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An Interview With
Lois J. Moore

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LYNN SCHWARTZENBURG: This is Lynn Schwartzenburg interviewing Dr. Lois J. Moore in Houston, Texas on March 2nd, 2016 regarding her recollections as CEO and Chief Administrator of Harris County Hospital District during the times of the AIDS epidemic.

Welcome, Lois. Thank you for doing this today. I wanted to just get some background history from you. When and where were you born?

LOIS MOORE: I was born in Crafts Prairie in Bastrop County in 1935, October 12th, 1935.

LYNN SCHWARTZENBURG: And what are your parents’ names?

LOIS MOORE: My mother’s name was Cecilia Wilson; my father’s name, Carranza Wilson. And I had two sisters, one brother. One sister is named Ludie Mae Wilson, the other is Sylvia Knox, and my brother’s name is Carranza Wilson, Jr.

LYNN SCHWARTZENBURG: What was your childhood like?

LOIS MOORE: My childhood was wonderful. My mother died when I was very young. She was in an auto accident. She died as a result of that. So I was raised by my very loving grandparents, which you know grandparents spoil you, but I was raised by my grandparents. We lived on our own farm, where we had gardens, horses, cows, pigs. You name it, my grandfather had that. So we grew up in a very loving, comfortable home in Crafts Prairie.

LYNN SCHWARTZENBURG: How old were you?

LOIS MOORE: I think she died when I was about five years old, so they raised me all
the way through high school. Actually, they were my parents.

SCHWARTZENBURG: And what about your father?

MOORE: My father. Soon after my mother passed away, he moved away. He was my father, but he was not really involved that much in my growing up. My grandparents took over, which were my mother’s mother and father, took over and raised us.

SCHWARTZENBURG: Where did you go to high school?

MOORE: At Bastrop, in Emile High in Bastrop, Texas. I went to elementary school in Crafts Prairie, which is a small town, country, outside of Bastrop. But the high school was in Bastrop, Texas itself, and it was Emile High School, and that’s where I graduated from.

SCHWARTZENBURG: What year did you graduate?

MOORE: 1954.

SCHWARTZENBURG: And then you went to Prairie View?

MOORE: And then I went to Prairie View in 1954. After I graduated in May, I went to Prairie View in September of the same year.

SCHWARTZENBURG: And that was to become a nurse?

MOORE: Yes, it was to become a nurse.

SCHWARTZENBURG: Why did you want to become a nurse?

MOORE: When I graduated, I really didn’t know what I wanted to be. I had felt all along that I wanted some type of caring position, to do something to help the sick. And then I discussed it with my counselor and also my principal, and we came to the agreement that nursing would be a good field. And I wasn’t really sure what I was getting into, with nursing being a profession and whatever, as it is today, but
that was the decision. And also, there was funding available through some federal grants at that time, and I qualified for those, and so I decided to go ahead and enter the School of Nursing in Prairie View.

SCHWARTZENBURG: So your grades must have been good?

MOORE: My grades were good. I was very smart. I was the salutatorian in my class. There was a real close tie between the valedictorian and the salutatorian. I got the salutatorian; she got the valedictorian. But yes, my grades were very good.

SCHWARTZENBURG: Once you got into nursing school, how did you like nursing?

MOORE: I liked it very much. The School of Nursing was that you took the academics on campus in Prairie View. For the clinical, we came to Houston and to Galveston to do the clinical because there were no hospitals to do your clinical in Prairie View. So the clinical was at Jefferson Davis Hospital, and John Sealy Hospital in Galveston. Between those two hospitals, we got all of our clinical experience for training.

SCHWARTZENBURG: And when did you graduate?

MOORE: In 1957. It was a diploma school of nursing, and I graduated in 1957 with a diploma in nursing, which is one of the reasons I went back to school to further my education after I set some goals for myself in terms of where I wanted to be, so I got my baccalaureate degree from Texas Woman’s University in nursing.

SCHWARTZENBURG: Where was your first job?

MOORE: My first job was a staff nurse at Jefferson Davis Hospital, and my reason for working there was because I liked it when I did my rotation. I liked the experience. You get to see everything, everything, in the emergency room. It was fast moving. It’s really the most enjoyable job that I think I’ve ever had in
terms of experience, getting to help people. It was heavily populated with trauma, lots of trauma. All of the major trauma in Houston during that period of time was at that hospital. Trauma and babies, were our biggest issues there at Jeff Davis. West Dallas at the time was a very busy, violent street, and so we got all kinds of gunshot wounds and stab wounds that came into the ER. People would put sheets outside the hospital where they could watch ambulances come in to bring patients there. It was an entertainment for them. It was work for us, because the emergency room itself was really not large enough to accommodate the volume of patients that we had. We had patients lying around everywhere. But the one thing that we did do, which is what they do now in trauma hospitals, and that is take care of the critically ill and get them up to the operating room, through the process. But other patients that came in sometimes had to wait a couple of days sometimes to get the treatment that they needed. It was really overcrowded, but I enjoyed it.

SCHWARTZENBURG: Do you think that it was similar to today, where people go to the emergency room when they had non emergent issues?

MOORE: Right, they did not have primary care physicians. It’s the same, except that at that time, there were not as many resources available at that time as there are today, because they’ve got clinics today everywhere. At that time there were no clinics. The emergency room was the only place you could go. And so yes, we had people with minor things that should not have been there, but they clogged up the emergency room, and it was not a conducive environment for some of the patients. But yes, it was similar to what it is today except that the volume today is much bigger, but there are also a lot more resources.
SCHWARTZENBURG: How long did you work in the emergency room?

MOORE: I think, about five years

SCHWARTZENBURG: And then what happened?

MOORE: And then we got into planning for the move to Ben Taub. Jeff Davis is an old hospital, and we had to plan for expansion, so we were planning for the move to Ben Taub.

SCHWARTZENBURG: And that’s while you’re still working in the ER?

MOORE: Yes, while I was still working in the ER. When Ben Taub was built, it wasn’t large enough to accommodate all of Jeff Davis, so we moved part of Jeff Davis to Ben Taub. The emergency room got moved. Everything was moved to Ben Taub with the exception of obstetrics and the pulmonary service stayed at JD. And then I went over to Ben Taub. I worked for a short period of time helping get the emergency room set up at Ben Taub, and then I was promoted to the shift supervisor, night house supervisor, and nursing supervisor. I worked there before I came on days as the assistant director of nursing, and then director of nursing.

SCHWARTZENBURG: How was it that you were promoted? Is that something that you wanted for yourself?

MOORE: Well, I always wanted to move up. My ultimate goal was to be in a decision-making position. And I remember when I made that decision, I was walking
down the hallway just outside of the administrator’s office, and something had
happened that I didn’t like with some patients, and I thought that things could
have been handled better. So my goal was to prepare myself educationally and
also to perform at a higher level. Those two things were important for me to
impress people enough to be able to go up the ladder. And it worked.

SCHWARTZENBURG: And then that’s why you got your BSN and then your master’s?

MOORE: That’s why I went back to school to get my BSN and then to get my master’s,
and then after that I joined the American College of Healthcare Executives, where
you could qualify as a certified administrator. I had to write papers and things of
that nature, and I went to Chicago to get my certification. So I am a Fellow in the
American College of Healthcare Executives. So I was more than qualified to be
in that position. In my performance, the knowledge base was just great because I
knew everything, by working as a nurse. As a student nurse, we had to do all
kinds of things because we did not have the support that you have today with the
lab, the pharmacy, and ancillary departments like that. Nurses had to do a little
bit of everything, and so you had some knowledge about what happens
throughout the whole hospital, and that was good background. That was really
the best training that a nurse could get. You did everything, and so you had some
exposure to everything.

SCHWARTZENBURG: When did you meet Harold Moore?

MOORE: Harold worked in the emergency room with me as a part-time. He was a
student at Texas Southern University, and he was working to go to school. He
worked there part-time, and that’s where we met, and we started dating for, only
about a year, and then we got married in 1958. So it wasn’t very long; about a
And that’s where we met, and we were married for 40 years. up until death.

SCHWARTZENBURG: Tell me about your daughter, Yolanda.

MOORE: My daughter was a registered nurse as well. She was very, very, very smart. She got her baccalaureate degree, her master’s degree. She opened her own business. She had a home healthcare agency that she started herself. She was an administrator at Kindred Hospital. She was very highly motivated. She was pretty much like her mother. We were cut out of the same cloth. Even when she was diagnosed with breast cancer, and she died within a year, but even during that period of time, she says, “Mommy, when I get well, I’m going to go back to being a hospital administrator.” She was so positive about furthering her career. She was a neat, neat girl. She really was.

SCHWARTZENBURG: So you entered administration at Ben Taub?

MOORE: When I was at Ben Taub, I was a D.O.N, Director of Nursing Service. I was the Director of Nursing Service for about five years, something like that, and I left that position. They asked me to go over and run Jeff Davis Hospital as the administrator, and I left Ben Taub and went back to Jeff Davis to be the hospital administrator.

SCHWARTZENBURG: And that was in 1977?

MOORE: Yes, yes, I think that was right.

SCHWARTZENBURG: When you went over to Jeff Davis, what were the conditions like?

MOORE: There was no one there to run Jeff Davis. They were busy, very busy. It had not changed that much, but now I went over there as the administrator, and at that time we had moved everything over to Ben Taub with the exception of the
obstetrics department, the pulmonary department and the pulmonary ICU. That’s when we ran into the increase of birth deliveries. It got up to 18,000 a year, which was the highest in the country under one facility, under one roof, at that time. The challenge was to see how we could accommodate that many deliveries, because the only other hospital in Houston that delivered some of the indigent women was Hermann. Hermann didn’t like to do it, but they had some obligation, with their charter, to do some deliveries.

We had planning meetings, to figure out a way to try to accommodate the women. We decided to reduce the length of stay. At that time, women were staying in the hospital maybe four to five days post-delivery. We reduced it to 24 hours. That increased the bed capacity. The babies were going home in 48 hours or 72 hours, depending on whether they were jaundiced or what have you. That increased the bed capacity. We also had to have extra little cardboard boxes to use for the babies because we ran out of bassinets, so we had the bassinets in cardboard boxes. Several times when we had some infection outbreaks, Staphylococcus outbreaks, but for the most part, we did it in a safe manner. We did have to open an ICU for babies because we had an increase in the number of low birth weight babies that had to go into ICU. The quality of care was good.

The one thing we didn’t have enough of were physicians, and that was because we only had Baylor residents. There was a limit on the number of deliveries, according to the accreditation, that residents could deliver. So Dr. Kaufman and I spent a lot of time planning on how we could meet that need. In the interim, we had to hire some additional faculty that could take up some of that load.
But then we planned for the nurse midwifery program, and this was something that Baylor initiated for us. These were registered nurses who were interested in becoming physician extenders, or midwives, and so they went through the training. And on one of the floors at Jeff Davis, we built out a midwifery suite that had nice rooms for the midwives to deliver, and clinic in that old polio building. There used to be polio in that building. And we had built out a clinic over in the old polio building so that the midwives could have outpatients in their own suite rather than where the doctors were.

And their compliance was just so outstanding. About 99 percent of their patients came back for that follow-up. It was important if they were discharged in 24 hours for them to be seen in 24 hours if they had any problem, or just come back to be checked, and they came back. They did a great job coming back. Usually when you have the relationship of a midwife and a patient, it’s much better. They establish a very close relationship, and they really have a lot of respect for the nurses. And so we did that, and it was a challenge, but it was fun because we were successful in doing it.

So that worked out very well until we were able to build the LBJ Hospital, and then we split the obstetrical service, all of the OB. Actually we did not build OB at Ben Taub in the manner that we did at LBJ, the building at LBJ. So we moved it out into LBJ. But then at some point, with Medicaid increasing, patients began to go to Hermann, Woman’s Hospital, and others, so we were not inundated with all of the patients. They were going elsewhere, and that’s when Medicaid became a viable payor source so they could be paid for their babies.

Right now, for example, I think LBJ probably does 5,000 or 6,000; and Ben Taub,
maybe the same number. But Woman’s and Hermann have a larger number than they have because most of the women are Medicaid. And I can understand that. They weren’t getting paid, and we were there for the uninsured, so we got the bulk of the patients. If we had not worked together as a team, it would have been difficult to accomplish that, but everybody was on the same page, and that was to get the best possible outcome for those patients that we had the responsibility for, and I think we did that.

SCHWARTZENBURG: Would you say that that was your usual approach to a problem, is by building a team?

MOORE: Building a team, coming together, getting input from everybody because no one person knows it all. I had to be the facilitator, the leader, but just bringing people onboard and respecting their ideas is really what makes things successful, yeah, and that’s how we did it.

SCHWARTZENBURG: Tell me about the first AIDS or HIV patient you ever saw.

MOORE: The first HIV patient was a patient that was admitted to the pulmonary service at Jeff Davis. Dr. Robert Awe — I never shall forget him — was a pulmonologist at that time, and he came to my office and said, “Lois, we have a young man here, I don’t know what’s wrong with him.” And he was a great pulmonologist, but he was puzzled by what he saw on the X-rays and what have you. And so we talked and talked, and then he had consultation with other physicians, and they decided, well, maybe it’s a patient that belongs at M.D. Anderson, and so they sent the patient to M.D. Anderson.

M.D. Anderson looked at the patient and said no, it’s not cancer, sent the patient back to us, and then there was more consultation with other physicians and
what have you, and that’s when they decided that his diagnosis was AIDS.

The young man was very, very sick and later died. We started getting more patients with similar-type symptoms, and he knew what it was at that time, and they were young, white, gay men. That’s who was coming in at first, and they didn’t last very long. Six months was a long time because they came in late, after they had the symptoms. And we started getting more of them, and we did not have enough space because we had tuberculosis patients there. And because it was felt that the immune system might be involved here, we certainly didn’t want to mix tuberculosis patients with HIV patients.

SCHWARTZENBURG: They’re both immune-depressed.

MOORE: Yes, both immune-depressed, but with different bugs. So I had to figure out a way to separate them, and we did, but the major problem there, of course, was — No. 1, it was kind of depressing for the staff because these were young men and they were dying and families were not supportive, as they are today. Some of them actually denied the relationship. It was just like that, because they were gay, some of them denied the relationship.

So we got past that, but since they had to come back to the clinic, I had to figure out a way to separate them so that they would not have this cross-contamination, and we did that with space, but it wasn’t adequate enough, which was when I went to the board and said we’ve got to have another facility for outpatient for the HIV patients. And Mr. Durbin at that time was my boss for the whole hospital district, so I reported it to him. And there was a building that we owned over on Holcombe, Center Pavilion, was our building, but it was not conducive for the clinic, so we looked at the old Southern Pacific building that
M.D. Anderson owned. Judge Lindsay was a judge at that time. We went to him and talked to him about it, and he helped us work out an agreement to swap Center Pavilion for the Southern Pacific building. We did that, and then we created the Thomas Street Clinic. It was not that nice at the time, because we didn’t have that kind of money. But then funding came in, and it’s really nice now. I went over there last year, I guess, they asked me to come over to be recognized as getting it together and that kind of thing.

And so we started the clinic over there, and we, of course, had to apply to the state for help funding for the AZT drugs, the Department of Health and Human Services, so we got drugs through that mechanism. We also got pharmaceuticals through the pharmaceutical companies for some of the patients, as well. There was that special program for them. And we started the clinic over there.

The nursing staff, the head nurse that was in charge of the TB clinic at Jeff Davis went over and opened the clinic. Her name was Carolyn Barret. She ran the clinic. She recruited nurses. She recruited nurses both from Jeff Davis and then, since we had vacancies after we got over there, she hired nurses. So we had to hire staff overload. We had to hire social workers, pharmacists. All the ancillary staff that was needed for the clinic, we had to post them.

SCHWARTZENBURG: Was it hard to hire people because of AIDS and gay men?
MOORE: No, no. I didn’t look at AIDS the way laymen look at it. We looked at it as another disease. You have tuberculosis. You have cancer. You have AIDS. To me, it was like any other medical condition that requires care, and you would have to set up whatever is needed in order to take care of it, you know. We didn’t have
that problem. As a matter of fact, people who work over there now love it.

So we opened the clinic, and we knew that this was going to be something that would be very expensive, so when the Ryan White dollars became available, we applied for those, and the county helped us out with that as well, and they appointed the Ryan White Council.

And of course, at that time there were a number of people in the city interested more in money than they were the patients, who set up little clinics all over. We were the most qualified because we had the medical staff and we had the real interest of the patients at heart because we weren’t making anything out of it. So that was a challenge to run the Ryan White Council at first because I chaired the Council and I had to be very firm to say that the dollars that are coming into this city or this county are for patient care, not for business development, but for patient care. Our priority has to be given to what’s best for the patient. And we got a lot of people onboard. We were able to make sure that the majority of the funding was spent for the patients, but it wasn’t easy, but it happened.

The medical staff, as I said before, was just Baylor at the time, but UT [University of Texas] had a desire to be involved. So Dr. Willerson at UT, and Dr. Jordan, our chief of staff at Baylor, and I met many, many nights discussing the staffing. We finally ended up agreeing that both schools should be there and that they should rotate who would be in charge of the medical staff, on an annual basis. That’s where it started. And I believe they’re still doing that. They worked together as a team. This was something new. It was something neither one of them really knew a lot about, and they were good support for each other.
They wrote research papers together and protocols together. And we had a psychiatrist working over there as well, because most of those patients had some issues that needed the mental health treatment.

SCHWARTZENBURG: Going back a little bit, do you remember the Institute for Immunological Disorders?

SCHWARTZENBURG: Did it reduce your patient population at all?

MOORE: Not really, not really, no. As a matter of fact, when it closed, I had to take the patients back, because some patients had gone there that were not Harris County residents because they heard about it. So when they closed, they had no place to send the patients, so I had to take some of those patients back.

SCHWARTZENBURG: And is that one of the big influxes of patients that led to Thomas Street Clinic being built?

MOORE: No, no. Even before then, we had to do Thomas Street because we were growing at Jeff Davis, so we had to do something. It was fortunate that we had Thomas Street, because otherwise we may not have been able to take all of them back.

Yes, that clinic, they didn’t stay open long at all. They got some funding from some place, and everybody was bragging about it and what have you, and we thought that we were going to lose some of our Ryan White dollars because it was out there, but it didn’t affect us at all.

SCHWARTZENBURG: Do you recall protests at Thomas Street Clinic.

MOORE: You know, I don’t remember any protests at Thomas Street. If there were, it didn’t hamper anything. It didn’t stop us from doing what we were doing. It could have been the location, because there was some discussion about people’s
perception that we were hiding the patients over there, and that was not the case at all. It happened to be the only building we could get, and it was a blessing that we had Judge Lindsay onboard to help us get that building. Otherwise, we would have been in a pickle, because we didn’t have the funding to do anything else.

SCHWARTZENBURG: What do you recall about Thomas Street Clinic and when AIDS changed and was no longer just only gay men?

MOORE: At some point, even at Jeff Davis, we began to see young black men and Hispanics come in,. Initially it was that young, white, gay males, but then we were beginning to see all races. The race didn’t make any difference to us. They were just AIDS patients that had to be treated. The most impressive thing about AIDS was when we got to the point where the treatment was prolonging their life. And as you know now, it’s a chronic disease rather than acute. It’s chronic, because the patients, they’re living forever now. But that was the exciting part about taking care of AIDS patients, the fact that we no longer saw them dying.

We saw them living longer with quality of life and being very appreciative of the care that they were getting. And we had patients at Thomas Street come from all over because they heard about us. They weren’t supposed to be there, but they came. They came anyway, and we know that.

SCHWARTZENBURG: Meaning they weren’t part of Harris County?

MOORE: No, some of them were not part of Harris County. Some of them came from out of Harris County, but we took care of them anyway. And much of the reason, I think, is because we were getting those federal dollars, and so we didn’t feel bad about that. Well, with anything like that, it’s always rewarding to look and see what kind of results you get from the effort, for your effort.
SCHWARTZENBURG: When did you leave Harris County Hospital District?

MOORE: I retired in 1999. The day after I retired, I got a call from Dick Werneridia at the TMC [Texas Medical Center] to go help Prairie View. Prairie View’s dean had died, and they didn’t have a nursing executive. And so I went over there to be a consultant for them, and I was there for about a year. As a matter of fact, I’m responsible for that new school they have, the new School of Nursing, because I was traveling back and forth to Prairie View with the president, and they were planning new buildings for everything, and I said, “What about the School of Nursing?” We had an old, dilapidated building. “Let’s put them on this list.”

And he was so kind. He did.

I never shall forget that. He has passed on now, but he did put it on, and they did get a School of Nursing. And then while I was there, I recruited Dr. Adams, who is the dean now for the School of Nursing. So I was there to help them through a transition.

And I got to HCPC [Harris County Psychiatric Center] by Dr. Lowe calling me while I was at Prairie View. He was on his way to the airport, and he called. He was the president of UT, and he and I had worked together with all this transaction and he said, “Lois, I need your help.”

And I said, “For what, Dr. Lowe?”

He said, “I need you to come over and run HCPC for me, just a year. I’ve got lots of trouble over here.”

They were having a lot of issues, racial tension, underground stuff. I don’t know all the stuff they were having, but they were having a lot of issues over there with the administrator, and they had moved the administrator from his office
over to the school, got him out of whatever was going on over there.

So I said to him, “Dr. Lowe, right now I’m helping Prairie View.”

He said, “Well, I need you.”

And I said, “Well, let me see what I can do.”

So he set up a meeting with Mr. Poretta, who was the chief financial officer at that time, and we met over at the hotel there in the Medical Center, and he explained to me what was going on and asked me if I would come and help them.

So I went back to Prairie View and discussed with them how much more time they needed me. And so I finished that, and then I went over. Poretta took me over to UTHCPC [University of Texas Harris County Psychiatric Center], gave me a tour, and I said, “Okay. I’ll come and help you out.”

So I came with the understanding that I’d be there for a short period of time, and I was there for 13 years. I enjoyed it. I turned the place around completely, and I was there for 13 years. That was not supposed to be. I was supposed to be retired.

SCHWARTZENBURG: You’re a fixer.

MOORE: I stayed there. Yeah, I’m a fixer. So I did that. When I left, there was a staff. They still don’t have it together, even though I’ve been gone for two years, a little over two years. But that was a challenge as well, because we had to do some things over there with the mentally ill. We had more patients than we could accommodate there, so we had to figure out a way to increase bed capacity, change protocols for length of stay and all of those things so that we could accommodate as many patients as possible.
SCHWARTZENBURG: Sounds like Jeff Davis all over again.

MOORE: Yeah, it was. It really was. So it wasn’t hard to do, but you still had to do it.

SCHWARTZENBURG: Are they indigent patients with psychiatric issues?

MOORE: Yes. It’s the only public psychiatric hospital in Houston. It’s run by the University of Texas. It’s under the umbrella of the University of Texas, but it’s funded through MHMRA [The Harris Center for Mental Health and IDD (formerly Mental Health & Mental Retardation Authority)], the state. And the patients who are usually admitted there come through the crisis intervention unit at Ben Taub. It’s an MHMRA crisis intervention unit, and sometimes they just walk in over there, and then if they meet the admission criteria, then they’re admitted to the hospital. So it’s a challenging position. I’m still on the MHMRA board, trying to help improve access to care for the mentally ill, but it’s a challenge. It’s a real challenge.

SCHWARTZENBURG: I’m sure it touches a lot on homelessness issues with it.

MOORE: Yeah, right. We get a lot of homeless, substance abuse. Those two are the most challenging because when they’re discharged, the after-care, there’s no place to send them. So yeah, it’s a real challenge.

SCHWARTZENBURG: Related to the AIDS crisis, what do you feel was your greatest accomplishment?

MOORE: I think just creating an environment for them to receive a high quality of care was a great accomplishment. We did not run away from it. Here’s an issue that has to be dealt with. Look at all the resources that are available, all the people that need to be involved. We got a lot of people involved. I got Carolyn Farb involved. She came to the dedication when we cut the ribbon. Anybody who had
money that we thought we could ask for money, we asked for money. We were not ashamed to do that. Any state grants that were available, we applied for them. Any federal grants that were available, we applied for them. We tried to make sure they had the best possible outpatient care and that they had all the pharmaceuticals that they needed.

They did not suffer for anything. We tried to get all the resources that they needed, and so I don’t feel that anything was sacrificed for their care. I think if anything was sacrificed, it may have been not being able to engage some of the families in a manner that should have been. It’s like people who have mental illness and who had AIDS, the kind of diseases that people feel that they don’t want to be a part of, that’s a very stressful and emotional drain, and particularly for social workers and people who try to bring them together. That’s not easy to do. And it’s frustrating when you can’t do that.

In healthcare, to me every disease is a disease of the same magnitude. And most healthcare workers are like that. You have other people that sort of shun them, but most healthcare workers are like that. It’s like cancer. Some people still have negative attitudes about people with cancer. As you know, there was a time when you couldn’t speak out loud about cancer. But now you can talk about cancer like you talk about gallbladder, like you talk about appendicitis or anything like that.

Well, AIDS in our environment was the same way. You may have had a few employees that thought they were going to catch it by going in the room, so education was extremely important of how AIDS was transmitted. So we had continuous education films, presentations and what have you. If they were
contagious, how you protect yourself and what have you. All of that is important, but that’s part of any communicable disease. Not just AIDS, but any communicable disease, that’s what you do. You educate people. And so when people are educated, their response is going to be a lot different.

I don’t have any regrets about anything that I did not do for AIDS patients because the one thing that was very good is that I brought the community together, and that’s what important, so that they focused on the patient and not themselves, but on the patient. I think that in itself was very important. So when I look back over all the things, it’s amazing. It’s really amazing. It really is. Those are just some of the things that were challenging in those days.

SCHWARTZENBURG: It just seems to me like you were the right person at the right time with the right skills.

MOORE: I think so. My heart was with the patients. I had administrative skills. I had interpersonal relationship skills. I can tell you that every program that the District has today to support patients was initiated by me, and I don’t say that lightly.

But another real problem that we had was women coming in with corroded breasts, and that bothered me more than anything, so I started what’s the mammography screening program, and now the District has a beautiful building that was funded by the Smiths for breast cancer. But it started out as getting a little grant here and a little grant there and buying a mammography machine and putting it in a corner and having women come in and getting their mammograms. And sometimes we couldn’t get them on a timely basis to do the biopsy, and working with the doctors to get that done. But it evolved into one of the most sophisticated programs now that the District has. And we got grants. We had to
beg a lot. But that’s okay. That’s okay, because the county couldn’t do all of that. You had to ask for all kinds of grants. Anyway, that’s my story.

SCHWARTZENBURG: Considering all of your accomplishments, which makes you the most proud?

MOORE: I really think that the program that I’m most proud of was the mammography screening because I saw some horrible things. I saw necrosed breasts. If I tell you I saw black, necrosed breasts, believe me, I did. And I saw women waiting for a long period of time just to get a mammogram. And then I saw, once they got the mammogram, waiting a long time just to get service because they were poor and they couldn’t go anywhere else. And that has changed. It’s not where it needs to be, but it is much better. It is much better than what it was.

So that, plus working on reducing the number of low risk babies because women didn’t get their prenatal care. That’s another thing that Commissioner Lee and I worked on together, was a great accomplishment, because we used to have so many babies in ICU because they were low birth weight, and it traced back to the fact that women didn’t come in to get their prenatal care. They came in when the baby was going to be born. And so we turned that around by building clinics and going from door to door, passing out
brochures and what have you, encouraging people to come in and get their prenatal care. And that helped, and also reduced the infant mortality. At one point, we had a very high infant mortality rate for black babies, and there were a lot of teenagers. So I worked with Peggy Smith, who was at Baylor. She started some clinics. She’s a champion. She started clinics in the schools, so we got clinics throughout this community in schools, for prenatal care. I started the first one at Jackson Middle School, and then people catch on. Now Hermann has clinics. The Hospital District has clinics in the schools. One of the things that we’re trying to do at MHMRA is trying to put a mental component in those clinics, because those kids need some emotional support there as well. That was another major project. It was really very rewarding, and even though it was a challenge because you don’t always have the money you need, but to see what you’ve done over a period of time and see the results and to see how it’s now become the standard type thing to do. We started the primary care clinics. At one point when I was the administrator, we had no clinics in the community, and everybody that was sick had to come to the hospital. It was like Grand Central Station at Ben Taub and LBJ. We got together and talked about how to decompress the emergency room. and the hospital? Dr. Vallbona started talking about having clinics in the community. And that’s how we got started, with a small church out in Settegast Clinic. I never shall forget it. And now the District has about 14 clinics throughout the community in the neighborhoods where people live, and they have primary care physicians. If they didn’t have those, you’d have people dying on the street because they couldn’t see them in the emergency room. The county is too large now to accommodate that kind of
volume in the emergency room. But even with those clinics, it’s still not enough. Where the population is growing, it’s still not enough, and so the emergency rooms are still full, but they’re not what they would have been had it not been for those clinics.

We just need to continue to work on that. We need to continue to expand clinics so that people can get care, preventive care, not wait until they’re very sick and then go into the emergency room, because that’s not the way to get healthcare. But that’s evolving. We have about eight federally qualified clinics, and I got the first federally qualified clinic in Houston, and it was out on Cullen, and that’s the clinic that was supported by the federal government, not the county, but the federal government. It sees some Medicaid and Medicare patients.

It is so underfunded for the uninsured here in Houston that we still have people who don’t get the care they need, but it’s much better than it would have been, much better. I miss it, which is one of the reasons I stay involved in things that matter to me that I’d like to see continue to improve, and mental health is one of those that I’d like to see. It is so underfunded.

We did receive funding from the federal government within the last two years to expand outpatient care, so we got about $50 million at MHMRA to expand outpatient clinics, and we were able to reduce the waiting list of people waiting to get into the clinics. How do you put mentally ill people on a waiting list? I said we can’t have that. We cannot have that. We’ve got to figure out a way to do better. And now, we don’t have a waiting list.

But now the issue is not having enough hospital beds. We just had a study done about three months ago, and it indicated that we need about a hundred
additional beds for inpatient for psych patients. And so we’re going to try to work on something to either contract for those or see if we can get some of the private hospitals to make a deal with us or something. We’re going to work on something to get something done. But anyway, that’s my story.

SCHWARTZENBURG: Well, I appreciate you sharing your story with me.

MOORE: I really enjoyed my career. I really did, and I was so proud that I was a role model for my daughter, because she was going to be on the same track. She was going to be on the same track. Both of my granddaughters are highly motivated, and they look at me as a role model, and I’m glad about that. And so my hope and desire and prayer is that I live long enough to see them graduate so that I can see them start on their career. But even if I don’t, I think that they’re so ingrained in wanting to achieve that they will do fine. I think they’ll do fine.

SCHWARTZENBURG: I do too. Thank you, Dr. Moore.

MOORE: You’re welcome.

[END OF AUDIO PART 3]

[INTERVIEW CONCLUDED]

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