Pakistan we had, we had a lot of staff at home, um our cooks and our you know gardener, and the-her secretary, and-and different—our staff at home. She basically educated *all* her kids. And, um, she-t-they would start at the elementary school, where um where she-at her school, finish the fifth grade, all of them into college, did high school, college, and like 90% of them are all professionals, now, either big accountants, working in banks, you know. Um, so all became professionals out of the...you know, the service business into professionals. So that was very—and she was very philanthropic as far as, you know, doing charity and feeding people and you know, taking care of the poor and all that.

As far as my dad goes, he influenced me in towards my career path. Um, you know education and, uh this is 'I think you should do this' kind of stuff, and I had inclinations—both me and my brother. We were two years apart, and so we were more, um, the parents were more um, I guess my mom wasn't working too when I was younger, too, so um I had more of the nurturing direction, so, um...Yeah so my dad influenced me as far as my career choices went, and education. So then, um being from a conservative family, and—but I still remember my dad telling me 'Yes, you have to this, you know higher education is always encouraged, and everything, but you can't leave town, you have to just go to school here,' and so we did have a college, and we did have a med school, so fortunately enough I, you know, finished my uh college and then went to med school in the same town I grew up in.

TP: Which is Multan?

TD: Multan, yes,

TP: Okay.

TD: Multan, Pakistan.

TP: Could you give us the names of your schools?

TD: Sure, so, St. Mary's Convent was, um, the elementary, middle, and high school. And then Government Degree College was the college, and then Nishtar Medical College was the medical school I went to...in Multan, all of them are in Multan.

TP: Okay. What was it like going to a Catholic school, as a child?

TD: Uh...Actually, um...you know w-we, I-I, now looking back on it, I think it was—it kind of gave us, uh direction and values. Um...when you talk about being guilty of any little thing that you do [laughs] if you don't do it right. Uh so, i-it was, uh, uh besides the regular, uh curricular activities, there was a, um there was a lot of emphasis on, um for girls on things like, um, embroidery, and sewing, and, um so that was a long time ago. So, we did—we didn't do cooking classes, I don't remember that. But uh, embroidery and sewing and we did—we did have arts classes. Um, and smaller, um classrooms. And I think—I think the level of education was, um, really good, because everybody had to do well, and you know we had to speak in class, and quite strict uniform. Of course we had the uniform, that we had to wear a uniform certain ways, certain parts had to be covered and all that kind of stuff, in high school. More important in high school, that kind of stuff. But, um, I think we learned um, I-I think it was a, it was a good experience. Didn't like it at *that* time because the nuns were quite strict [laughs] in what you can and cannot do. Then, college was fun. [laughs] And medici—medical school was hard. [laughs].

TP: Were you very close to your family growing up?

TD: Yes, yes, close to the family. My brother left, uh to go to college in a different town, because he wanted to do engineering so he went to Karachi. We had my mother's entire family lived in Karachi, so there were more Zoroastrians in Karachi and Lahore; there were other towns. And so Multan was a smaller, smaller place. We didn't have that much, um, we did have a community, but it was more my mom's and dad's friends, some Zoroastrian families, uh that kind of stuff, so not...We're identified more by where you lived versus what your cultural background was.

TP: What kind of things did you do for fun as a child?

TD: Oh my God! [laughs] Oh. Yeah, so we didn't have television when I was in school [laughs]. Middle school...so uh, I used to, um read, embroider, listen to the radio. 'Til the television came around. But then, t-television used to be also very restricted, like only for three or four hours in the evenings, that kind of stuff, so...watch certain programs. And, but um, you know hang out with friends. Didn't have much free time when I was in medical school, basically did your rotations and just kind of...five years were just dedi-designated to doing your studying, your rotation, and that kind of stuff. But we took vacations, you know, travelled as a family. Travelled out of town during vacations.

TP: Where would you travel to?

TD: So, usually, uh, we would go to, um Karachi where my um mom's family was. And then, um, we have, uh, uh a, what we call the hill stations (?), the mountains, in the summer. Summers are really—were really bad in-in Multan, it was dry heat, and it would get really hot, and we'd be off for two-two months and we would go to Murree, Nathia Gully, those are the hill, um, the mountain towns, th-those were cooler.

TP: Could you spell those names for us?

TD: M-U-R-E-E [sic], Murree Hills; it's called Murree Hills H-I-L-L-S. Um Nathia Gully is the prettier part, N-A-T-H-I-A and Gully, G-U-L-L-Y.

TP: Okay...Could you describe your college experience in more detail for us?

TD: Yeah, so college was fun, the two years. Uh, had to work hard to, you know get good grades to get into medical school, and so, um, the first, uh first year was—was fun. Lots of uh, you know, spending time with friends. And I got to go...but our college experience is very different, used to be very different in those days. I mean you didn't go out too much, you just kind of did whatever you had to. I stayed at home, I didn't stay, um, in dorms or anything like that, even through med school. And that's unusual these days too, to do that. But—but basically, m-more interacting with your own age group kids and...and I did play some sports, I never mentioned that. We had softball. Softball, basketball, um...we used to do field and track, once in a while we'd have our little sports thing going on. So, physical activity, there was, you know, part of that in there, too.

TP: Did you play those growing up or did you first get into them in college?

TD: High school. High school and then college, yeah.

CZ: So what was your major in college?

TD: So premed.

CZ: Oh premed.

TD: Yeah, premed. [**CZ:** Yeah, okay.] So there you have to do premed, um, if you want to go into medical school. So, uh, you k-you-you there's certain subjects that you have to do biology, and you have to do, um botany, and you have to do physics, and you have to do so many hours of chemistry. So you can't be a math major and try and get into medical school. That would not work.

CZ: Oh was it... [**TD:** Yeah.] were you also four years in college?

TD: No, so how we have it is two year—premed is two years and then five years of medical school.

CZ: Okay.

TD: So it's a total of six [sic] years instead of eight that people do here.

CZ: So did you plan to come to the U.S. during, uh when you were in college?

TD: Probably uh...thought about it, um not particularly U.S. because we didn't have pos-post graduate classes uh-uh there for specializations. Um, Pakistan was not—so it got its independence in '47, I graduated in '79, '78, so it was a new, you know new country and stuff like that. It didn't have post-graduate education there. So, um everybody went overseas, uh mostly to England to do post-graduate studies, if you wanted to specialize, become a dermatologist, or a pediatrician, or surgeon...Mostly people went overseas, and so, um, I did plan—I wasn't sure where—but it would be England, usually people would go to England or— or Ireland to get their post graduate, because the method of treatment, since this was a British colony, was more related to the English tr—and the European teaching systems over there, so...I did have plans, I wasn't sure where I was gonna [laughs] end up. And so yeah, I finished medical school, um, and we had to all do a rotation, um the internship was mandatory before you could get your certificate, so you had the five years of college, then the one year. Somehow I think it was shortage of doctors or something like that at that time, I can't remember why we had to do a year of, um, internship. Either you do straight or you do a rotating internship. So I ended up doing six

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months of internal medicine, six months of OB/GYN. I thought I wanted to be an OB/GYN [All: [laughs]]. I was younger then. So we had to do all of that.

And then after that, what had happened is we had—um my brother was in a bad accident. Um, when I was in my final year of medical school. And he had, um, it was motorcycle accident, lost a-a-a portion of his, um bone in his leg and, um, they had fixed him up and all that, but they were still um did some grafting [inaudible], still gap in there. So basically he had to come to the U.S. uh for evaluation treatment and then also he got admission into an engineering school here, in Ohio.

And um my uncle and my aunt—my uncle's family lives in Los Angeles and they were visiting and he said—last—a-a year before my brother came here, they were, uh, they came to Karachi to visit and said, 'Okay, you know, you need to, you know come to the United States, we'll help you with your treatment, get you admission to medical school, so—' uh not medical school, he was an—he was in engineering. So he, um, got in and he came in a year before I did, and so he was doing his classes and during his vacation time he got himself evaluated and they were going to do a bone stimulator on him. Um, put a cast on him and do a bone stimulator, see if the—the— his gap would close down, so that was all in LA. And so, we, you know, write to each other, call once in a while, and so he was going to be in a cast for about eight weeks or so, depending on you know how the treatment went. And so I was talking to my uncle and aunt, and they said, 'Why don't you come over too?' And I was just finishing up my, um, my internship. And so, so then I decided to come, and visit. So, me and my brother were living at my uncle's house for a while, in Los Angeles.

TP: Was this a maternal or a paternal uncle?

TD: My maternal uncle.

TP: When did they come to the U.S.?

TD: Oh god. Long, long, long, long time ago. I'm not even sure. He was in—so he was a ship captain. Um stationed—so started out in Pakistan, moved to the U.K., and he used to bring his ship down to the LA port, that's where he met my aunt. They went on a blind date [TP: [laughs]], she told me all about it. I lived with them for about six to eight months, and y-they were a big influence in, you know, kind of getting uh me with the, uh, accustomed to the American way and all that kind of stuff. So, yeah, so they got—so they lived in England for...both their kids were born there, and, uh they moved back ho—I think back in the—they moved to LA in the—I think it was probably, oh...Late sixties or early seventies. So he's been living in Los Angeles since then.

So then I s—so then he s—you know they talked about it, 'Why don't you come here and start, you know, applying for residencies over here? You're here already.' And so what I tried to do at that time, you had to do the—what was called the ECFNG, which is like a f—uh it's uh exam that you had to take it. Part of it was English proficiency test, and then, uh, your medical knowledge test, to be able to, um, apply for residencies in the United States. And so, um, I was there so I thought I might as well just take the test, and so I prepared for it a little bit, and you know got some books, got some, um, information online, studied for it, and took the test, and passed! [laughs] So then I said, 'Okay well, we can apply for residencies.' Um, then I was um, I met my um husband. He was from a different town, but our parents knew each other. Same community, Zoroastrian and all that kind of stuff. And so we were, you know, dating off and on, 'what do we do?' Um...So, um, once we decided we were serious, um, I had taken the test. I, uh, took up a residency in, um, Kansas in pathology, and did a year of residency, then we g—went back to Pakistan, got married. And then came back, decided I did not like pathology after six months, I—I did pathology in—in Kansas, and I—thought, no this is not for me. Well, when

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we were dating I thought, 'Oh this will be a nice specialty,' you know not too much call-after hours, and all that kind of stuff, it wasn't for me. Then I got, um, uh, residency in pediatrics, in Michigan. That was in eighty...what was it...eighty-two to eighty-three I was doing pathology...three, four, five...what was it...three to four to five to six, yeah. So '83 to '86 I was in, um, in Michigan, in Ann Arbor.

TP: Did you started—did you start dating your husband after you'd already begin the process to come to the U.S., or before that?

TD: No, no, after I was here in U.S.

TP: Okay.

TD: Yeah.

TP: Now going back um, did you speak English growing up as a child?

TD: Did, yes, at school.

TP: Okay.

TD: So the language thing is very different—very, s—uh strange. We spoke Gujarati at home, with mom and dad and family. Because our Zoroastrian background came from India, all of us had immigrated from India, my dad was born in Bombay, and all that, so kind of that language carried with you at home. With the staff and friends, we spoke Urdu, or Punjabi, because that was the local language of the state that you stayed in. So, um, and then um at school, because it was a convent, we spoke English. And our medium of instruction was in English, so that helped a lot, to do the, you know our—our, because I know some people that come from Greece and other places, Italy, and France, and they have to [laughs] they learn French, and then they have to, you know, uh, kind of learn to translate all that.

TP: Do you still speak all four of those languages?

TD: Um, I do, um Urdu, Gujarati yes, we still speak Gujarati at home. And yes, I do speak Urdu. Punjabi has kind of gotten a little rusty, but I can understand clearly. And then yes, I do speak English too. [laughs]

TP: Was it typical when you went to college for women to pursue higher education?

TD: Um...No. So we had limited amount of, um, opportunities as far as, um, women go. The s—what they call the admission criteria, the seats were limited. So, only so many female seats, so my, um, class ha—started off with four. Um, off—off of hundred-and-fifty admissions for that year, only four would be women. And so, a little uproaring and all that and I think they increased it eventually to like nine. So it was nine versus—out of a hundred and fifty. And s-similarly, I think they had similar criteria in engineering colleges. This was not just in my—in my medical school, all medical schools had that. Like, six-to-seven, so about maybe five to ten percent of the class would be women. Ten percent is like a lot, so more like five to eight percent would be women.

TP: Did you feel any cultural or social barrie—barriers as well?

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TD: Uh, here or over—over there?

TP: When you were in Pakistan.

TD: When I was in Pakistan. Not really, we felt that we were quite assimilated, because since we grew up, and I—we would wear, you know, in Multan we would especially you know wear long pants and always have a d—a veil. Um, and so...but in Karachi when we went to visit my mom's family, that's our Zoroastrian heritage, we'd wear dresses and more the Western, um, clothes. But, uh, whenever we were home in Multan, always you know, dressed up like them, spoke like them, acted like them, you know. So, there was no um...especially with my mom running the school and all that, uh, you know people knew us, and respected us, and we never felt like we were targeted or...

CZ: So did you go directly to the U.S. after you left your hometown?

TD: Yes.

CZ: Okay.

TD: [laughs] I came directly to the U.S., yes, I—my father—he—[inaudible] had— had told me a couple of times, it's like, uh, h—he so that when I decided to come here, um, I had...maybe as a young child travelled to India, hadn't been out of the country. And then so— straight come—coming to U.S., he was—he said 'You know I got you all the documents, and let you go, but after you went, I was just very upset. It's like what did I do? [laughs] Why did I let my daughter go?' But I think it had to do because we had, you...my uncle was here, and all that, that kind of occurred (?). And my brother was here, too, before I came, so, little less scary, but still scary, huh?

TP: What was your first impression of the U.S. when you got here?

TD: Oh goodness. So, in the movies, we used to, uh...Pakistan had—so my impression of the U.S. was what movies I had watched on Hollywood movies. Most of the movies that would come over there, had to be very conservative, so Westerns. [laughs] So, uh...I was...what was my first impression? I think culturally, I had, um—so when I was at home, um staying with my uncle and aunt, uh, things were okay obviously, you know that was family, I had to learn certain social things, and you know.

Um, but, I—I think I had a hard time adjusting during my first residency. When I had to deal with people, um, you know, uh, some of the, um, students as—as a, as a resid—resident intern, we had to deal with medical students, too. Um, some of the students sometimes would look at you funny if you, you know, didn't know where the, um, where the lab was, or, nothing to do with your medical knowledge but to do with your social knowledge, or, um, didn't know, you know, what—what the role of an R.N. was, or, um, who you—who do you call if you need a certain thing, and um. So I felt a little intimidated from, from the students as far as, um, I had a—a certain accent, too. I was like—I think how old was I when I came here, twenty-five? Twenty-six? Twenty-six. So, I still had a, you know a little accent, so. But the, the—the, the professors were very good. Most of my professors were, one guy—one guy was mean [**All:** [laughs]]. [Professor's name] Oh my god, I still remember him. But most of my professors and teachers were, um, were really supportive, and—and—and really good. But I did feel the first couple of years, it's um... 'What is she?' no, 'Where is she from?' You know, 'Who's this person, she doesn't know where the lab slips are.' Or, um, things like that. And 'She doesn't know how to call

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the lab or enter—order entries, or in the chart,’ and you know that kind of stuff. So, but other than that, that kind of cleared out after I finished my residency. Of course, in the work force it was just fine.

TP: What about outside of the residency? How was adjusting to just the greater LA community?

TD: Uh, the greater LA community was fine, I didn’t go out too much, because I started, you know, staying home with my brother, and then, um, trying to study for my exam. Uh, but, uh, the people I met were all my aunt’s friends, so, um, and I didn’t—my cousins were younger than me, so I didn’t interact much with their friends, so they were mostly older people, um, that we interacted with. And then during the residency, basically interacted with just the, uh, peers, and most of them were really good. I kind of drew towards more of—there was one, um, Indian girl, um we didn’t have too many, um, foreign graduates in the residency that I was in. Uh, so she was from, um, New York, and she became a good friend. She was married at that time, I was married, and he was going to school, so we didn’t really have much free time, we just did our stuff and came home and rested. Went to the movies once in a while, maybe once or twice a year, didn’t have time to do anything but just kind of, do your residency and keep up with his schooling, and that kind of...My brother lived in Ann Arbor, too, so we had that interaction with him, and his friends. And most of our friends actually, were—were, um, were people that were going to college, and—or going to the university, and uh some of them were my brother’s friends, some of them were Rohinton’s friends, so we just kind of socialized with them.

TP: Sorry, just to clarify, how long were you in LA?

TD: So, th—that was about a year.

TP: Okay.

TD: A little less than a year.

CZ: And then you moved to Ann Arbor?

TD: So, no then to Kansas for a year...

CZ: Oh, okay.

TD: ...and then from Kansas to Ann Arbor for three years. And then, and then, so Rohinton was from Houston, so as soon as I finished my residency, he wanted to come back to Houston. And I was like not familiar with the landscape here, and so, um, he graduated in December and he came in December. I finished my residency in June, end of June, so I came here in July. And so, um, my first, um job was with the, um, in the 80’s they had these clinics. Health plans had the clinics, so I started working for Cigna. Didn’t know the landscape, I went to Texas Children’s, interviewed there for a fellowship posi—position. Got into actually a fellowship in ambulatory care, too, but I would have to go to school and do some more studying, and p-h and stuff like that and I decided, ‘No, that’s enough schooling for me.’ [laughs] So, I took up a position with uh, with Cigna. Cigna had their clinics. And I worked in Pasadena, and my aunt from LA called me and, this was in ‘86, and she said ‘No, you can’t work in Pasadena, they’ll kill you over there.’ [All: [laughs]] But it was a good experience, everyone was very nice over there, too. I mean we had the Hispanic population, and, and the redneck population, you know the blue collar. Everybody was working in the refineries and stuff like that. And, um, so that was my first job, yeah,

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out—out of residency. Working for Cigna...health plan, and, um, I was in a—um in a group practice. And it worked out fine, because I did not know the referral system, did not know the landscape of, you know, Houston, where all the little places were, what was a hospital to refer to, and that all that kind of stuff, so. And so I worked—started working there, and I had my first child...um, yeah as I started my residency. I started my residency in '86, and I had Cyrus in '87.

TP: In Houston?

TD: In Houston, yeah, St. Luke's. Then I had my second child in eleven months...in Houston. So that was nice, I got maternity leave. [laughs] Good I didn't start my own practice at that time, huh?

TP: How have your experiences compared in all the different cities you've lived in here in the U.S.?

TD: So I've lived in Houston the longest. Um, didn't really work in LA, worked only a year in Kansas. I think I like Houston the best, because residency was hard. [laughs] So I—I think it's not apples to apples comparing it, but um, I think Houston is bet—obviously better than anywhere else. So we were in Pasadena till '92 and then we moved to this part—North part of town.

TP: Why did you move?

TD: So, um—um my, so I had the two kids and then, um, my, um my parents came to help me with—when my son was born for a couple months, two-three months, they were there. And then Rohinton's the only child from his parents, and they, they were back in Pakistan. And they decided to, um move and come, y—you know we all decided that, you know, they should come move and live with us. And so, they immigrated and um they started living with us, so um, we were looking for, you know, a place to stay where we would be a little bit closer to the community, um, closer to our friends. And then Cigna had offices all over town, so they had the southeast, and Pasadena, Northwest here, and, um, in the northwest part of town on Bammel. And then, um in the Medical Center. And then they had another one in Memorial. So I started looking at the Memorial one and the Northwest one. So there was an opening in Northwest office, so I requested a transfer. And, bigger homes, and, uh out in the country—this used to be all wooded land. Th—this is our second home from when we first moved over here. But it used to be all wooded, much prettier and... Um so we built a separate apartment for our in-laws, and—and we moved here in '92. Kids started, my son started elementary here, he went to school, finished his high school here and, um, in Klein High. And then, so we've been here since '92, this part of town.

TP: So have you had two homes *in* Northwest Houston?

TD: Yes, this is—this is our second, yeah.

TP: Why did you change homes?

TD: Oh, goodness, long story. So, um, so our in-laws were living with us. Uh, my father-in-law, um, after he moved here, um started having health issues, and he developed dementia, and eventually, um, became really handicapped, and—and passed in...'96? And so my mother-in-law was by herself, and then she lived with us and *she* had some health issues, and she passed in two-thousand...uh...three or four. And so, we weren't using the, their apartment, um, their separate apartment. And then we had, um, a challenging experience with our family, too. My son, who had just graduated from Klein High School, um got diagnosed with osteosarcoma, bone cancer, when he was freshman in college. And so, he just started college at, uh, University of Houston. Um, probably,

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what, October? So he started in September, October he was diagnosed. And, um, so we went through his treatment for three years, and he passed in 2009, and so, it was really hard to, you know, live over there. And we were actually looking at homes when he was sick. We wanted two bedrooms downstairs, and we had looked at this neighborhood here, and all that kind of stuff. And then, um, after he passed, um, we decided the home was just too large. And um, it was hard for my daughter, too. They were close, they were like eleven months apart, both of them, you know that kind of stuff. So, then, yeah we moved here about four years ago. Three-to-four years ago.

CZ: So, going back a little, um how did you start forming a social circle here?

TD: So social circle in Houston was very different from when I grew up. So we have a—we have the Zoroastrian community, a much larger community in Houston. So people from India, and Pakistan, and some Iranian Zoroastrians are here too, and some from South Africa, different places. So uh—uh, the community was very active, so we kind of joined the Zoroastrian association and then, uh, became active. And have a place now, the center, and our library and all that kind of stuff. Mmm so, the kids had Sunday school that they would go to. They have the, uh now—they had two groups when my kids were growing up. The, um, junior group and the senior group. Now they have the—the younger ones, the middle, and then the s—and the youth group. So, the kids became more active, and they probably have a lot of, um, more knowledge of the religious and the cultural background than I ever did growing up. They tell me, ‘No, Mom it’s not like this. Our Sunday school teacher told us this.’ And...and so yeah, my son was real active in that, too. He was like their, president—their association thing, you know, that kind of stuff. And so...and that, you know, the community thing is important. That helped us a lot, thr—through his illness and everything else. So we have a nice, strong Zoroastrian community as far as, you know, social support, and uh, also for education, and educating the kids, as far as, you know, giving them information and all that kind of stuff, which I never did growing up [laughs] have much, information on that.

TP: When you are in other cities in the U.S., did you feel you missed having a Zoroastrian community? Or did you not think about it?

TD: Um...You know, I... No, actually that, no. I never did think about it. So, so LA was just a year in, in, in um...Kansas, it was really strange. So my first name is Thrity, so which is a very Zoroastrian, Persian name. So one of the professors in pathology recognized that, and he called me, and he said: ‘Are you a Zoroastrian?’ and I said, ‘Yes.’ So then he said, ‘I know a family’ So then there was another OBG/YN there [**TP:** [laughs]], who was an Iranian Zoroastrian, and he introduced me to them. So—so for that first year, we had that one family, that, um, they invited us over for Nowruz [Iranian New Year] and [phone rings in the background] they would invite us over if they were having any family things going on, ‘cause, you know, we were new in town, and all that kind of stuff. So, we had that one interaction there in Kansas. In Michigan, we did have—my brother knew some people that were not in Ann Arbor, but Flint, and, um, Windsor, um, you know, so drivable, like an hour’s drive, Novi, and all those places would have, families, and they would somehow find each other, and they found my brother-in-law, so they would invite us over when, um, things would happen, or graduations, birthday parties, and stuff like that. So we did have some interaction there too.

TP: Has raising your children in your cultural tradition been really important to you?

TD: Umm, yes. It has been. I think I’ve been fortunate that we’ve had so many people. We’ve had some cultural things. They are kind of mixture of stuff. You know, they got their American ways of doing things, and, and um, something, you know, from going to the center and went to the Sunday school, they have some their cultural...

uhmm, Zoroastrian values, too. Yes, it has been important, yeah.

TP: What languages do you, did you teach them, growing up.

DT: Oh goodness. So yes, they used to speak really good Gujarati, because my in-laws were here when they were growing up. But then they started going to school, so in elementary school, they would still speak a little bit. Then in middle school and high school, they started... Brother and sister started speaking more in English. Now it's turning around. My daughter is 26 now. She is trying to, um, get—they were very fluent in Gujarati, uhmm... They never did learn Urdu, because that was not, you know, spoken, uhmm, anywhere, but they were very fluent in Gujarati 'til they were like 5 or 6. Then as they started school, they started forgetting a little bit, a little bit. But my daughter's kind of trying to pick up again, the Gujarati, and she's trying to pick up Urdu, too. We went to visit Pakistan. Not too long ago, so she's picking... But she's not fluent. She understands a little bit. But she understands very well the Gujarati part. She speaks a little bit.

TP: What does your daughter do?

TD: She did her Master's in child psychology. She's working for me right now. [**TD and TP:** [laughs]]

TD: Office manager. At my office. She's trying to figure out what she wants to do. She had a hard time after my son was, had passed.

TP: Yes.

TD: She went through big anxiety, depression. You know, it's just hard. It was hard for all of us. But she finished her Master's. She was in a Master's/PhD program. And so for the PhD she really wanted to do um alternative teaching methods. And but for her paper, she had to join, and get funding from the school district, which is not really available right now. So I needed somebody at work, and so she's helping me right now, [laughs] doing... She's my office manager. Eventually, I don't know, she wants to have a school for um, to—um, for, um, for alternative learning methods, for kids that have learning disabilities.

TP: So you have your own medical practice now.

TD: Yes, I do.

TP: What can you tell us about the journey to...

TD: Don't do it. [laughs]

TP: [laughs] Okay.

TD: So um so I had worked for Cigna. I had my kids. And it was really nice, because I got off. Maternity leave. We would have vacation time. Not to worry about the administrative part. But then the health system started changing, and Cigna, um, sold their practices. They didn't think they wanted to be in the healthcare delivery system in 2000—2000. They sold their practices to Christus, [**TP:** [coughs]] which is the St. Joseph's Health Care System, they would start having issues, so in 2002, they decided that they were wanting to... Not want to deal with the practices. And they were going to close down. They gave us thirty days. [laughs]. That was another

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experience. Thirty days, it's like, okay you all can do whatever you want to, we're closing practices, we'll keep the contract, we'll pay you for two more months, we had a ninety day buy-out thing.

And so with thirty days we had to decide what we wanted to do. And so we said, okay, let's uhmm, kids encouraged, 'Mom, get a new (?) practice, now we're grown, we're in high school, we don't need to, you know.' So we, uhmm, they were willing to get us our patient panel that we had, so that would be the best time to start off anything if you wanted to, because you have the patient panel, you have... They would give us furniture on reduced rates, and all that kind of stuff. We had people, our staff, would be unemployed too, that would work with us, and so... We got a couple, I got a couple of staffs, looked around for space, and started—decided to go in practice for myself [laughs]. And so we leased a place, because nothing was gonna be ready in thirty days. We leased a place by the hospital, Houston Northwest, for, um, like six weeks 'til the clinic that I'm in got ready. And then I moved down there. And so, um, I practiced by myself, it was very hard to start off with [laughs], 'cause I had no, well, I had some administrative ideas, but what was used for working for larger organizations. So we had like a whole team of people that would take care of the building, the patient, um. You know, checking their insurances. You know, all and that kind of stuff, and... So we had to start doing it on our own, and that was learning experience and so... But we've done okay. We've done okay. After one year, I got tired of staying at work till like 8, 8:30. The cleaning people would come around, and say, 'Okay Dr. Desai you're still here.'

TP: [laughs]

TD: You know, good paper charts, and... So then I hired a nurse practitioner, year two. And then after year two, um, year three, I had hired another physician, a partner, um, on. And then so now, we have uhmm, two physicians, two mid-levels, one other physician that's on maternity right now, oh God, deal with HR stuff. [laughs]. So uhmm, so we're doing okay.

TP: So originally you were your only employee?

TD: I was my only employee and then one nurse, and one from the office. And then my kids actually helped me, 'cause one.. Your three people, one person calls and sick, you are down to two. So yeah, my kids would help me, they would come in and do the front. And uhmm, you know check in, and we have medical records, we didn't have electronic records, at that time, they would file charts, pull charts for the next day. You know, verifying insurance, you know, that kind of stuff. So, so but then, eventually. That was for about the first 6 or 8 months. And then we got another employee, and then we got a mid-level, and once we got the mid-level, we got more employees and...

TP: Do you still—still deal with most of the administrative stuff yourself?

TD: Yes. Oh man. That's the hardest thing, being a physician, the administrative stuff, I do not like. Because, uhmm, we had very minimal training in what to do for—used to be medical schools never taught you about administrative stuff, and... Now they do touch on things. And residencies teach you know, how to operate your practices and all that. But when I went through my residency in my local school, there was nothing. I mean everybody else had to take care of that, all we have to do was see patients. And I did that for many years. But, now I have to do, my part. Yeah.

The type of population I see has changed too, which is, which is good, I mean. We used to be—Cigna was only all private insurances, and all affluent, educated families. Now I do mostly Medicaid and public funded stuff, which is good, it's rewarding. I think this point, a little, in my life that's more what I need to do. So that has

changed.

TP: Overall would you say that, opening your own practice was a good decision for you?

TD: My God. [laughs] That's a trick question [laughs]. Um at that time, yes. Yes, it was. It—it—it's challenging, but it's rewarding, too.

TP: [coughs]

TD: You basically, you know, for you to do, whatever you want to. But with that comes all the responsibilities, also. A lot of responsibilities. But I have to learn to deal with stress, so... which I am—as you get older, you just kinda... And plus, um, I think the smartest thing I did was to get more people in. A lot of times people were worried about, oh, how are we going to do this. Or how, you know, how—how is it gonna function, will I get along with this person, if I bring in a partner. And stuff like that, but... I think dividing up stuff is, is helpful.

TP: You mentioned earlier, in your residency in the US, you had trouble adjusting where things were. So, how does medical system differ in the US from what you learned in Pakistan?

TD: It differs in logistics and how, uhmm, things were as far as, who draws the blood, uhmmm, who comes to pick up the lab work, how were the labs done. How is the imaging done... Uhmmm, most of the time, so here in the US, basically the residents, when I did my residency, I had to do everything, except bathe the kids, I guess. Nurses did that. [laughs]. So where I was, there was a lot more ancillary staff doing all the, all those... We had to draw your own blood, we had to do, you know. Make sure we checked all the labs, and... which there w—there we did too, but, uhmm, draw your own blood, make your own slips, you know paste and, send them off, where they go and then you know, call in for a report, that kind of stuff.

TP: So you're saying that, in Pakistan, there were more auxiliary...

TD: Ancillary—ancillary, yeah.

TP: Okay.

TD: More ancillary help. Plus the imaging and stuff like that, uhmm, we did have uhmm, you, all you have to do is to telling your nurse that I want an x-ray. Uhmmm, you don't have to write your own order, make sure it went, sometimes you put your own gurney, you know, take your patient down, go down check your X-ray, there we would call and ask the radiologist what the X-ray report was. But I think in—in a way, it's good that you see your own X-rays and stuff like that because then you learn more. But I think the, I think the first year, it's a—you feel odd yourself. Trying to adjust, in terms of you know, the language, what you saying, how you're saying it, that kind of stuff. So uhmm, and then the impressions come on how you're behaving, uhmm, people judge you on how you're behaving, not what knowledge you have [laughs]. The first year, that was the first year, and then you rapidly learn of—what you say, what you do. [laughs]. That kind of stuff.

CZ: Um so do you think you have ever experienced any discrimination in workplace?

TD: Uhmm, no, no.

CZ: And uh, um, did you decide to settle down in the US permanently when you were doing your residency?

TD: Yes. So, so after I got married, that's when we started, uhmm, yeah that's when I had, you know, decided obviously Rohinton didn't want to move anywhere, go anywhere else. And choice was between staying in Michigan versus coming over to Houston. And he really wanted to come back to Houston. I was more comfortable in Michigan, my brother was there, and I had done my training there. I knew the system there a little bit. But I'm glad I came to Hou—Texas. [laughs]. Yeah, I don't know if I would have enjoyed the cold weather. [laughs]. Now at this age, didn't bother us then, I mean, we used to park our cars outside, lived in apartments, and had to clean the windows of the snow, and all that, so we lived in rough weather.

TP: How do you spell your husband's name?

TD: Rohinton. R-O-H-I-N-T-O-N.

TP: What does he do?

TD: So he worked for, uhmm, he's retired now. He worked for the federal government. And he was umm, in the Department of Treasury initially. And then he, umm, was with the Terrorism Task Force after 9-11.

TP: Okay.

TD: And he worked there, until last year, he retired. 2012, so it's been... December 2012, yeah. So it's been a little over a year.

CZ: So umm, did you mention that he's also Zoroastrian?

TD: Yes.

CZ: Okay.

TD: Yeah.

CZ: And he's originally from...

TD: He's originally from Pakistan, yes. From a city named Lahore, which is about 300 miles away from Multan. It's the same province as Punjab.

TP: And you were introduced to him by your parents?

TD: So my—our parents knew each other, yes.

TP: You've mentioned that you like Houston. What do you like about Houston?

TD: So the community, the diversity, the weather. And I work here. [laughs] Yeah. I think it's the—it has really become a diverse place. Umm, I mean, I've always felt like the impression...people – especially I was talking to you about my aunt, that back in the 80s, when I got my first job in Pasadena. She was really worried about me. She said, 'That's where the KKK is,' then, 'that's where Gilley's is. And they're not going to... They're going

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to... It's probably not a good choice.' And I said, 'No, I think we'll see how it goes.' And I never did feel anything, I mean, we would, still, like I said, we call our workers, and everybody else, and were very respectful, never disrespectful towards, you know, umm towards me, or my staff, or anything like that. I don't know if it had to do because I worked for somebody, it wasn't my private practice. Once in a while I would have issues with the hospital physicians, and that was a totally different story. That was, that had to do with who I worked for, versus me myself. But I never felt like... Anybody said, 'This is Pakistani,' or 'I don't want to go to her,' or anything like that, no. But yeah, the diversity, the weather, and now we can find anything in almost anything that— [laughs] here. The Indian community is so large. And you know. So I was never exposed to that in Pakistan. And so that's been... It's a learning process after I came here to know about the Indian culture too. How it is and... Even though my grandfather's and great grandfather's background is more from the United India. We didn't have much exposure to that stuff, and then the Zoroastrian culture itself, too. I've learned a lot more after I've been here to, in Houston.

TP: So your connection with Zoroastrianism has been stronger in Houston than it was during your childhood?

TD: Mostly. Most—yes. Yes. Most definitely [laughs] it's been stronger. I've learned more, more, you know, rituals and prayers we do over here. And more celebrations of events that I didn't know existed. [laughs] So yes, that has been—that has been a change. Yeah.

CZ: So how often do you go back to Pakistan?

TD: Oh not very often. My parents, so then Rohinton's family basically lived with us. And so he didn't have anybody, like close siblings or parents, after his parents moved over here. Umm, I had my parents living in Pakistan. Umm, they became citizens, but they still kept their home there, after they retired. But they would come every year, and spend time, spend months and years even like two or three years in a row one time here, and then between my, my brother and sister in Michigan. And so, we, um, had very few chances... We did take the kids twice, and then, umm... So since I've moved here, I might have been back to there maybe four or five times. Yeah they enjoyed, the kids enjoy when they go back there. We still have our... We still have the home that I grew up in. My mom is eighty now, and she wants to sell it, and she's just kind of going off on it. It's like okay, leave it alone, let it be. [laughs]. So she's by herself, my dad passed, in 2005. So my mom's there by herself. But she comes and visits every year for few months.

TP: Do you think that Pakistan has changed since you...?

TD: Tremendously.

TP: Okay.

TD: Yes it has. It was never like... And I don't know, the first time I went was... So the first time I went back was within a year to get married. Umm, but then there was a large gap. And I found a change in, each time I go back I see changes that kind of... It was not like that when we were growing up. It's very different now.

CZ: What about Houston? Have you seen Houston changing these years since you moved here?

TD: Umm, population huh. [laughs] It's changing in a better way. I think our community has grown, that's been a big change. When I first came here, umm, we were umm, maybe in the hundreds? And now, I think it's more than doubled. The number of people, and how the community is. Ac- the activity levels has increased, umm, the

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participation has increased, the things that they're doing, umm, have, umm, have changed for the better. They are doing more and more stuff for kids, and for their youth, for umm, and for the elderly too. They have umm, we have a... So when my in-laws were here, they didn't have any, umm, social activities for older people, senior group, or anything like that. Now they have, umm, activities for seniors, that is actually a senior group. Umm, you can be members of that, and they do things and... The more active seniors will take them around, do things with them. So yeah, so change for the better. [laughs].

TP: Do you identify as a Houstonian?

TD: Yes I do.

TP: And do you still identify as a Pakistani as well?

TD: More so as Zoroastrian, and yes, as a Pakistani, too. So Houstonian Zoroastrian of Pakistani descent. [laughs].

CZ: So what do you think of changes in medical system since you started working?

TD: Oh. [laughs] I try not to be pessimistic. I think, umm, you know, umm, there was, umm, there was need for change... It's changing... Uh... hopefully to be... for the better. I think there is still a lot of work to be done. As far as where the money goes, and how the money is spent. Because it.. still, I mean, umm, I've seen it take a big turn. When I first joined the workforce umm, to start practicing medicine, the big trend was, the insurance companies for opening up offices and trying to provide medical care. Business people were trying to provide medical care. And that doesn't work. So it has to be, and then, the doctors doing the business part, doesn't work either, so that, that has to be a good, you know. Good combination of both like the physicians trying to help the business people to, to provide care. And that's going to be a big challenge. I think the hospital care is the bigger challenge than the primary care that we do right now. And specialty care. All that. It's just, it's just so a lot of, lots of little things. Because it's—the consumer, has to be educated. What we have here, is, 'I don't want to pay, but I want the best care', and that is hard to connect. Yeah. Because there's a lot of information now. There's a lot of care, there's a lot of information, there's a lot, um, of things available. And if you want, you know, A, B, and C, it costs a certain amount of money, and everybody can't get that. And there's a lot of entitlement, what we see visited is an entitlement towards c-, towards the medical practice too. It's almost like went to the grocery store and saying, you know 'give me the groceries, I will pay you when I can, or if I want to.' Only the medical profession people can do that. And they'll come to your office, expect care, and—not everybody, but that's—some mentality is right there. It's like, umm, you go to a mechanic, a car mechanic, and say 'repair my car. I will pay you what I can, and when I can.' Nobody does that. [laughs] No other profession does that. I know it's noble, when we, you know, do take care of people, that can't provide, but there's a lot of abuse too. A lot of abuse. I mean people, that, that's considered—medical care is considered entitlement. Doing your hair, getting your manicure, I will pay for that. But I would not pay for my child's 40-dollar visit. And that—that mentality's still there, so you have to deal with that sometimes.

But then there're some poor people, that don't know how to apply for Medicaid, and all that kind of stuff. And so we guide them, in terms of how you can access, care, what you do, how you figure paperwork out, and that kind of stuff. But there's, there's both. So that has to be sorted out, in terms of, you know, people that can pay should pay um for care, people that cannot pay, I guess obviously you have a moral responsibility to take care of them. And ummm, stop the wastage, there's a lot of wastage in healthcare too.

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TP: Do you think that entitlement mentality is unique to America, or did you see something similar in Pakistan?

TD: I think it's unique over here.

TP: Okay.

TD: Definitely it's unique over here.

CZ: So umm, can you give us an example of how you solve this kind of problems in your own practice?

TD: So for, so for the people that, sometimes, you know they genuinely cannot, you know, afford health care, we, um, have information available, phone numbers, or even social workers that can help them access Medicaid, um you know, get health care, and, and beyond social security. It might take a while to get all of that done. Then there are some kids with disability, and ummm, parents are overwhelmed, you know they might be working parents, have a little bit of money, but cannot obviously provide all of the stuff that the kids need. So we helped with that, as far as, what social agencies to apply for, what state agencies to apply for. So it becomes... That's one of the things that, since I started my own practice, I spent more of uh, things that we do more often than I used to when I worked for Cigna. It was a different situation, but, but we see a lot of, uh, you know people that need help, need care, some immigrant people, some don't qualify, and we deal with that, and you know, who's qualifying, who's not qualifying that kind of stuff.

TP: Do you get more first-hand experience with this now that you're doing your own practice?

TD: Yes. Most definitely, yeah most definitely. And I think our demographic has changed too with the area too. I've seen the area change too. In the nor- all this Bammel North-Houston towards the Beltway [8]. Uh, a lot of immigrant ethnic population versus what it used to be in '92 when I first moved here. And this, umm, the more North you go, like The Woodlands, all of what was here has moved more north. And, and umm, all of umm, all of towards the Beltway [8] and [Interstate] 45 um, has become more um, more of what um Southwest Houston, something like that.

TP: What has stopped you from following that migration toward The Woodlands?

TD: Oh my. I don't know. I guess I, I guess I like what I'm doing. Umm, Woodlands also is very saturated. And plus umm, I feel kind of comfortable, now I'm kind of getting comfortable in the area here too. A lot of people from our neighborhood actually did move to The Woodlands. A lot of my patients that I used to see. All the Exxon employees, you know, oil company people, everybody is kinda move to The Woodlands. Anybody who's—anybody has moved to The Woodlands now. [laughs] But I—we stayed here, and uh. I think now I feel like this is what I need to do. [Alarm rang in the background]. Woodlands is saturated too. Did we go over time?

TP: No. It was just my alarm.

TD: Okay.

TP: So despite the change in demographic of this neighborhood, would you still say that you enjoy living here?

TD: Yes, I do. And I actually you know, sometimes I complain, but I enjoy what I'm doing. I think this time in my life I need to do this, what I'm doing. I think I feel I make a difference, and I don't need to, you know. I

mean, I have my good time, [laughs], when I was with Cigna. And now I need to be doing this.

CZ: So do you have any plan for the future?

TD: Plans for the future. I need to retire one of these days, but you know, the ideal thing would be if I could continue working, um, as long as I can, at my terms, you know. And that would be... Part time, or whatever, so far my plans are to continue working. Continue doing what I'm doing.

TP: I wanna go way back. Umm, you described your family growing up as a conservative family? Could you explain what that means?

TD: Oh. So we were not allowed to spend the night anywhere. Go out without supervision. Go to only certain places. And uh...what else. Wear—dress in a certain way. Umm, so all of those things, yeah.

TP: Did you take a similar approach when raising your children?

TD: Oh no. I was just 'do whatever you want.' No. [**TP:** [laughs]]. That was very... That was my Mom that was the strict one, had the discipline going, for everybody. And my Dad was the soft one, I'm more like my Dad. I was the soft one. I didn't... The kids were basically, you know. [laughs] I mean you—structured them a little bit. But with me as we were raising them, I had their grandparents too. Rohinton's Mom and Dad were around since the kids were little, basically. And so... I don't know, they were spoiled. We just kind of love them a lot. [laughs] They are good kids.

TP: Is your daughter married?

TD: No.

TP: Do you know if she plans on marrying a Zoroastrian or she...

TD: That'd be nice, huh? [laughs] That would be nice. But we're open to everything. Somebody good, that will take care of her. [laughs]

CZ: So now what do you do in your free time?

TD: What do I do in my free time? Hmmm, I love gardening now. I... That's something that I've developed slowly, you know, kinda keeps me calm. I do Yoga. I have taken up a little bit of meditation, you know, when I get a chance. So umm, and then, read, a little bit, not too much.

TP: What would you like future generations to remember about your immigrant experience?

TD: So um, I think—so am I giving advice here? [laughs]

TP: If you'd like to.

TD: Yeah, so if um, and we can phrase it in a different way if I have to do something different. I would, um, for the future generation, so they have to keep, keep an open mind. So the first thing I did when I first moved here

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was I wanted to be all Americanized, and just kinda be just like everybody else, adopt all the little things. Um, you know, American way of life, and all that kind of stuff, so I think it's important that we realize our background, um, where we come from, it's important to um, keep, keep a contact, like a contact lifeline with your parents, your grandparents, your, you know. Keep the good. Assimilate the good, wherever you, you're originally from, and pick out the good from the new cultural things, and don't blindly just follow. That I have to you know do this and this and this, because this is popular. Because there is a lot of uh, in older cultures there's a lot of things that are—that are good, that when we're younger we don't realize it. And as we age, we realize uh, the good things that are in old cultures. That we have to assimilate in everyday life. And maybe, um, you know help—help others understand that part too.

TP: And that's not something you realized when you were first in America.

TD: Oh I was, I was just, all hot-shot. [laughs] Oh I used to tell my in-laws sometimes, 'No, you can't do this.' But so, you know, just kind of listening to the parents too. And I had this experience of living with them, a lot of people don't have that experience. And I think that, that was important and kind of shaped a few things in me too in terms of how, um you know, respect for the parents, and how you go alone and keep your culture. Keep your—part of your culture. That's important.

TP: As you know, this recording is going to go public for people to do research and understand the Asian American experience in Houston. Is there anything you would like to add toward that purpose?

TD: I don't know. I think it's a good thing. People y—basically all I would say is try and, um, keep your culture, part of your culture alive, don't try and change too rapidly. And uh, you know, uh, with—with your children, to try and have some, some part of your culture you know, some part of your culture in your children. And the sense of community is important. Because sense of your community is important. Where you come from, you know, where you belong to. And then not in the sense of isolating yourself. And not assimilating with everybody else. But keeping the sense of community, taking the good out of that, spreading it, you know, passing it to other people, and learning from other cultures, I think that's, that's important.

CZ: Umm, could you give us some example about the good parts that you get from your own culture?

TD: So the good parts, you know the, the, there are certain, you know...respecting your parents, keeping um keeping an open mind to their suggestions, some, you can't follow everything with what they tell you to do. So keeping, keeping an open mind to their suggestions, and um, obviously respect for um for people that are around you. Um, yeah the first thing, when I first came here, you know, it was, you were taught to be very humble, and then um, when I, first came here was more like, my aunt and everybody else was like 'you're doing your CVs, you have to tell all your good points, you have to toot your own horn,' and, you know that kind of stuff. That was kind of strange for me too... But in a way that, you know you have to do that, so as far as you... The good and the bad, the cultural thing, so you have to kinda balance it out, as far as, yes you have to know about your good qualities, but at the same token, you know, be humble too.

CZ: So um, overall what do you think of your decision to move to the US?

TD: I think it was a good one now I'm looking back. When I go, every time I go back to Pakistan, what's happening to that region. I think it was, it was, it was the right decision to make, yeah. And since most of my families are here now, so [laughs]. Yeah, so that was, yeah. It's at that region's doing that. But I think uh, sometimes I feel that, you know, I wished there was a way that one could help, you know go back and help. Um

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that's one of the few things that I feel that we lack in. But there's not enough opportunities to do that. And so you'd go out and help Honduras and South American countries, or somewhere else, or India or somewhere. But it's, it's hard that—that's been a lot of challenges too, to wonder how can you go back and help, and change, you know, people that are thinking, how the, it's change for the worse, and why is that, why has that happened. And how is it that one could turn things around a little bit. I have, don't have answers to that. [laughs]. That's the hard part, yeah. And I think that might had this part about keeping your contacts, and communication going. And see, when I first moved, we didn't have emails. It was not, communicating was not, a big, uh, an easy thing. The phone calls were harder to do, and all that. And so when you lose contact for the first 5 or 6, 10 years, then it's hard to build back up. But if you—if one has contact and communicates, you know, thoughts and good ideas, or so it's not like, this is one society, and that is another culture, that thing, need to eliminate that barrier. So somehow, you know, keeping that alive. I don't know, maybe it'll happen in the future. [laughs]

TP: All right. Thank you very much!

CZ: Thank you so much!

TD: All right!

[The recorder is turned off, the interview ends]