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Marie-Louise Ansak

FOUNDING AND DIRECTING ON LOK SENIOR HEALTH SERVICES, 1971-1996

An Interview Conducted by  
Leah McGarrigle in  
1996-1997

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Marie-Louise Ansak (right) and Marding Leong (left) at the groundbreaking ceremony for the Dr. Gee Center, 1992



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## INTERVIEW HISTORY by Leah McGarrigle

I first came in contact with Marie-Louise Ansak when she visited my family home in Berkeley, California, in 1971 to meet with my father, Richard Kalish, about the writing of a grant proposal to fund services for the elderly. She and I met again twenty-five years later in 1996 at the On Lok offices in San Francisco, California, when Ann Lage of the Regional Oral History Office and I met with Executive Director Jennie Chin Hansen to discuss this oral history. Our work together proceeded naturally out of that earlier connection and sense of mutual understanding about the significance of the On Lok organization, of which Marie-Louise is the founding executive director.

We scheduled the seven interview sessions during Marie-Louise's breaks in her sailing trips when she came to the Bay Area for board meetings and personal business, starting on November 16, 1996, and picking up again on January 30, 1997. The remaining five sessions took place during a stay of three weeks between April 15 and May 2, 1997. During this period I attended the twentieth anniversary celebrations of On Lok, which took place on April 19, 1997, at the San Francisco Embarcadero Center Hyatt Regency. A tribute I wrote about Marie-Louise was included in the booklet commemorating the anniversary.

One interview session was conducted in my home in the East Bay. Otherwise, we met in the living room of Marie-Louise's home on the hill in Mill Valley, looking out on the trees in the backyard. The setting was relaxed and comfortable, and she offered me tea, coffee, snacks and treats throughout our sessions. Before and after interviewing we discussed international events and exchanged ideas on a wide range of issues from education to politics to health care and the environment. The interview itself covers subjects as diverse and complex as real estate, finance, medical treatment, recruiting and managing highly qualified staff, computerization, personnel practices and policy at the local, state and national level.

Marie-Louise brought a focus and seriousness to the project. She has tremendous energy, drive and enthusiasm, all first generation leadership qualities. She has an adventuresome spirit and a love of learning and innovation, as well as a keen political sense. She is additionally reflective and has tremendous recall about events taking place decades earlier. She speaks several languages, and one hears her native Switzerland in her accent.

On January 4, 1999, I spoke with Marie-Louise. She called from Florida where she was waiting for good weather to allow her to sail to Panama. She was lying in the bunk of her boat, *Dessert First*, editing the transcript. This was a careful and thorough edit. Once the changes were made, she requested another review of the transcript, which she returned with minimal corrections in 2002. Marie-Louise and I have stayed in contact by phone, e-mail and an occasional visit in person when she is in the Bay Area.

Leah McGarrigle  
Interviewer/Editor

August 2004  
Palo Alto, California



## I EARLY YEARS

### Family in Switzerland, Early Schooling, and Travel

[Interview 1: November 14, 1996] ##<sup>1</sup>

Ansak: I was born in Bern, Switzerland, on August 10, 1928. Both my parents were physicians. They worked together in the home that I grew up in. They had a practice in there. My father took care more of the accidents and internal medicine, and my mother of women and children. But they were general practitioners.

One of the things from early childhood on--they always wanted me to be a physician, needless to say. I mean, that follows. But what kind of deterred me from being a physician was the fact that I heard them get up every night to go out and make home visits. Of course, that's a long time ago [laughs]. But this was too much for me, I thought really. I kind of resented the intrusion of the profession into the family life. I mean, every Christmas, every time when there was something, my father had to trot off and go and see a patient.

But on the other hand, I think he gave me a lot of the ideas. He was politically very active. He always felt that it was very important to have physicians in the parliament, for instance. He was in the city council of Bern, and later became the president of the city council. He was very active, sort of middle-of-the-road, more liberal--what you would call more liberal in the United States. Well, middle liberal, I think, sort of. Not very liberal.

But he felt that it was important that professionals, particularly other professionals than attorneys, participate in parliament. And I still feel it would be handy in the United States if some of us would be more involved, and we would not only have attorneys in the parliament.

Well, anyway, I grew up in my father's house and went to school in our local school, the local public school in the village where we were living, which was outside of Bern. So my father had a practice which involved both a suburban area and the rural area. He would have to go and travel miles to go and see his patients all over the place. A very different type of practice of medicine than today. And I think that's one of the things later on that I always missed: he was a physician not only for the families, but for everybody. He would go to farms, farmers would then ask him about a sick cow, or a sick dog. He would have to give his opinion about it, if it was perhaps worthwhile going to the vet or what have you.

But it was really sort of a comprehensive thing. He would go to a farm and he would see the grandfather first, and then mother would come and had something to complain

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1.## This symbol indicates that a tape or tape segment has begun or ended. A guide to the tapes follows the transcript.

about, and then the kids had to be seen. So it was a very different kind of feeling. He was a physician and a social worker and an enabler all along.

So that's kind of the image I had of a physician, which radically changed not only here but in Switzerland too.

So I went to school, and then went to high school in Bern. The war started in '39; I was eleven years old, and my father had to go into the army. My mother then took over the whole practice. My sister was born in '38; she was a year old. So my mother was really very busy, and we had people who took care of us, but I think I didn't do well when my father was away. I started to do very poorly in school. So, in 1942, I was just about thirteen, they shipped me off to boarding school. I then stayed in boarding school for several years.

I returned home, but then I really didn't want to continue. I had sort of done my compulsory schooling in Switzerland, and I wanted to get out. So I did a couple of other courses. I learned how to sew, I learned how to do office work--you know, sort of various sundry things. And then they shipped me off to--or I shipped myself off to Paris. I had some relatives in Paris. I went to the Sorbonne to a course in French civilization and language.

And actually, it's kind of interesting, but that's the first time I really did well at school, and came out on top in the final exams. To me, it was a mystery, because I had done very poorly at school before.

So from there, I went off to England, and went as a nanny to Scotland to learn English. You know, that was kind of the way you did it. That was what was expected of you, that if you wanted to learn English and you wanted to go abroad, you would work.

So I stayed there for about eight, nine months, and then I wasn't too happy in Edinburgh. It was cold, and also it was a difficult situation, wasn't too easy. They expected a lot of work from me, and I had very little time to really go and study English and do anything else except taking care of the kids.

So I then had some interest in going to Sweden. I loved the Nordic countries; I loved the cold countries. It's a mystery to me now, but at that time, I just could hardly wait. So I had an aunt who had been in Sweden before the First World War also as a nanny, and I contacted her and she said she still had some contacts, and she would write to them. Finally, I got to the lord chamberlain in Sweden, at the court of Sweden, which was really a terrific job. I went off there, and the present king was two years old. I was actually taking care of the lord chamberlain's four children, and was hired because I spoke German, French, and English. They felt that was very handy, because they had a girl--with her and the mother, I had to speak French; with the father, I had to speak German; and with the sons, English. So if I didn't know it before, [laughter] I got pretty used to that.

But it was a beautiful year. I spent a year there, and it was just terrific. Actually, I kind of wanted to stay, but my folks felt it would be better if I would come home and get some real training. In Switzerland, you know, people believe strongly that you have to

have some sort of training, either academic training or professional training or something to earn your living.

So I went back, and my mother, because I didn't become a physician, wanted me to become a lab technician. That wasn't what I wanted to do. I finally decided to do some work in Switzerland, and went to Zurich and became a legal secretary, and worked for about two and a half years in a couple of jobs. I then decided that was not what I really wanted to do for a living.

### **Introduction to Social Work**

Ansak: When I was eighteen, before I went to Paris, I had done kind of an internship with a very poor mountain family in Switzerland, in the eastern part of Switzerland. This was organized through a social agency that assigned you to a social worker in a particular area, and then you had to live with a family and do everything. That family had six kids. They had six kids; the father was a night watchman and a smuggler. The mother had cancer and was in the hospital and dying. So I had to go there and work with them. I loved farming, anyway, so I worked with them. I had those six kids to take care of, cows to milk, the hay to make, to cut the grass, and--I mean, it was rough work, but I loved it. I was interested in the conditions of those people who were very, very poor. I often had to go to the store and didn't have any money, because he didn't have any money, so I had to get credit, and then they didn't want to give me credit any more. I then worked with the social worker, and the social worker assisted. It was an interesting job.

And I think because of that, and after my experience in Zurich as a secretary, and after some trials as an interpreter (I did also some courses as interpreter, because I loved languages), I decided to settle for the school of social work. I entered the school of social work in '52 and finished in '54. During that time, in Switzerland they didn't know anything about casework yet. A lot of things are legally based in Switzerland, like the family laws, your relationship with your children, the obligations and relationships of the children with the parents, all is set down in statutes. So you had a lot of legal information and a lot of medical education, public health and all that, but very little on how to work with individuals, psychological training and casework. It was actually just kind of starting.

A Fulbright scholar, Eva Burmeister, to teach casework, teach casework to our teachers as well as to us and to our field work representatives. She didn't know any German, so some of us who were fluent in English had to translate for her, and I was one of those. I got kind of close to her, and I was really interested, I was interested in the United States and also in casework. She suggested that I go to the United States and study casework there.

After I graduated in '54, I worked for about three, four months in the mountains, in the same area where I had done my internship as an eighteen-year-old, and then applied for an immigrant visa to come to the United States. At that time, it was very easy for Swiss to come, so six months later, I got my visa.

But I did not want to rely on my folks. You know, you have to have either money or a job or something to come. So I placed an ad in the *San Francisco Chronicle*, a two-line ad, "Experienced Swiss governess is looking for work in the United States." Well, I got an answer from the president of the Schlage Lock Company down in South San Francisco, Marron Kendrick. He had four kids. So I went to work for him. I got the job offer, and that then helped me come here with the immigrant visa.

So I worked for them, not very long, I must admit--I worked for them for about six months. Then I went to the next job--I wanted to get back to social work, really, so I went to Sunny Hills in San Anselmo, which was at that time an orphanage. Now it is a treatment center for kids. And there, I worked as a housemother for a while.

Then I had some contacts in San Francisco at the Community Chest. Eva Hance, who was the one Eva Burmeister had sent me to--I went to talk to her, asking whether I could perhaps find a job. She then kind of looked out for me.

At the same time, I had come to Berkeley--this is sort of a funny story. I wanted to go to Berkeley to perhaps go to the school of social work. But the woman there was not very happy with my educational background, and she said well, if I wanted to go, I'd have to go back to college, and I'd have to go to four years of college and two years of graduate school. That was just not an option for me; I didn't have the money.

So in the meantime, I got a job at the International Institute in San Francisco, which is a social agency for immigrants. They did a lot of family counseling and immigrant counseling. I got there without the master's degree, because I spoke languages. So I went there, and worked there for about a year. During that year, there was a social work conference in San Francisco. A friend of mine who had gone to Smith College said, "I want to introduce you to Smith College if you want to go to graduate school. Perhaps they would be interested." So I went there and they said oh, they were very interested, and they would give me a scholarship and blah, blah, blah, no questions asked, and I just needed to apply.

So I applied, and I got in, and I was worried I might not get the master's, but then my credentials were finally evaluated. The woman there was an older woman; she said, "All you have to do is ten more units of American history and government and we'll give you the master's." So I sort of sneaked in with a master's; I really don't have a high school diploma or a bachelor's degree, but got my graduate degree. And that really helped later on with getting jobs.

I came back to San Francisco from Smith. The field work at Smith I spent in Detroit at a psychiatric clinic. And came back to San Francisco, and found a job with the Family Service Agency, and worked there for three years as a caseworker.

And then I decided that it really was not exactly what I wanted to do. I really had wanted to work at Hunter's Point or something--really, I was more into the social aspects of social work, and not the psychological thing.

So I left there and went for a few months to the San Rafael public welfare agency, where I worked, by the way, with Mrs. Weinberger. You know that--sometimes these things sort of hang together later on again. It was kind of interesting. I really didn't know her well. I knew who she was or what have you, and I knew she worked there, but I wasn't a friend of hers.



## II SOCIAL WORK IN A MULTICULTURAL SETTING

### The International Institute and Introduction to Chinese Culture

Ansak: But anyway, during that time, the International Institute got in touch with me again and said they would offer me a job to come back. I liked that work. I was very happy, because it combined languages and social work and my interest in different cultures. I even at graduate school had been particularly interested in different cultures.

McGarrigle: Can you describe that work a little bit, that you did at the International Institute?

Ansak: I was assisting immigrants in adjusting to life in the United States. This included a lot of things: intra-family counseling. Because there were problems when families came here, and they, with teenage children or with younger children, didn't know where to go, they didn't know what to do. So a lot of it was also kind of practically oriented, to give them the resources and help them with their resources. Often, we had to deal with immigration and assist them with their status. Either they were here perhaps illegally, or one member was not here and needed to come here. They needed help with immigration.

Many immigrants kind of run away from their problems, and they needed lots of counseling and case work, psychological counseling, helping not only to assist them to adjust to this country but also to deal with their own problems, which of course they carried with them. The clients at the institute reflected various political stages. When I was there in the fifties, we dealt with the Hungarian refugees of 1956. We also had a project for "China-born teenagers" [children born in China to a Chinese-American citizen father, whose mothers remained in China, were allowed to join their fathers in the U.S. as American citizens]. We had a Chinese-speaking social worker who was actually the one who introduced me to everything Chinese. She introduced me to Chinese food. I had been taken to a Chinese restaurant by a Swiss woman when I first came here, and I thought that food was horrendous. I mean, I could barely swallow it. I think she took me to a chop suey place; I just remember it was cold, it was--you know bad Chinese food--about the worst you can find.

And then this Chinese social worker at the institute, Rose Chin, she wanted to take me to lunch someplace, and I said, "No, I don't like Chinese food. I won't eat Chinese food." She said, "Oh, you're kidding. Chinese food is the best food." So I said, "Well, you know, it might be tasty, but I don't particularly like it," and she said, "You just wait." So she invited me to her house, and she made a banquet. Oh--I mean, it was fabulous. And so from then on, I was totally converted to Chinese food.

From her I also learned a lot about the Chinese culture. She in the fifties, when I was at the institute, worked a lot with the confession program. I don't know whether you know what that is. That's when Chinese used to come under different names. And then they confessed to the immigration that they were not so-and-so but so-and-so, and that affected sometimes large families and people who they have never seen, and it created enormous upheavals.

McGarrigle: That was part of a government program, the confession program?

Ansak: Yes. It was kind of--I guess they wanted to clean up the mess that had existed over the years, I don't really know why. Because these people stayed anyway, but it was kind of to know who is who, the real name. You know, somebody would come as the son of this guy who lived in the United States, but he was really the son of somebody totally different. The papers were wrong. So that's the first introduction I had to the Chinese in the fifties.

And then in the sixties, when I went back to the institute, there was Kennedy's refugee program for people from Hong Kong. In '65, the immigration laws changed radically. Before '65, the emphasis was on northern European immigration. There was something called the Asia-Pacific Triangle. Anybody born in that Asia-Pacific Triangle could basically not immigrate. There was a very small quota; a 200-people quota for China, whereas England had 70,000 per year. It was really discriminatory. And that, of course, was changed in '65 under Johnson.

What it did, it gave each country a quota based on population--they abolished the Asia-Pacific Triangle; it didn't matter where you were born. Each country had a basic quota of 20,000 immigrants. Well, that changed the picture radically, and I was involved in that because we dealt with the Chinese. And at that time, this old social worker, she had retired--she had, in fact, passed away. We had some young social workers, but we had a lot of Chinese immigrants who came to the institute.

Then we felt that something needed to be done about that, and we got together with International Social Service in Hong Kong and developed a program of pre-migratory counseling in Hong Kong and follow-up in San Francisco. I went to Hong Kong, I went to pick up orphans. That's how I got to Hong Kong. We had a free trip to go to Hong Kong to pick up orphans through the International Social Service.

But I then helped work out this program and really wrote the first proposal for an idea of doing the post-migratory counseling in San Francisco and some pre-migratory counseling in Hong Kong. We submitted it to San Francisco Foundation and actually got it funded, because I left the institute in 1969. The grant was not given to the institute but was placed in Chinatown, and it actually became the Chinese Newcomers Center.

### **The Chinese Newcomers Center, 1969 ##**

McGarrigle: Okay, we're talking about the International Institute.

Ansak: Yes. It was a private agency. There were several International Institutes all over the country. They grew out of the YWCA in the twenties, and spun off as independent agencies and were funded by United Way. Somehow, I remember the budget was \$120,000 a year. I can't believe it; I don't know how--we had lots of employees. But you know I also made \$200 a month in the mid-fifties, so I guess that was a pretty good budget.

I don't know how it is today. They're still around, they're still there, on Van Ness Avenue, Van Ness and Broadway. But they were at that time the leader of social work for immigrants. Now that immigrants are very unpopular, I guess they have a lot of work to do, but I haven't heard much about it.

Anyway, so it was through the International Institute that I had contact with Chinatown. When we started that Newcomers Center, I worked with a group of people, among others Dr. Johnson. Cecilia Johnson was the district health officer at Health Center Number 4, on top of the Broadway tunnel.

McGarrigle: Yes.

Ansak: And I worked with May-Lian Lee who was a public health nurse there, and I worked with Gail Lee who was a health educator, and worked with other people in the community to start that Newcomers Center. After I set up the Newcomers Center--I did that in the spring of '69. I went to Canada with my family and really had no particular intention to come back. But a year later my husband came back, and we all came back and settled here again. I had to look for a job.

The funny part was that my friend, who had taken over as the director of the Newcomers Center, asked me whether I would come back and help her, because she was pregnant and she needed somebody to take her job for three months. She thought I would be a good candidate, because she thought I could perhaps raise some more money. That was the issue.

Well, that was at the time when affirmative action just started, and it was a very big issue in Chinatown. If you understand, in '65, the anti-poverty program started, and a lot of programs started in minority communities. What happened is that a lot of Caucasians would go into the minority community and get some of those plum jobs. It created a lot of antagonism, because they went in there, got the jobs, and disappeared. I mean, they were really carpetbaggers--not all, but a lot of them. A lot of programs had their own indigenous people, but in many areas, it wasn't so good.

So that by the early seventies, there was a real feeling about these social workers or leaders who went into programs and accepted responsibility, and high salaries.

So that it was kind of a natural development that people really decided, Hey, the money should stay in the community. So it ended up that I didn't go back for those three months, and instead went to San Francisco General Hospital and became the staff development supervisor there, because they wanted to bring about some changes in the social work department. Well, the funny part was when changes came about during that year, the establishment in the hospital wasn't really too happy about it. No--it's difficult, change is difficult, you know, and people sometimes want change but when the change comes about, then they're not too happy. So my job ended after a year. I used to tell Dr. Curry, who was later on our board that he kicked me out. He was the director of public health. He says, "Oh, no, I didn't kick you out; it was just the end of your task." Well, whatever. [laughs]



### III BEGINNING THE ON LOK IDEA, 1971-1972

#### Studying Feasibility of a Nursing Home in Chinatown, September 1971

Ansak: So as I said, we came back from Canada in July of '70, and from July '70 to the end of June '71 I worked at San Francisco General in that job, and then Dr. Johnson, the district health officer of the San Francisco Public Health Department, called me and said, "You know, we might have a job for you in Chinatown." I used to love to work in Chinatown, starting the Newcomers Center, and I would have loved to go back there because I felt very comfortable, it was a multicultural setting, and I just liked to work there. It felt like a community and all that.

So I said well, I'd come and talk to her. So I went to talk to her and she introduced me to Dr. Gee. I'll never forget that. She asked me to come over, it was in the morning, it was a coffee break up in the Health Center Number 4, and Dr. Gee came in this dentist's coat--he was the public health dentist. And Dr. Johnson, whom I knew, who was the district health officer, and May-Lian Lee, who was the public health nurse, and Gail Lee, who was the health educator. They took me to the coffee room and interviewed me, and talked to me about the project. I mean, they knew me from before.

They said that they had been exploring the possibility of building a nursing home and wanted to proceed with that, or were proceeding with that, or something like that. It wasn't very clear whether they were proceeding or what. But they said they wanted to hire the foreign health professionals, and they thought that that might be really something that I might be interested in. I said, "Yes." But they said they had only money for two months, \$1,000 a month. They wanted to explore what could be done, and they would like me to take that job.

I was a little reluctant because of my experience--you know, I asked them whether they felt it was a good thing for me to come back, because of the affirmative action thing and what happened with the Newcomers Center. They said, well, no, they had looked for somebody and couldn't find anybody, so it would be fine--and Dr. Gee was adamant. He felt there was no problem, because it was only a two-month job, so there was no big competition--people weren't exactly fighting for the job.

So I said yes, I would come. I would start in September. So I went to the Health Center Number 4 in September. They just had sort of got together to try to incorporate. They had started their incorporation procedures as the Chinatown-North Beach Health Care Planning and Development Corporation. Dr. Gee said to me that he had thought of that because he thought there might not be just the frail elderly--that they had different ideas of different things they wanted to start, so they wanted a very generic name.

McGarrigle: At that point, they were government employees?

Ansak: Yes.

McGarrigle: But they were incorporating for--I'm curious about the interplay between the private and the public.

Ansak: Oh, they did that as private citizens. Dr. Gee and Gilbert Lum, who was the director of NEMS, Northeast Medical Services, that had also been started about two years before. Dr. Gee, Gilbert Lum, Dr. Johnson, and May-Lian Lee, and I think Gail Lee were to be the five incorporators. They were just the bodies as private citizens that incorporated that organization.

McGarrigle: This was in addition to their work as Department of Public Health--?

Ansak: Yes, they happened to be working there and they knew the problems. Actually, the reason for all this--you know, there was a lot of social movement in the early seventies and a lot of developments. Family planning started, NEMS, Northeast Medical Services, started, mental health started. Within the community, agencies worked together, the Newcomers Center started--enormous amounts of activity, social program development activity.

And one of the reasons for that, of course, particularly in Chinatown, was the fact that since '65, this community started to grow. Before '65, in the fifties, I remember that old Chinese social worker took me around through Grant Avenue, and I thought Chinatown would be dead in another few years. There were a few old men running around, but it was nothing. I mean, the stores had all Japanese goods, because nothing could be imported from China. So Chinatown was dead.

In '65, when the immigration law changed, all of a sudden it started to be much more active. First on Grant Avenue, and then in the late sixties it started to move up to Stockton. It just expanded, and it bustled and boomed.

And another thing was that the city started to notice real social problems, so in 1966, Mayor Alioto organized a study. It was kind of a fact-finding committee for Chinatown. A report came out in '68, and Dr. Gee was part of that group. They pointed out the problems and some of the possible solutions in that report.

One was health care. Also in '68 or '69, economic opportunity started in the neighborhoods. Because of that report and because of the interest, NEMS, Northeast Medical Services, was started. Self Help for the Elderly was actually started a little bit before. But other organizations--educational programs, et cetera--were started because of that.

And one of the things that fact-finding committee brought out was the fact that there was no nursing home in Chinatown. What happened is before '65, only men would immigrate. So a large group of the elderly were now men, single men, or men whose wives just joined them after thirty years of being separated. So the elderly population was growing, and when they needed to go to nursing homes, they couldn't go to nursing homes in Chinatown. There were none. There was one nursing home in the early seventies on Potrero Hill that had Chinese-speaking staff.

When the elderly needed to go to nursing homes, because there were not enough nursing home beds in San Francisco, they had to go to San Jose and what have you, into

these Anglo nursing homes where nobody could communicate with them. And the food was strange. I think your father did a study for Self Help for the Elderly on that, too, around that same time, about the elderly. And I think it's up in the files.

### **The District Council**

Ansak: But anyway, so comes '71, September. Actually, there was one more thing. There was a district council in the early sixties, the United Way--or it was then Community Chest--started a district council which combined all the agencies. All the agencies got together monthly to discuss problems in the area. Actually, interestingly enough, this whole district council was started because of child care. You know, this was in the 1960s; now it is 1997--this is thirty-five years later--and child care is still one of the prime problems. But it was first recognized in the late fifties, early sixties.

And that's why the district council started. The district council--Dr. Gee was the chairman of the district council--had various committees. They had a health committee, education committee, immigration committee, and employment committee--

McGarrigle: And just to back up, tell me out of what did the district council come, or the district council was part of--

Ansak: Oh, the district council was made up of representatives from the various social agencies in the area, it was the Chinatown-North Beach district council. So the Telegraph Hill Neighborhood Center, Cameron House, YMCA, YWCA, later the Newcomers Center, Self Help for the Elderly, all belonged to that district council. The district council's health committee had a subcommittee on nursing homes. The people participating in that subcommittee were Dr. Johnson, Dr. Gee, and Vera Haile. In '69 and '70 they had gone to various nursing homes to familiarize themselves with nursing homes, and to kind of look at what they would like in their own community.

That's the background of On Lok. In 1971, the education committee got a grant from UCSF for \$2,000 to explore the hiring of foreign health professionals. So the health committee and the education committee got together, because what can you do with \$2,000? Not much. Can't pay to train very many people. It was some money left over that they found at UC from a special grant.

### **Foreign Health Care Professionals Studying the Nursing Home Issue**

Ansak: So they decided, the best thing to do is to hire a consultant to see whether this person can help us to develop a program so that we can hire the foreign health professionals. That's how they got this \$2,000; that's how I got hired.

Well, the funny part was that they were not very clear when I talked to them. They were full of enthusiasm, but my impression was that they had already started to build the

nursing home, that someplace, they were building a nursing home. I don't know where I got that, but I understood that my job would be to look into the possibility of training or retraining these foreign health professionals and get them into this nursing home. You know, the idea was to build a nursing home and hire the foreign health professionals.

Well, the funny part of this came when I started to work. The second day or the third day, sitting in my office--I don't remember what I did the first or second day, but anyway, perhaps it was on the second day, May-Lian Lee came with pencils and paper clips and paper pads and everything I would want in an office, and she talked to me. So I said, "Well, I guess the way I should start is to talk to those foreign health professionals." I used to work at the International Institute with the same group of people and used to assist them getting jobs. So I was kind of familiar, and I was going to go back to some of them and see who would be interested, what training they would need.

So May-Lian said, "Oh, that's a good idea. But where are you going to put them once you've trained them?" I said, "Into the nursing home you're building." [laughter] And she says, "We don't have a nursing home. That's what you were going to do." Alleluia! I mean, I had never even seen a nursing home. This is the second day or third day on the job I had kind of enthusiastically started, and here I am faced with building a nursing home, and had absolutely no clue. I had been at Laguna Honda in about 1956, but that's the extent of my knowledge about nursing homes. I knew nothing. [laughs]

So I thought, Oh, my god. Well, then I decided to change my approach, and I went to visit nursing homes. I was horrified. I thought, What did I get myself into? I don't want to build a nursing home.

Then at the same time, I talked to some people in the community, and many people said that they were really not hot about nursing homes, and many people even in the nursing home field said, "You know, nursing homes are a waste. Lots of people wouldn't need to go to nursing homes." Don't forget, in the early seventies, many people went to nursing homes who didn't need to go, because that industry got started in '65 with the start of Medicare and Medicaid. So it was just sort of starting, and the first scandals really broke out in the late sixties, early seventies. People were poorly treated, they were exploited, they were--it was a horrible situation.

Well, here I am. So I went and looked at nursing homes. I remember I went up to San Rafael to a real nice one, and I thought, Well, this would be nice. But the more I talked to people, it seemed to me funny, because many people went to nursing homes who didn't need to go.

So the next step was, I did a little study. I'm not a researcher, but I did a little study. I went to Chinese Hospital and talked to the discharge social worker and did a little questionnaire to see where these people go to. We looked for one month at all the discharges of people over fifty or sixty--I can't remember, over sixty perhaps--where did they go to, and why they went there, and what the diagnosis was. And I went to Italian Welfare, because I used to work with Italian Welfare, so to me, it was always--North Beach-Chinatown was always either Italian or Filipino or Chinese. And I went to Italian Welfare and had them look at it, and we got about twenty-four cases. That little study is up there in those files.

But anyway, what I found is that about fifteen of these twenty-two or twenty-three--I can't remember exactly the number--but I remember it was about fifteen people who would not have needed to go to nursing home if they would have had appropriate home care. You know, home care was not home care that was very helpful. I mean, a nurse would go in once a day, but the person needed some help in the morning to get up and at night to go to bed. It was just not real community care; that was not available. And though they had some Chinese-speaking staff in the home health agency, it was insufficient. And some lacked meals, and some lacked some activity during the day, and some needed the regular medical follow-up.

I had imagined that people who go to nursing homes needed twenty-four-hour nursing care. And I found out half of those referred didn't need that. So that kind of got me a step further to look at alternatives.

And at that time, we still continued--we looked around for possible sites for a nursing home. Needless to say, we continued on that track. In Chinatown, it was pretty hopeless, and later on, I found out it was--I mean, I looked at costs and so on. It was impossible. There was a private group that even tried to get a nursing home started, and they couldn't. There was just no way.

McGarrigle: In Dr. Gee's group, they would have looked for government funding for the nursing home?

Ansak: Well, they hadn't even--that wasn't even--

McGarrigle: They were in the investigative stage still.

Ansak: That was I who was supposed to find all this.

McGarrigle: Okay, and the other question I had is, what was their motivation for hiring and retraining foreign health professionals?

Ansak: Because there was a high degree of unemployment and underemployment among the Chinese health professionals, so they wanted to get them back, instead of being dishwashers and what have you, get them back into their own professions.

Well, so it was about that time, after this study and visiting nursing homes, looking at things, and kind of looking at properties in general, Dr. Gee drew my attention to one piece of property, and I knew at the time a woman in Berkeley who was a professor of architecture, Roselyn Lindheim. She did a lot of hospital construction and did some innovative things. She happened to be a friend of a friend of mine, and I had known her for years before. So I decided, Well, I know nothing, so why don't I call her and ask her whether she would come and look at that property with me.

[laughs] She came over and felt that the property was too small--but by the way: why did I insist on a nursing home? It would be better to buy a hotel and bring services to the residents.

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McGarrigle: You were talking about the beginning of this idea about bringing services to a hotel setting.

Ansak: Yes, right. Well, you know, I talked to many, many people. Another one was--I think Elliott Silver was his name. He was a man who was at the time at UCSF in the Extension program, and he was training--he was organizing programs for nursing home employees and doctors to deal with the nursing home population. And he himself had a nursing home, and he said, "Don't ever build a nursing home." He was actually closing his nursing home or giving it up or changing it with more emphasis on home care. He also was the one who said, "You should really keep people at home." Subsequently I worked with him quite intensively, started a training program through UC Extension for community aides in nutrition. Trainees could have been foreign health professionals or anybody. After the course the trainees were licensed home health aides with an emphasis on nutrition.

That was actually the first program On Lok started, which is kind of interesting. I worked with him on that, and he then developed a program, got a grant for it, and UC came to Chinatown and wanted us to co-sponsor that program with them. I think they started in the spring of '72, and they trained these people partly later on at On Lok when we opened the day health center. We got some of those aides. We had at least five aides at that training program that came to us initially as health workers.

McGarrigle: And they worked under the auspices of both--

Ansak: Of UC, UCSF, Extension. These people that we chose, I was on the selection committee for their trainees, and some of the people who got into that program were health professionals, others were not. There was not a real requirement to have health professionals in it. UC felt that they could use other people too. But I think about twenty people were in that program, and I think of those, we hired about five of them after graduation.

But we were a training site. The program office was even housed in my office. They did the training program at the Congregational church on Portsmouth Square. And then they used the different agencies for on-site training.

Just about when we started the day health center in '73, those trainees graduated. They must have started early in '72 for a year, and then we hired five of them. That was the first activity that On Lok did. At the time it was not called On Lok; it was called Chinatown-North Beach Health Care Planning and Development Corporation.

### **The Larger Picture: The Office of Economic Opportunity and Related Programs**

McGarrigle: Before we go forward, just to go back a little bit, earlier you talked about this energy around the social service agencies of all sorts that started in San Francisco in the seventies. Can you talk about the greater context that brought that about?

Ansak: Actually, that energy got started with the Office of Economic Opportunity in '65, when Johnson started his anti-poverty program. An Office of Economic Opportunity was started in Chinatown, and I think that was the stimulus for a lot of things. Then the Self Help got started there shortly thereafter out of the auspices of that. For instance, the Employment Development Department had an agency in Chinatown, a local employment agency. I mean, now I don't even know where they are. There were special programs for immigrant children in the public schools, which Mike Kittredge started.

But anyway, there were a number of those programs. And then NEMS started, and then the family planning started. This was all kind of between '65 and roughly '71, '72. And then, of course, Nixon had come in, but it was interesting. When I look back, I remember that in '69 when Nixon started in office, when he became president, we all were very depressed and thought that there would be a real radical cutback. And there really wasn't. It's interesting that, when I look back, I think Nixon was a liberal, super-liberal, in comparison to what we have had since. I mean, he started some interesting things. He was also interested in and started what we later got into: alternatives to nursing homes. Another was Title V, the women's sports program.

McGarrigle: Title IX?

Ansak: Title IX, the women's sports program. A lot of things got started under Nixon. But it was already quite a change from Johnson. Johnson was very liberal, and then Nixon kind of was certainly more to the right than Johnson, but at the time, one thought, Oh, this was the end of it. But actually, a lot of things got started. I think what Nixon did, if I'm not wrong, I think there was a lot of emphasis on cooperation. He wanted to cut--he felt there was a lot of waste, and he felt that there was a lot of duplication, and he felt that agencies needed to work closer together, or at least his administration did.

So there was a real push on cooperation between Department of Employment and health agencies and what have you. I mean, to me, it almost looks communistic or socialistic at this point in comparison to what we've got now, because I think it has gone radically downhill, as far as the emphasis on social agencies and their work and their funding and support. Now it is--[tsk].

McGarrigle: Fragmented.

Ansak: --is dead. Yes, more and more and more and more. And of course, now nobody works together. Now it's totally, each one for himself. But I need to go back to the origins. When Dr. Kalish, your father, helped us develop that first proposal, it was actually the way we looked at it, as a cooperative venture. We were going to buy this hotel. And we were going to be bringing services into it, and have a joint team in that building of the various professionals. Each of these professionals was going to be donated by a different agency.

**Alternative to Nursing Homes: Housing with Services**

Ansak: So the social worker would come from Self Help for the Elderly, the medical would come from Department of Health, the PT [physical therapy] and OT [occupational therapy] was going to come from Easter Seal. I remember that clearly, because I remember what then happened. But this was the original concept paper that I had given to the board after my first two months. It was this idea of buying a hotel and bringing services into it.

You know, that was actually quite a radical departure, because it was not going to be a board-and-care home. It was a hotel, where people live independently. And you know, that was the guiding principle for On Lok for all its housing. People can live anywhere they want. You can live in the Mark Hopkins on IV tubes, if you have a home health agency that comes in and provides you these services. You can be totally disabled and live in the Mark Hopkins and pay your rent and that's it. Mark Hopkins doesn't need to be licensed as a nursing home or so. I can live in my home. I can have tubes in and out, as long as I can afford the service.

The concept was that housing is very independent from services, as long as the services are provided by a licensed, bona fide agency. You see? So what that would do, originally what we were thinking is that would allow us to buy a hotel--there were umpteen hotels around in Chinatown, old hotels, that we could remodel into senior housing, and then let these people live there, and we'd bring them services through the home care agency and a day health center.

McGarrigle: And then do you remember at the time--or I'm sure you remember at the time--the excitement around the introduction of this idea?

Ansak: Oh, yes. Oh, there was--at least among our people, they were excited because they felt they were totally negative about the nursing home, because they knew we could not build a nursing home in Chinatown. The space was too expensive, and the regulations for nursing homes were such, even at that time, that the costs wouldn't permit us to serve the poor, because it would be horrendously expensive to build a nursing home in Chinatown.

So this idea of the hotel with the services, all of a sudden people felt, Well, that is an option. We can do something for the elderly. We don't need necessarily to go away from the community.

So what happened is we kind of got this proposal together. People now talk about Dr. Gee's vision and my vision and Dr. Johnson's vision, and whoever's vision, vision, vision. None of us had any--you know, we had no vision. We had--I mean, there was a task to be done. The vision actually came through Roselyn Lindheim, the original vision. She was one of them. The other one was Lionel Cousin--and I come to that later. He was a doctor in England who had started day hospitals. But these people had some visions because they had some experience. But we were just people, soldiers who--you know, we didn't know anything. We kind of adopted this idea and went from there, so plagiarized with this idea.

But I have to laugh when people give us all this credit. Because I mean, I swear to heaven it was more like the blind leading the blind! Later on, as we started, we gained experience, and then we got new ideas, and then we gained vision that we knew we needed to continue. But originally, we were singularly uneducated about the frail elderly. I certainly was totally uneducated. I didn't know anything about, absolutely nothing about the elderly. And Dr. Gee knew little, except as a dentist, perhaps, but he didn't know much. Dr. Johnson knew little about the elderly. I mean, she knew some. They had worked with the elderly in the community, and so did May-Lian Lee. She had some better understanding of what the elderly's need was in the community, but as far as nursing homes or as far as a system was concerned, we really didn't know.

At the end of October '71, I gave the board the report, after my first two months, which to this day is still in rough draft. I gave that to the board, and I kind of distributed it to different people. And one of the people I gave it to was Reverend Peet from the Glide Memorial Church. He was the founder of Senior Citizens--oh, I don't remember the organization's name, Senior Citizens something or other. He was a real mover and shaker for the elderly. And I gave it to him, because in the meantime, I had met everybody and his brother in the community, I mean the wider community, and all the people who worked with the elderly. I gave them all this little draft.

And I gave it to him, and I said, "What do you think of it?" He said, "It's interesting. This sounds just like what I saw last year in Oxford, England. There is this doctor I went to visit, and he was fantastic." He found and gave me an article that he had written about it, about a Dr. Cousin in Oxford, England.

So I bugged him for his address and finally got it. Dr. Cousin, Lionel Cousin, is an English physician who in 1948 started the British day hospital movement for the elderly. He was a geriatrician in Oxford. I hate to tell you, but in '71 in the United States, there was no such thing as a geriatrician. Oh, there were some, but it was certainly not very well accepted. And most internists said, "Well, we're geriatricians; we don't need any geriatricians." They had no clue what the geriatrician was. And he was a geriatrician and advocated for geriatricians, and explained what the difference was between a geriatrician and internist.

### **San Francisco Foundation's First Matching Grant**

Ansak: Anyway, I finally got his address and wrote to him, and then got in touch with him. It was now November, they had found another month's salary for me for November. At the end of November, I went to San Francisco Foundation and talked to John May, who was then the director of San Francisco Foundation, whom I knew well. He already had given me the grant for the Newcomers Center. He said, "Oh, you and your Chinatown. You know, there are lots of rich people in Chinatown. Why don't you go and get some money there?" I said, "Look, we have nothing, and Chinese will not give money to something that is just a vision." I said, "But perhaps we can raise a part of it in Chinatown, if you don't insist that it come before you give me your part of the money." I wanted \$15,000, which would have been enough for my salary for a year and a little bit of money to bring Dr. Cousin over. I said, "If we raise \$5,000 in Chinatown, do you

think it might do?" He said, "If you raise \$5,000 in Chinatown, I can guarantee a grant of \$10,000."

So I rushed back to Dr. Gee and said, "Can you find \$5,000 in Chinatown?" He looked at me, he gave me the total blank stare. \$5,000 was a lot of money at the time. He said, "I don't know where I would get it." I said, "Don't you have some rich friends?" No, he didn't have any rich friends. Oh, perhaps he could raise about \$1,000, perhaps, but \$5,000?

Well, anyway, I finally got him to commit that he would raise \$5,000, or that we would raise \$5,000. I didn't know where to go in Chinatown at that time. So he and I went back to San Francisco Foundation, and Dr. Gee gave his word that he would look for \$5,000, and promptly we got the \$10,000, which paid my salary as of January. December I took some time off, and I worked for nothing the rest of the time.

McGarrigle: Now, you were the first regular--

Ansak: I was a consultant. I was still a consultant. But already when we got that grant, some people in Chinatown felt that I should really disappear and that they wanted the money and hire somebody, but it wasn't big. It was no big deal.

So I started in January. In the meantime, I had contacted Dr. Cousin and was in contact with him, and we planned for him to come in March. He loved speaking tours. What he really liked was to get away from England and to travel around to give speeches. Okay. So [laughs] we arranged for him to come in March.

In the meantime, in February, somebody told me that the Department of Health Service in Sacramento had some grants available for experiments, and so I put together a proposal. We submitted it to Sacramento, but it was rejected, I think in March or something. But you know, so much for that.

Dr. Cousin came, and we used that to arrange for him to talk all over the state, in Sacramento, here, and there. Unfortunately, he wasn't the best of speakers, bored people, but he had good ideas. He started the day hospital movement, and what he did, he said that people in England used to go to hospitals instead of nursing homes. They occupied too many beds. And so in '48, they needed to empty some of those hospital beds, and he felt that many of those people could go home, provided that they were given care at home and that they could go during the day to a day hospital, where they could get all the services. And he would then intermittently, when they needed it, readmit to the hospital for reevaluations and some care. So he had developed that system, which I was very impressed with.

What I was most impressed with was that he worked in a multidisciplinary team, and he was the one who felt very strongly that I needed to involve physicians right from the beginning, that the physician was the key to give good care to the frail elderly, and not just the home health personnel, because he felt the physician needed to be part of the team.

McGarrigle: He started the day health movement in one location in England, but it blossomed all over?

Ansak: Yes, by that time, it was all over England. Different people had--I think there have been different claims who started the movement, but he claimed that he started it. I don't know who started it, but that's the way I understood it. But there were other day hospitals--there were day hospitals all over. It was day hospital. It was attached to a hospital. Really the same as our day health centers, but it was attached to a hospital.

So this is March. Now comes April, and I had in the meantime been in touch with some people at the Administration on Aging in San Francisco's regional office. And one of the guys there said to me, "You know--" no, no, excuse me. I was in touch with somebody else there. I don't know how I got to Judy Culver, I'll never forget her. She said to me, "You know, there is some money in Washington for alternatives to nursing homes. You should go and talk to Edie Robbins at public health," and I think that's the only name she gave me. She knew her.

So I went back to Dr. Gee. He had to go to Washington for an appointment with Nixon. That was for NEMS [Northeast Medical Services]. They got the appointment with Nixon through--I can't remember who it was. Perhaps Weinberger or--I don't know. Dr. Gee already was politically involved--he had a friend who was the secretary of the Senate, Frank Valeo. So he was already at that time quite familiar with Washington because of NEMS; he was the vice president of NEMS.

So in April of '72, he had to go for NEMS to Washington, and I really couldn't--we had no money. We had barely my salary. I mean, we could use the money any place we wanted or how we wanted it, but anyway, I suggested to him to go and talk to Edie Robbins. He said, "Oh, I can't do that. I don't know this woman, I don't know what I'm talking about. You have to go with me if I go." So I said, "But I don't have any money," and so he said he'd get a ticket. He had a son who worked for United, so he got a free ticket to Washington, got his ticket paid for by NEMS, gave me his ticket, and so we trotted off.

He went to Washington, and then I followed, I remember on a red-eye on a Tuesday night, and I came back on Thursday morning very early. I mean, no money for a long stay or what have you. But anyway, we went there, and we had made an appointment with this Edie Robbins out in Rockville. I'll never forget it. Rented a car, went out to Rockville with our little proposal. Parked someplace, got a ticket--[laughs]. We went in to see her. While people would say that I was always in their faces, Dr. Gee was kind of the gentle person, and he was always very politic and so on. People always liked him. I mean, you could go with him, and they would always welcome him. Now, this woman was enamored with him.

So she sent us to one of the other people in this bureaucracy--I can't remember which one of the agencies in the Public Health Service, and they talked a little bit about possibilities of research proposals. Dr. Gee and I looked at each other, we didn't know what to think. I mean, we didn't want research; we wanted a program.

But anyway, then she said, "But I know that my friend Jessie Gertman has some money in the Administration on Aging for alternatives to nursing homes." Okay! She called her, an afternoon appointment, the same Wednesday. By the way, this was the time--we were staying at the Howard Johnson on Watergate. That's when the Watergate break-in happened. Of course, we never knew about it, but when it came out two or three years

later, we looked at the calendar and we said, “This looks familiar. Oh, yes, it was the night that we were there.”

McGarrigle: That's quite an historical anecdote!

Ansak: Yes. It's really funny.

So we then went to Jessie Gertman. She received us, and she can tell you herself how she felt about it, but anyway, she was enamored with Dr. Gee, thought he was a nice man. Then she looked at the proposal and she was interested. She was interested in it because it was a community effort. I told you that we had envisioned to do this with different agencies, and it was in the community. She had a request for proposals out under Title IV of the Older Americans Act, research and demonstration. It called for alternatives to nursing home, either in form of a day hospital or a day care center. The goal was to see whether they were cost-effective and whether they could ultimately be reimbursed under Medicare and Medi-Cal.

### **The Medicare/Medi-Cal Piece and the First Research Proposal**

Ansak: Now, this is historically very important, because in San Francisco, people encouraged me to go to the local public health department or to go to the local Department of Social Services for funds. I was very reluctant for two reasons. One, I knew the local politics, and I was very reluctant to get involved in the local politics because I knew that wasn't going to be easy and secure.

Secondly, it was to me very clear at the time that nursing home costs came out of Medicare and Medi-Cal. These were large medical programs, permanently funded programs, that were established--you know, they were not here today and gone tomorrow. I felt if we could go into Medicare and Medi-Cal, we'd be in much better shape. And I'll tell you, that was the clue.

So when she [Jessie Gertman] said that they had this request for proposal out, and when she said she was interested, it really clicked to me when I saw what they wanted. And she said, “But you know, you have to make a research proposal out of that.” Oh, god, forget it. Research proposal, I wouldn't know where to attack it.

So we went back, and the woman who had referred me originally to Washington suggested that I get in touch with Len Gottesman for research, to help me with the research proposal. So I called Len in Philadelphia, and he said, “Why on earth do you come and call me? Why don't you go to my friend, Dick Kalish across the bay? He's right there.” I said, “Dick Kalish? Who's Dick Kalish?” I mean, I had no idea, you know. So he gave me the telephone number, and I called Dick Kalish.

Dick Kalish said, “Well, why don't you come over?” So I went with my little proposal, the original proposal, the one that I had put together in October of 1971, and with the request for proposal from the AOA. And we put it together. Excuse me: he put it together. He asked me some questions, sat there at this little typewriter of his, bingo,

bingo, bingo, and he said, "And now you're going to fill in the section on the day health center and explain what you're going to do in the day health center." That was another chore, because I didn't know what we were supposed to be doing--[laughing] you know, I kind of looked at Cousin's proposal for the day hospital. So I went back and wrote that in, I did the budget. Richard Kalish signed off as the principal investigator on the papers of submission, and I was the executive or the director--oh, no, it was just he as a principal investigator. And Dr. Gee signed off, and off it went.

And lo and behold--

**Executive Director of Chinatown-North Beach Planning and Development Corporation, 1971**

Ansak: And then in the meantime, what did I do in the meantime? Well, we submitted it at the end of May. And I had planned to go to Europe with my family in July and August; I left about the 20th of June. And about the 15th, I called AOA and I said, "Have you any idea what's going to happen with this proposal?" Jessie--or Marvin Taves, her boss, told me that they were looking at it very favorably and he would let me know a week later or something. Anyway, just before I left, he called me and said it was accepted.

McGarrigle: Very quickly!

Ansak: Yes, within weeks.

McGarrigle: Immediately.

Ansak: Yes. I mean, within weeks.

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Ansak: And I told Dr. Gee that they should look for a project director, and that I would continue for a while as a consultant and see what else I could do. Remember, we said Chinatown-North Beach Health Care Planning and Development Corporation, so we felt perhaps we would do other things--I don't know what. Anyway, off I went to Europe with my kids, and really didn't hear anything all summer.

Came back early September, was barely in the door, my son had been sick in the car all the way up the hill, when I got a call from a guy from Chinese for Affirmative Action who tells me, "Well, I heard that it's all set up that you are going to get that job." I said, "What job?" You know, I was away, and I had never applied. I wanted to continue as a consultant. And it was quite clear to me from the previous experience, I wasn't going to apply for that job. "It's all set that you're going to get that job." I said, "You know, I haven't even applied. What is all this?" He said, "No, we have heard that it's all set," but that they were not very happy about this, and they would see that I would have lots of problems if I took the job.

With that, you know, I can get absolutely irate with something like this. First of all, I just come home, I was tired as a dog, and this kind of--and I said, "Is this a threat?" He said, "Well, you can take it the way you want to." I said, "Okay, I'll take it my way." I remember I couldn't sleep, I was just--I was furious. I decided nobody is ever going to threaten me. The next day, I went to Dr. Gee, and I remember I cried, I was so angry. I said, "You know, that's what they heard, and if you want me to, I'm going to apply, because nobody, nobody is going to threaten me." [laughs]

He said, "Are you sure you want to do that? I mean, we'd love to have you. We have been talking about that." Because they had looked, they had advertised, and found there was only one credible applicant from the community. The rest were new immigrants who didn't know which side was up. You know when you get these advertisements out, everybody applies, particularly when it looks kind of like an interesting job.

So as of October first, I was hired as the executive director of that Chinatown-North Beach Health Care Planning and Development Corporation, which had just--So then I applied. There were a lot of hassles apparently, and Dr. Gee got a lot of grief about it, but he was very firm. He wanted me, and that was all there was to it.

McGarrigle: And this is 19--

Ansak: --the name had changed, I think we changed that in May of 1972. Somebody suggested On Lok Guey.

McGarrigle: How did the name come to be?

Ansak: [laughs] We called somebody who had a good feeling for names, and he said, "Why don't you call it On Lok?" The unfortunate part is that in Chinese, the name is very similar to Self Help for the Elderly, so to this day, people confuse us. Yes, it has been a problem. But one character, I think, is different. I can't remember what theirs is, but it's similar. It's also something with peaceful and happiness, but ours is an abode and theirs is something else, I don't know.

McGarrigle: On Lok is a peaceful, happy abode.

Ansak: Yes. On is peace, Lok is happiness, and On Lok Guey is our name. Guey is an abode or a place. And I remember when we asked people how they felt about it, they really liked the name On Lok, so we became On Lok.

### **The Art of Fundraising**

McGarrigle: And let me just go back and switch gears a little bit and ask you to what do you attribute your talent in fundraising, which was really at the core of the origin of the program?

Ansak: I really don't know. I'm not sure. I started that when I was at the institute, I got the first grant. I think there's a number of things. I remember that first grant. I wrote a proposal for it, it was because immigration changed and we--. It was before '65. We wanted an

additional worker, and we were so overloaded. And I was very, very conscientious when I got that grant about writing the reports. The director of the San Francisco Foundation said to me he had never got so much out of a \$3,000 grant. And I think that established my credibility with the San Francisco Foundation.

So then the second time around, when I went with the Newcomers Center, he knew that we were serious, and he liked the combination of all the agencies involved at the time. And I think the experience helped. It's also, I think I can talk people into things. Somebody once told me, "You can sell a refrigerator to Eskimos." So I think I get enthusiastic and people kind of get interested. I've never had problems with fundraising.

It's kind of interesting. I was asked recently to be on a fundraising committee, and sometimes now I realize what my--I never thought much about my attributes. But now that I'm not involved, and I see it with other people too--I realize what it was. For instance, this particular group wanted to fundraise, but wanted to only fundraise for this next year. They have two things: they have this little immediate problem, but then they have a vision. But they have never told the people of their vision. They tell about the little problems. And you know, a funder doesn't like to give nickel and dimes--they don't want to be nicked-and-dimed to death. And I think people always felt that I kind of had a vision.

Besides the reputation that we were very honest and we always did what we said we would do. I would also never ask for money that we didn't need. I get very irritated when people do that, because when we needed money, we would ask for it, and we would be very conscientious about the reports and the follow-through, and also to let people know which foundations helped us--you know, kind of do the P.R. for them. I think that has lots to do with it. But I think partly it's not to ask for money that you don't need, and to have a vision that is kind of realistic. And then a well-developed plan. And probably some kind of talking people into things. But I think that's kind of minor, in a way, because what these guys look at--they like to fund something that has a chance.

And I think one thing that I realize is that, you know, the foundations really depend on us. I mean, people go to foundations and kind of feel--I don't know, that it's charity or something. But that's their business, and they need a winner. And so if I can promise them that they're going to get a winner, they'll give me the money.

McGarrigle: Yes, you see it from the other side.

Ansak: Yes.

McGarrigle: It's really symbiotic.

Ansak: Yes. We both need each other. They can't do it without us. And if they have nothing but losers--. I mean, I know that from the Robert Wood Johnson Foundation. We got grant upon grant upon grant upon grant, and every time they told me, well, that's the end of it, and then they give me another one. But they got lots of mileage out of it.

McGarrigle: That's interesting to think about what has to come together for that kind of thing to happen.

Ansak: Yes.

McGarrigle: I would think a certain amount of confidence.

Ansak: Enthusiasm or confidence, yes. Yes. Let me tell you: we literally had nothing. I mean, you will hear later. [laughs] So within a month, we got that grant. Then we started the program. Then the funny part then was, our grant started in July, and that original proposal was envisioning that we would get space in the church above the Health Center Number 4; we would get the basement as a day health center for space, for free. That Self Help would provide social work; public health the doctors and nurses--I mean, it was a patched-together thing, which is not really my style.

Well, at that time, I was very enthusiastic about it, but we got the money, I led the way. They didn't have a director by October--there was no money spent during the summer. So in October, I come back and I'm on payroll. Now I have to start to look for staff and the facility. The church says thank you, but no thank you, we don't want you in there. The old priest had left, and the new one wanted no part of us. So what are we going to do? We have to find a space.

I went to Self Help; Self Help had just had some cuts, they couldn't see to give us a social worker, good-bye. I mean, it went on and on and on. So we were kind of forced into doing it ourselves, which is interesting because later--or some people were sort of angry at that, but I mean, we couldn't do anything else.

So we found that Broadway center. That was a burned-out gay bar, and I saw the sign there, and Dr. Johnson said, "Do you know there is this for rent sign down there? Why don't you look at that?" So I called the realtor. I mean, it was a burned-out bar. It was terrible, awful. But the space was really terrific for us. And I'll never forget that realtor, he was a young guy, Italian guy, leaning against the counter. He became both a volunteer and a board member later on. He sort of looked at me incredulously and I said, "Well, we have no money for remodeling." We had no money for rent! We had \$110,000 for the year, half of it was for research, the other half was for the program. No money, no rent, no nothing.

But we hadn't started the program and we saved three months' money. So I had to get the okay from Washington that we could rent the place. But I had to tell them that things had changed so much that we would need additional funds in the second year--and this without a program yet!

McGarrigle: Your grant was for one year? Your \$110,000 wasn't guaranteed to be repeated?

Ansak: Oh, yes, for three years. But then it was supposed to be \$110,000 the first year, \$120,000 the next year and \$130,000 the following year, something like that. But the problem was, if you start to have to pay for rent and everything else, it was just about half of what we needed finally.

So anyway, I got the okay to rent the space, but now I had to go and look for money to refurbish it. So I wrote to the Cowell Foundation, and the Bothin Helping Fund--it's now the Bothin Foundation--and told them what happened, and that we needed money to remodel. I remember Christmas Eve, 1972, the director of the Cowell Foundation,

Mr. King, came to me in my office and talked to me and he gave us \$10,000. So that was the first \$10,000 we had for remodeling.

And then in February, I went on a skiing vacation and they called me up in Tahoe and said, "Come back, the Bothin Helping Fund is coming, wants to give you money." So I trotted back, left my son up there, trotted back, and we got \$20,000 from them. That \$30,000 then remodeled the first day health center.

In the meantime, in '72, after I got hired in October, in November I hired three social workers, two part-time and one full-time. A Chinese full-time, an Italian half-time, and a Filipino part-time. These were the first people, because first of all, I was very committed to having a multi-ethnic program and I knew from the institute that if you wanted that, you have to have ethnic workers who start with you right away to involve everybody.

And so they started to go out and explain to people what we were planning to do, start a day health center. Nobody knew what it was. No idea. And they started to sort of recruit potential elderly clients here and there.

McGarrigle: To recruit attendees?

Ansak: Yes. In the meantime also, who drops into my office but an English OT [occupational therapist], Sharon Green. That was about in November. Her husband was here, a researcher up at UC, and she couldn't get a job. She was working for a nursing home, and they couldn't hire her, and so she came to me. She was looking whether I could. She had heard about us through somebody and wondered whether I could hire her. Well, I couldn't really hire her, but I knew enough about immigration. I said, "Well, you know, why don't you start as a volunteer and I think I can maneuver something for immigration?" And I did, and later on so she became an employee. She then helped me to start this day health center. She was there, she was involved right from the beginning. She was experienced with day hospitals and immediately set the right tone.

### **The Salvation Army's Board and Care Home: Sai On (1972)**

Ansak: And at the same time, Salvation Army was building a new building and planned to open it on December first of '72. What they wanted--and the community, meaning mostly Self Help, wanted was elderly housing in there, and they wanted a board and care home in there. So Salvation Army had to put in a board and care home on the third floor. That was Sai On. The Salvation Army didn't want it--it was clear from the top that they didn't want it. So the group, the community group came to us and said, "Would you want to run that board and care, since you're starting this thing?" I said, "Yes, fine." So we then made a contract with the Salvation Army captain, and we got it. I can't remember exactly. They collected the rent, but we were the ones who ran it, admitted clients, and provided the services. And starting on December first, actually before we had a day health center, we ran the board and care. Sharon Green was there--the three social workers, and a couple of aides who worked in the board and care, and a young doctor, Dr. Stone, who had not even finished his medical school internship. And Dr. Solomon

referred him to us, because he was very enthusiastic about working with the elderly, and really, that was his whole goal, to always work with the elderly. So he did part of his internship at On Lok--I mean, through St. Mary's. So he was a part-time physician who started right from the beginning with us, because of the idea of having the physician involved.

#### IV 1972-1973

##### Affirmative Action in the Seventies

[Interview 2: January 27, 1997] ##

McGarrigle: All the time that you were at On Lok, did you take time to do sailing trips?

Ansak: I did, yes. I did various trips. I also took classes, for instance, in celestial navigation and I once took a practice trip in celestial navigation.

McGarrigle: Did you anticipate that following leaving On Lok that you would spend most of your time on the boat?

Ansak: Yes, that's why I wanted to leave when I did. There was no real reason for me to leave otherwise. I probably would have continued working for a while, but I felt that if I don't go when I'm sixty-five and still in fairly good shape, I couldn't do it later. So if I wanted another career, that's the time for me to change. I changed careers a few times, well perhaps it's not the last career change, but anyway, that was one.

McGarrigle: The most recent. [laughter]

Ansak: Yes.

McGarrigle: What's the name of your boat?

Ansak: Dessert First.

McGarrigle: Dessert First? Oh I love-- [laughter]

And for people who know boats, of which I'm not one, can you tell a little bit of the kind of boat you have?

Ansak: It's a sailboat that's a cutter. The mast is towards the middle of the boat; that's the difference. A sloop has the mast much more forward. Anyway, it's a cutter and it was built in Canada. It is thirty-nine feet long, twelve-foot beam, very well built; it's a strong, a very strong boat with a cutaway keel, but still a much larger keel than some of the modern boats. So she is not as fast as some of the really lightweight boats that you have now. When I'm in an anchorage, I am nice and comfortable. Some of these modern boats, they hop around and you're inside, you're constantly moving. When you're living onboard, it's not very comfortable. So I like my boat. It's a good boat.

McGarrigle: We'll have to get back into the sailing. We'll sprinkle that in intermittently. [laughter]

I had a few follow-up questions from last time, reviewing the transcript. One is if you could talk a little bit about the issue of affirmative action from the beginning. I see it

comes up a little bit as a theme in our first interview. There is maybe some resistance on the part of people in the community to your participation in the project.

Ansak: It was just at the time of when affirmative action was very much in the foreground. I think what happened is in terms of the community--in '65 Johnson had this anti-poverty program and that was essentially to mobilize the poor communities and to give power to the poor communities. What happened in many instances is that it's not the poor communities and the residents that got the power, but it's some do-gooders of some sort or some politicians or some carpetbaggers who got into these communities and then exploited the communities, and exploited that money that was set aside.

So, by the early seventies some of these communities started to really fight back, and that's what I got caught up in, I think. They just felt that at the time these jobs were so scarce that they should go to people who are from the community. Really that was not the issue, the issue was that the people from the community or the people in my group felt that there was nobody available who could do it. I think I totally understand; I have no hard feelings or anything about it. It was a fact of life at the time.

Then actually as I went on it really played less and less of a role. It went perhaps for a year, and then afterwards I never heard about it again.

I heard about it once more when we were building On Lok House in '76 or '77. That they went after me and asked me whether we had an affirmative action plan and representation from the community and what have you. We had a Chinese architect from the community. We had a Chinese-Italian cooperation of two contracting firms, and they were from the community. We dealt with the Italians and Chinese. So again that kind of died down.

The problem was lack of clear direction and opposing goals for HUD and On Lok. The goal was to provide services for the frail elderly--Chinese, Filipinos and Italians. Then you have to decide what is the best approach and how can we do that. Also to have a secondary goal, that's to provide good jobs. That is a secondary goal. It's okay, but you have to have the real direction, the right direction and not just waste the money and then nothing comes out of it.

McGarrigle: Right. It makes sense.

### **The Interdisciplinary Team Approach to Providing Care**

McGarrigle: We talked about two things just before we started today's tape session. One was this idea about maintaining services for the frail elderly in a way that was essentially without the heavy medical emphasis.

Ansak: Yes, I think when I first looked at the problems, one of the things that really struck me was that though most people got some sort of medical care, it was not medical care geared to the elderly.

By the way, in England, Dr. Cousin was a geriatrician. In the United States people laughed at that terminology, geriatrician. They said, "Oh! Any internal medicine man is good for geriatrics. They know just as much." It's only since then that geriatrics in the United States has also gotten its particular place. There were very few geriatricians or people with knowledge in it who had studied the care of the elderly.

So there was a combination: there was a lack of supportive services that were readily available and also a lack of geriatric medical care. Medical care in terms of, what is the need of the elderly, not what do you do in case somebody has a certain illness when they're thirty years old. It's different. You treat them differently--a thirty-year-old from an eighty-year-old or ninety-year-old.

You might think of a kidney dialysis or kidney transplant at thirty. But at ninety it's not appropriate to have a kidney transplant. All these people get put on kidney dialysis. What for? Excuse me, really it's a horrible experience to have to go three to four times a week hooked up to a kidney dialysis machine. Lie there, have the blood changed, for what? Because they can't really have a transplant anymore. Usually all the other organs, it's like putting a real good motor into a crumbled down car. It just doesn't work.

That was quite clear to me at the beginning. It was a combination of inappropriate care and the doctors not emphasizing the supportive services. They did not work together with other disciplines to try to maximize the medical care they were giving. That was very, very clear to me in the beginning.

That's why Dr. Cousin was so adamant that you have a team. He was adamant that a physician be involved in the team. He was not the leader of that team, but that was not his main concern. But he felt that the physician needed to be involved in order to have his input on what was needed from a medical point of view. But then a social worker had to be there because she understood the dynamics of the family, and the situation of the elderly better. And the nurse was there because she knew how to take care of him in his own home. Et cetera, et cetera. That was pretty clear to me when I talked to doctors and also to hospitals before we started the whole thing, that these people often had no clue what the elderly needed. Or if they had a clue, the doctors would tell me, "She gets an hour a day of home care service." An hour a day of home care service when somebody is very ill is not sufficient! You can't get out of bed and what have you. How are you going to prepare a meal at night when she comes in the morning--a lot of these things. They just didn't understand.

My goal really was to have a doctor involved in the team from the beginning. Doctors tend to dominate teams. This is kind of a little bit something that I worry about at On Lok at this point. It's not bad yet. But doctors tend to be the domineering force. They've got the better education; usually they have more education; they're at the top of the social ladder--so they tell those folks what to do. And yet, I remember there were many times in the beginning that the social worker had certain information, even the driver had information which made it quite clear that, for instance, an operation was not appropriate at this point. And that had to come out.

I remember we had a case, I can't remember the details, but this woman was supposed to have an operation, I can't remember for what it was. The driver then brought a report about the family situation to the team and his concern about the woman's

hospitalization. Because he felt it was not a good situation because he had seen the home. He picked up this woman every morning in the home. He saw the dynamics in the family.

The problem was that there were two wives in the family, the first from China who joined her husband after thirty years of separation, and his second marriage to a U.S. wife. Nobody knew much about this situation except the driver who realized the enormous tension when the U.S. wife was to leave for the hospital. It was impossible for her. And the driver was the one who saw that and came back with that information. The doctor would never have known because he didn't see that.

So that is why it is so important to have everybody report back and everybody be equal members of the team. You give equal weight to what the driver has to say as what the doctor has to say and the ultimate decision is made. Now, there's a careful balance because sometimes the doctor really knows physiologically why something should be done, you can't wait. But then the others understand that, too. It's basically good that these people talk together and I feel that would be actually a lot better for a lot of health care. We waste so much time and resources by lack of information.

McGarrigle: How are the decisions made in each situation?

Ansak: It's the intake and assessment team that makes them. Now they used to meet once a week and the cases were reevaluated--it varied, it was three months and then it was six months. Initially it was three months, every three months people were reevaluated fully. Everybody would see them, the social worker, the nurse, the physical therapist, the occupational therapist. Everybody would see that client and do a reassessment. "What has changed since last time? Where do we have to go from here?" And then report it back to the team. The team would then (that is, everybody who was reporting) jointly decide what should happen. It is a very cumbersome and really time-consuming proposition. But let me tell you, it's the only thing that works.

As we got more people enrolled, the reassessment was done every six months instead of three months. They do it every six months officially, but if somebody is really in a very bad situation or a very changeable situation it's usually discussed every week or every day if necessary. But basically when people are fairly stable, it's every six months. But the important part is that everybody knows the treatment plan. And it's not the nurse who says one thing and the PT [physical therapist] says another thing--which is what happens in our health care all the time. The nurse will tell you one thing; the doctor another one; the PT another one and the dietician another one. Because at On Lok they all know what each one's opinion is and because they discussed it together, they can then present the clear picture. When we first started, we even included the family in that team. But that does not always work out. It then becomes very difficult when you have to discuss difficult issues. So we changed it and had conferences after the team meeting with the families to kind of bring them up to date on what should be done and what they can and need to do, to be involved. So it changed.

### **A Non-Medically Driven Approach**

McGarrigle: In terms of your idea from the beginning about more of a non-medical approach, how did that--

Ansak: It was a health program but not medically dominated. When you are sick you need a physician. But in view of the frail elderly's chronic conditions we wanted to be sure that the physician does not dominate the team, that the physician isn't really in charge of On Lok. I was adamant about that.

Some of the day care programs for elderly that were out there were just social day care programs, they looked upon us as much too medical. Then on the other side, from the hospital's and doctor's point of view, we were not medical enough. So we were sort of an odd group in there that was really in the middle between the two, but used both the social support and the medical support.

### **Separating Housing from Services; Licensing**

McGarrigle: That leads into the other point we were going to start with, how Roselyn Lindheim, the architect from Berkeley--

Ansak: What happened is she started the Pine Tree Hospital idea at the Presbyterian hospital, later called the Pacific Medical Center, and now it's called something else. A group of pioneers felt that it would be better if the patient would direct his medical care. So the patient could read his own records, make entries into the records sometimes, and could demand from the physicians and everybody to be informed what's cooking and so there were no secrets. Which actually, I think, is quite good. It's a two-sided sword. It makes doctors and health professionals much more conscious of what they're going to do and what they're going to say about things.

McGarrigle: It gives some power back to the patient.

Ansak: Yes, it gives power back to the patient, and ultimately the others have to be much more careful in how they do it and really give them a reasonable kind of explanation of why it has to be done. She was the one who started that. And when I called her and asked her about helping me look at the nursing home, she said, "Well, you could build a nursing home or something like it, but why don't you buy a hotel." Let people live there, anybody can live in a hotel. Whether they are in wheelchairs or not in wheelchairs is unimportant because you can live on the fifth floor in a wheelchair in a hotel room, but you cannot live on the fifth floor in a board and care facility or in a nursing home because the regulations say no. Part of it was to circumvent the regulations. But part of it also gives a non-institutional feeling, if at least they have control over their daily living.

Now, that's essentially what we then developed. We carefully separated housing from the services. We would provide the housing but people just rented the room. And we then brought in services through the home care agency.

Recently I talked to a young friend who has been involved with On Lok. She started with On Lok when she was in her college days and she is now a Ph.D. working in Washington as the consultant to the National PACE Association. She is quite familiar with On Lok. We were talking about cost because this is becoming a problem, Medicare wants to cut and Medi-Cal wants to cut, but we develop a more bureaucratic system. And I was saying that one of the beauties of the early years was that we were so unusual that we could circumvent a lot of the licensing and all the bureaucracy for a licence. Nobody knew what an adult day health center was. A permit for public assembly, that's good enough. When we wanted to be paid by Medi-Cal, we had to be a licensed provider. Well, then we became an outpatient clinic. We also provided other services. One thing, we stayed a long ways away from nursing home licensing. There was no day health licensing, that only came later. So we really were free to do and experiment with things.

And I think that was what gave us the real start--it was exciting because no one else was doing it in that way. The man who is our lobbyist in Washington was saying, "On Lok in the seventies was the best thing since sliced bread." Because it had a sort of grassroots approach that was providing good care and showed that one could do things simply. Unfortunately, as we became more successful and other people started to look at us and we got into other funding sources and other people wanted to replicate, with this we started to be hampered. It became more cumbersome and also more expensive. Now it's horribly expensive. It's ridiculous!

Part of it is the demands of licensing. Oh, they have become so strict! Now that it is an established organization and an established program, these bureaucrats need to show that they are doing something. So they come up with their licenses and you have to show every chart; you have to document every step. I don't want to say that these are all useless things, but it certainly added to the costs. For instance, they want to know if every order of the doctor is followed through. Well, that makes sense! It's good solid, practical medical care. It's fine.

McGarrigle: And has it changed the ability of the organization to innovate, then? I mean that's partly what you're saying also.

Ansak: Yes--

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Ansak: --I knew there were rules out there, I would usually find a way around the rules, while still providing good care. I was concerned about that. But I felt that it was more important that we had internal rules that we really followed through than this garbage from the outside. I would always fight when they would say that we had to do a certain thing or so. I would very carefully look at it and then if I really felt that it wasn't necessary, I would fight tooth and nail that we didn't have to do it. And this kind of pioneer spirit is of course not there anymore. But that is kind of natural.

I think what they're concerned about now is that it continues the way it has been going because it has a good reputation. It was actually enormously difficult before, but it was different. When your father was there, there were times when we did not know if we had money at the end of the month.

I told you that I think; it was one of my pet peeves with him. I got so mad at him. Dr. Gee and I had to go to Washington and fight like crazy for a supplemental, just so that we could all survive until the end of the year. And we got that and then your father misinterpreted that and thought that we had got a whole bunch more money. And that he could now spend it on this, that and the other thing, on research, and it was actually for the total program--for the service part as well as the research. So, I had to get him straight on that. He was mad at me and I was mad at him because there was miscommunication.

The stress of these things is incredible. The first period is from '72 to '75, that's your father's report. That's the AOA grant under Title IV, and then from '75 until '78 we had a model project grant. The idea there was to continue the adult day health, to add a social day care program. Some people at that time, Medi-Cal would refuse to pay for if they were not at the level of nursing home care.

So, some of these eighty- and ninety-year-olds got better because they came to the center and they got taken care of. And then as soon as they got better, we had to kick them out of the program. Yes, it was terrible. So we would transfer them from one center to another center. But we kept track of them and they remained in the program.

### **Competing Agencies and the Move to Home Care**

Ansak: Actually, we started the in-home services partly because we used to work with the home care agency and have a joint case. But what we found is that often the goals of these two agencies were different. That's the big problem, by the way, now, in geriatric care outside of On Lok, with all these agencies cooperating. Each agency has its own goal. The home care agency wants to maximize its dollars. So they want to give a lot of home care which in some instances makes the people more dependent; they don't want to go out. The adult day health center wants to maximize that people come to the adult day health center because they get paid per day. So I can give you an example--

For instance, we had a client. He was black and Indian; he was more Indian than black and his wife was black, and they lived in a project. And they were both alcoholics and manipulators. But sick, she was in a wheelchair and he was barely coping. The home health agency went into the home I think five days a week. We then reduced it to three days a week and the other two days they would come to the day health center. That was fine for them because they had their home care and the dishes got washed; they didn't have to do anything at home. They had a maid at home. But, at the day health center we tried to get them more independent, that they would not just rely on other people. They could do the dishes perfectly themselves; nobody needed to do their dishes. So we tried to teach them. Because the home health agency went in and wanted to keep them, because that brought them in money. They opposed our goal, so it was one fight.

Well finally, it then came with the new project. I think it was in '75, we had to assume the responsibility for the home care too because we moved into that and were paid by Medi-Cal. Then we discontinued with that agency, increased a little day health care and reduced home care. Then the husband all of a sudden started to do the dishes with her and was actually nicer dressed, more proud, came into the center quite proud because he was able to do a whole bunch of things. Before that, there was always subterfuge; it never worked. It was a very interesting experience.

Cooperation between agencies is okay, but you have to be sure that they don't have competing goals and interests. This family afterwards, she then died, he continued--he became totally independent. He didn't even want any home care anymore. He said, "I can handle it." All he needed while his wife was still sick, he needed some help for her. But afterwards he did it himself and he was immaculately dressed, before that he was kind of slovenly. It was a really interesting case. From these kind of things we learned a lot.

### **Opening Sai On, 1972**

Ansak: Another real problem, in 1972 in December the Sai On Center was opened. These were already On Lok participants but they lived there and actually we started with them in a board and care situation. But we would take them out and have programs during the day for them. Then on March 18, 1973, we opened the center on Broadway and I remember Leo McCarthy came to that. We started the day health center with eighteen Sai On residents and we had one participant from the outside, a Filipino, and with that we opened the center.

McGarrigle: The day health center?

Ansak: Yes. And then the social workers had gone out and kind of recruited people and started to bring people in. People who had problems. In the beginning actually, except the ones who were at Sai On, those people weren't really that sick. There's a real change between then and now; they are much sicker at this point when they come in. They really come in when it's an alternative to nursing home care. At that time it was sort of marginal; some were in pretty bad shape, others were a little bit better off. And the more experienced of course we got, the sicker the people we got.

But then when we opened the center, we had this British occupational therapist, Sharon Green, and she was the day health center supervisor. She started as a volunteer and she designed the center and she and I worked beautifully together, really enjoyed each other. She did a real good job. She was the one who gave the team the feeling--she had worked in this kind of thing before, so she was really excellent, excellent! I never had anybody like her again. She was very unique.

McGarrigle: How long did she stay?

Ansak: Two years. Then she went back to England. She came back for the twentieth anniversary; she came back once before. She's very good. She gave the real feeling to

this organization. She also worked with a Filipino social worker, a Chinese social worker and an Italian social worker, and a doctor. We never had a nurse in the beginning.

### **Nurses, Other Professionals, and Salary Structure**

Ansak: Actually, we then tried a nurse in about '73--'74, I think, early in '74. No, no. Even in '73 I think we had one. Didn't work out; then had another one, didn't work out. But we always used health aides just to work with the doctor. It was only about in the summer of '74 that I remember it was Dr. Gee's niece who was our first real nurse, then from then on we had a real nursing component. But before that we didn't.

It's kind of interesting, I think part of it is that I always felt that nurses were too rigid. And Sharon felt that too, that she was not enamored with American nurses and felt that they were somewhat too rigid and that in the early days you needed lots of flexibility. Now, some nurses came in and assisted us and helped us and they were terrific, but some of the people that wanted to work there were not what we were looking for. So, we didn't have a nurse until '74 and then we had Gay-Lin Gee, some others came in and from then on we had a nursing department.

It was interesting, for instance, talking about an egalitarian kind of system--when we first started, the nurse, the social worker, physical therapist and occupational therapy person all got a salary, at the same salary scale. And that was totally okay at the time. Then about a year or two later, the physical therapist started to move ahead. They got the authority from Medicare to start their own businesses and from then on you couldn't hire one anymore. We always had one until about '88 or so. She was an on-staff physical therapist. But after the Medicare changes they got their business licenses and their salaries went out of sight. So that they could charge \$160 for one PT treatment, totally irrational as far as I am concerned. So they kind of separated out. So there is another group with his own interests. It is very difficult to keep that On Lok idea, the egalitarian idea together.

McGarrigle: And now it will be changing because of insurance. Because those people who went and hung out their shingle are now not getting reimbursement from insurance. They will all be wanting back in.

Ansak: I think that's what's going to happen. It was the same with the nurses. Just about ten years ago it was almost impossible to get a nurse. They got salaries that we couldn't afford! Well, that all fell apart. Half of the hospitals closed. It's easy to get a nurse now, you have a choice with who you want. We didn't have a choice.

We went through some real tough things because of that. After about 1973 when this liberalization started with nurses being paid separately and very highly through home health agencies, where PTs were paid separately. Later on the OTs were paid separately, speech therapists were paid separately. It became impossible to have a good team--it does make a difference whether you make \$100,000 or whether you make \$20,000 in terms of your feeling of cooperation. That was one thing.

The other thing is that I always felt strongly that even the salary of the director of a nonprofit should be in relation to the lowest paid. After I left of course, it went out the window. You have to look at things like HMOs now. You see what these CEOs get paid?

McGarrigle: It's within the range of obscenity.

Ansak: It's vulgar. This is your and my money that I pay to those b\_\_\_\_\_ to take care of me. And they rip it off, \$180 million a year or something. What is the matter?

So, ours was more of a missionary kind of thing. I felt strongly about that and I still do. Now, of course in retrospect I think, Why didn't I fight for more money? I could use it now. [laughter] But it doesn't matter. No, I wouldn't do it anyway. But it was very difficult to maintain that collegial spirit when these external forces started to play into it. And that then of course gave them status, so the nurse had more status than the social worker. Oh! All this garbage. Each one has something to contribute as far as I am concerned. But initially we were sticking to that.

### **Outside Evaluators and Developing a System for Reports**

Ansak: So after we opened we then were very--well, we went through a lot of things. Did you see the Transcentury report? I don't know how much it shows. In 1974, the federal government (they started in '73 I think) gave the Transcentury Corporation a grant to study all these adult day care programs. Bill Weissert, have you heard of him?

McGarrigle: No.

Ansak: He was sort of the guru of all adult day health; that's where he started and he made his name through that. He afterwards always blasted all the adult day care programs and said they were not cost-efficient; some were rip-offs. He always kind of excluded On Lok. He said, "On Lok from the beginning did more." And that's true. He felt that the others only sold their center. They didn't even give any baths in the centers. And we did everything.

From the beginning, we provided some home service from the same money that we got for the day care. But we had full-time health workers. And people don't come at eight o'clock to the center usually, they come sort of between eight and ten, perhaps eleven, whatever. So between ten and three is the heavy traffic of the center, where you meet lots of people. But you can't hire people just for four hours usually, you have to hire them for eight hours. So two hours before and two hours afterwards, I felt, were kind of wasted. So I felt we could do a lot of home care. Go follow up on some of our people, help them to go to bed, get themselves washed at home. That's how we started our home care, without license, without anything. It was just health workers who were sent home from the center.

Weissert recognized that. He also recognized that we always had a physician aboard and PT and OT. We had many more services than the others. But he was basically dead set against adult day health.

He did that study in '74, '75. I remember they came to ask questions. They asked me, "What's the average cost of your transportation?" At the time, we barely kept track of things. I didn't know. I didn't know how many transportation trips we had. We were so busy doing things that at that time we did not have a very good system, and I realized that. I wanted it, but it was difficult to get started.

I remember they wanted me to be able to go into a book and look at how many transportation units we provided and what the average cost was, and I had no idea. So finally I kind of fibbed. I remember that report. They asked me questions I couldn't answer. And they insisted and insisted. And I said, "I don't have it." Which would have been good enough; they should have accepted that. No, they didn't accept it. So finally I kind of off the top of my head, I figured how many I had today, so yes, that's the average. Stupid stuff! But we had just started that year and we were really nowhere ready to be studied because we hadn't even set up the systems yet.

Your dad felt that the research data that they were collecting was really not appropriate for what we needed.

We then hired Stanford Research Institute, and what a rip-off that was! We had to pay them \$8,000, and at that time that was a lot of money. They were supposed to develop a system. I had already thought about computers at the time and thought perhaps we could do something so that we could then ultimately put in computers.

What I always wanted was that we would have a limited amount of paperwork. I have a thing about paperwork. People spend much too much time on paperwork. Stanford Research never came up with something. I remember I found a form in another organization and gave it to them and they kind of did a graphical job on it and changed it a bit and gave it back to me. I think that was all they did for that 8,000 bucks. Finally, Dr. Gee got so mad at them. I remember we had a joint meeting and the higher-ups from Stanford came and Dr. Gee says, "Thank you very much for your help, but we want to terminate this contract." "Well, we haven't finished the final report," they came back. And he said, "I don't really care about the final report. You can save your money--" "No, we can't do that. No. No. No, we can't do that. That's against our principles." He said, "Then write a draft--" "Well we can't write a report until this, this and this, what we were supposed to do." And he says, "I don't want to waste any more time. So, either you write the report on what you gave us or you don't write it. Forget about the report; we don't want a report." Well, this went back and forth. Finally, they didn't give us a report. But really, a rip-off.

McGarrigle: And that was part of Stanford University?

Ansak: Stanford Research Institute.

McGarrigle: Oh, the research institute. Okay.

Ansak: Anyway, we slowly got our act together and started to record and we developed the system. Actually that form that I had given to them that they gave back to us in graphically nice format was then sort of the basis of our monthly statistical report. Which then was carried on, actually until the early eighties and then we revised it again. We started to keep better medical records.

### **Two Stories about Staff**

Ansak: My first secretary became the medical records librarian and she still is there. She has been there since '72. Have you talked to her? Diana Eng.

McGarrigle: No.

Ansak: You should talk to her. She became the medical records librarian. She is very organized and very meticulous. Amazing woman, came from Hong Kong, she was twenty-four when I first met her, got married, had two children, went all along, always to school, absolutely wanted her B.A. But in the meantime got the medical records librarian's assistance license and continued school. About a year before I left, she said, oh, she would like to take a leave of absence and finish her B.A. So we said, well, she could do it. She went to St. Mary's. We then paid her to take a sabbatical and go and finish her B.A.

McGarrigle: What a good story.

Ansak: Yes, it's a nice story. You have to ask her because she can tell you. We have quite a few of those. I always encourage people to go back to school.

Another one who is still there is a physical therapy assistant. He was a driver and he left us because his wife at the time went to Colorado, she was a cook. He went with her; he was very unhappy and wanted to come back and came back. I talked to him, and he said he really wanted a job. And I said, "Would you be interested in doing something else?" He worked first as a driver. Because he had a bachelor's degree in something; he was also a musician. He composes music, like you hear on KKSF.

McGarrigle: Yes.

Ansak: That kind of music he composed. He had just given me one of his latest compositions. He's trying to put together a record now. He got remarried to an OT from On Lok, a Chinese girl. He is now happily remarried. Because we had such a hard time finding physical therapists, we sent him for two years to physical therapy assistant school down in San Jose. He would work weekends. We paid him during the whole two years and now he's still there. So we have a lot of those things which were good.

### **California Adult Day Health Legislation**

McGarrigle: At the time when the day health center opened, was there a lot of recognition from the community about what was happening?

Ansak: No. If you recall, I said that Dr. Gee and I went to San Francisco Foundation to get our first grant and they asked us to raise \$5,000 in the community. That took us all the way to '74. In the summer of '74, the Square and Circle Club, a women's organization, put up a fashion show and raised the residual \$4,000. That's about three years later.

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Ansak: One of the original goals of the Administration on Aging proposal was to look at Medicare and Medi-Cal reimbursement for adult day care as an alternative to nursing home care. We started to work with the Department of Health Services in, I think, '73, about in June or so, I started to work with them. I called them and tried to get somebody to dedicate some time to this problem and see whether it could be done. And I would talk to one guy and he would send me to another bureaucrat and that one to the next. I used to know all these guys. It went all around in a circle, and then I would end up with the first one again. I did this round for about two times and then I got tired of it. Because one would push me to the other and say, "You need this. You can't do it. Well, you need this. Talk to this one." And so on.

So we went to Willie Brown in May of '74, and he introduced some legislation. He knew On Lok; he had seen what we did; and he was chairman of the Ways and Means Committee then. He introduced some legislation which set aside \$300,000 for a very specific program at the Department of Health, but the only one who had a program like that was On Lok. So we were the only ones who could apply for it. So we then, through the back door, got to the Department of Health. Now we had the money and they had the mandate to do it and now we have to work on it. But even that was a major problem. They had no idea, no clue what an adult day care center would be.

I remember the first project officer we had from Medi-Cal came down from Sacramento, perhaps when we signed the contract, and he came to look at the day health center. And he says to me, "Oh, I never knew that you had so many elderly people!" Excuse me. That was kind of the speed of it. Anyway, that was the opening door to Medi-Cal. That was actually the opening to regular, non-soft money. It was also on a contract and it was also temporary still because it was just a demonstration. They found a way to reimburse us as a clinic. A clinic with extraordinary services. It was not a home health organization; it was not adult day health; it was just a clinic.

In the meantime, three other centers had opened in San Francisco because of another federal project. Mount Zion then travelled with us to Sacramento. I remember we went up there many times, because they wanted the same reimbursement. So shortly after we really started the reimbursement, about a year later, these other projects also got Medi-Cal reimbursement.

McGarrigle: They were similar.

Ansak: They were similar. They mostly did not have doctors on staff, but the other stuff, they all were the same. We then kind of got together and in '75, '76 we started to push for legislation in California for adult day health which passed in '77, I think. I would have to look it up exactly, but I think it was '77. Then regulations came out. Then it became a program, and then other centers opened up. And the person who was in charge of that program in Sacramento was Ruth Van Behren. She later quit there and worked for us for almost ten years in the PACE Program. She is now retired.

McGarrigle: What was the connection to Sacramento? Did you have a lobbyist at that point?

Ansak: No. We were the lobbyists. We would go up there and sit on the doorsteps, of Art Agnos' office and Leo McCarthy's and Willie Brown's.

McGarrigle: At what point did that process become formalized with the lobbyist?

[telephone rings--tape interruption]

Ansak: In '88.

## V DR. WILLIAM L. GEE, 1914-1993

### Childhood

McGarrigle: So talk about Dr. Gee now.

Ansak: I need to get some of his material. You might be interested in reading it; I have it upstairs. But, he came here when he was five or six years old from China. He was the son--is that going to be recorded? I guess that's all right--of a second wife. That's really acceptable. I mean, he always talked about it. And he came here to join his father who was here, who was an herbalist, but had started a gambling business because he didn't make any money as an herbalist so he had to make it in the gambling business. So he lived on Waverly and Washington [Streets]. In fact, he had his practice there later on. He said it was a hundred feet from where he grew up. He had moved a hundred feet in a lifetime, he said.

Anyway, he used to tell me how he came and he stayed with his father, who was apparently a very kindly, nice gentleman. He had an older brother from the previous marriage of Dr. Gee's father and he had come with his brother to the United States. He has a nephew who actually was the same age as he is. There was this big difference in age. He came as a five-, six-year-old and his father took care of him. He would run for his father to go and get the lottery tickets. He never bought a lottery ticket in his life. I know him. He never went to Reno. He said, "I know who wins the money! [laughter] The house always wins it!" So he never wanted anything to do with it.

He was then chased out with his father, out of San Francisco. There was some sort of a cleanup in Chinatown which happened periodically. They took off and went down to Monterey and he lived with his father in Monterey as a six-year-old or so. And really missed his mother, he always felt that this was terrible because when he came here he had to go to Angel Island. And he was the only boy in women's quarters, and he had nobody he knew there. He couldn't be with his brother; his brother was in San Francisco. But they detained him and he had to be in a women's quarters for about three months, a long time.

He then went with his father to Monterey and stayed there for a while. And then his father decided to put him in the Chung Mei Home. That was a Baptist home for Chinese boys over in Berkeley where Ashby and Highway 80 intersect. That's where it was. And he went there when he was seven or eight years old. That must have been in the early twenties; he was born in 1914. He went there and went to school there and went through high school, Berkeley High.

In the summers, he would visit his father when he was in San Francisco or he would spend some time--the whole home would go and pick fruit up in the Central Valley, in Lock and all these places. He took me around there and showed me all that. He also met his wife, who was born near Lock, another one of those Chinese towns in the Delta. So that's how he spent his youth. He was always talking rather fondly of that time. He made

a lot of friends there and he really became totally Americanized going to high school in Berkeley.

### **Getting a Bachelor's Degree and Serving in the U.S. Army in China**

Ansak: After high school, he came to San Francisco and started junior college, but never had any money, and this was in the thirties. So he worked as a bartender; I don't know what he didn't work as. You would say something and he says, "Oh yeah, I used to have a job in this." So he started, I'm trying to think now, probably about '32 or so, '32 or '33, he started junior college. And then was in junior college forever because he could only attend one class a semester or something because he had to work the rest of the time.

He used to joke and say he was the person who had taken the longest time to get a bachelor's degree. Because I think, I'm not sure whether he got his bachelor's degree-- yes, he must have gotten it about '38 or '39 or '40. I can't remember if he got it before he went into the army or after he went into the army. He got married in 1940 or '41 and then was inducted into the army.

That was another big story; the Chinese were not citizens. He was a Chinese citizen; they were not allowed to become citizens if they were not born here. So he was inducted into the army because there was general conscription. And he went to Texas to basic training in Lubbock, Texas. He hated to walk. And he used to say how he had to walk all the time, "I've walked enough in my basic training in the army; I never want to walk again." [laughter]

But he loved to play tennis and he started to play tennis on the Chinese playground and became one of the champions. He was a state champion.

McGarrigle: Oh, really?

Ansak: Yes, he was a very good tennis player. And that also gave him a wide variety of friends. He then got married, got into the army and was sent to China as a cryptographer. But then he was assigned and had to climb poles. He always talked about how he had always to climb the telephone poles in China. And he was in Kunming, all this area where the American troops were under General Stillwell.

There he made the friendship, that's kind of interesting for On Lok, of Frank Valeo. Frank Valeo in the mid-late seventies was the secretary of the U.S. Senate and he's a very close friend; he still lives in Washington. He was a very close friend of Willie Gee's. When he had to go to Washington, he'd just call Frank Valeo and tell him he wanted to see this senator and that senator and in we went.

And he had this attitude when we used to go to Washington. He'd say, "I'm an American citizen. I have all the right to see those people; they're my representatives!" I mean, he would drop in there like [laughter] he owned the world. And he was a short guy and very gentle, very soft spoken, very generous, generous to a fault. He died in the

poorhouse practically because he had given everything away to On Lok, or to all his friends. He had his house.

### **Dental Education and Citizenship**

McGarrigle: He had a confidence?

Ansak: Yes, a real confidence!

Back to the story: he went to the war and then came out of the war and then of course got the G.I. Bill. He went to dental school. Wanted to go to medical school and somehow, either because he was too early or too late, medical school didn't work out, so he went to the UC Dental School.

McGarrigle: When did he get citizenship?

Ansak: In 1943, in Lubbock, Texas. Because at that time Roosevelt decided to give citizenship to all of the Chinese before sending them to China. Because if they would have gone as Chinese citizens, there was a danger the Japanese would have mistreated the Chinese because they were in American uniforms and Chinese. So they wanted to be sure that they were protected by American citizenship.

McGarrigle: Did he talk about what it was like to be an American soldier in China?

Ansak: Oh, yes. It's interesting, I went to China and he went to China once with his wife while I knew him. But he wasn't enamored; he laughed when I wanted to go to China and go and learn Chinese. And I said, "Why don't you come and visit me in China? It would be nice for you and it would be nice and fun to travel with you." No, no. That was not his idea of fun. He was thinking about going with his children to South China once more. But he was really proud of being of Chinese heritage but he was very much an American citizen.

He was very proud of his citizenship. And he was politically active. He would support Democratic candidates. He would give them money even if he had none. He would always support; he would talk to them. Willie Brown knew him well; he was a good supporter. Willie Brown appointed him to the Commission of Aging in San Francisco, and so did Leo McCarthy.

### **Professional Life and Creating On Lok**

Ansak: So anyway he got his dental education and he went to San Francisco General as an intern and he wanted to get into dental surgery. So he did some dental surgery residency for a year, but then he had kids and couldn't afford to continue. So he then opened his office on Waverly Place. And was then pretty soon recruited by the Health Department

as a public health dentist and took care of children in Chinatown, and with that got to the Health Department. What's now on Mason Street but used to be down in the Ping Yuen project. And he met people like May-Lian Lee, who's another big founder of On Lok, a public health nurse, and Dr. Johnson who was the district health officer.

I think it was in the late sixties that another public health nurse, Miss Gibson was her name--they always said I looked like Gibson--she was there for years and years and spoke Chinese pretty well. She encouraged him to get involved in community affairs. In 1966, there was a Baccardi Committee in response [to] all the problems that arose because of all of the new Chinese immigration. In '65 the immigration laws changed and all of a sudden all these Chinese came. So in '66, '67, '68, the Baccardi Committee did a study and they addressed health problems, educational problems, and more. And out of that report actually, which I have upstairs if you are interested, a lot of programs got started. One was On Lok. Indirectly.

There was another organization called the District Council and Dr. Gee became part of the District Council. It was composed of various community representatives and agency representatives. And they had committees: health committee, education committee, employment committee, immigration committee. The immigration committee started the Newcomers Center that I was involved in. That's how I got into this group. And he was the president of the District Council and later the chairman of the health committee. And while he was the chairman of the health committee he helped start NEMS (Northeast Medical Services) which is the clinic. And then was a member of the nursing home subcommittee that looked at the possibility of building a nursing home.

That's how he got involved with On Lok. Gilbert Lum, Gail Lee, and others incorporated, and decided in the summer of '71, after they got the \$2,000 through the employment committee, to incorporate and to see whether they could start something, like a nursing home. They incorporated that as the Chinatown North Beach Health Care and Development Corporation. That's the precursor name of On Lok. They incorporated in the summer of '71 and then started with me in September of '71.

So he was already involved in the community and he had heard about me, because there was all of this upheaval when I was on the immigration committee, when I wanted to come back and the affirmative action got all involved in it. So he had heard about me. Actually the person who caught me into this On Lok thing was Dr. Johnson, who was the district health officer, who was essentially his boss at the health department.

And then I met him. I will never forget it--in the coffee room in Health Center number 4. He was a short man, chubby and he had a long white coat on. He looked like a dwarf kind of running around [laughter] in this overlong, white coat. And very friendly; he was very friendly and May-Lian was very friendly. I knew her and Dr. Johnson I knew.

So I remember that I thought, "What a funny guy, wonder what he is all about." The group hired me. He was the president of that new corporation. So actually very early I really only related to him and to May-Lian Lee and Dr. Johnson. This was sort of the triumvirate that ruled the early beginnings of On Lok. A little bit, Gilbert Lum, who was the director at NEMS, gave me some idea. He said, "What we really want to do is develop a good outpatient service through NEMS, work with Chinese Hospital and have

a nursing home. And then combine all three and make an HMO out of it.” It made total sense to me.

Of course it never came to that because Chinese Hospital and NEMS got into a fight and On Lok was surviving on the outside. Real interesting. Partly it was because Gilbert Lum had problems, unfortunately. And I think he got laid off later; so that kind of fell apart. But the idea was simple, very clean. After he talked to me and told me that, I thought, “That makes sense.”

Then Dr. Gee was kind of my mentor and my support in Chinatown. When the affirmative action controversy started, he said, “Oh, don't worry. Just come to me, I'll take care of it.” So if there was something, I just went to him; he took care of it. That was it. Which also kind of lead to--he was my representative in Chinatown. I mean, I had dealt with the professionals in Chinatown, with the agencies and all that, but like the family associations and all that, I didn't have to worry about. I couldn't go there anyway. He was taking care of that. He gathered support in the community like board members, like Harding Leong. I think he was very excited because I was active and kind of an entrepreneurial person, and that suited his style perfectly. So he could play the politics and I would do the sort of nitty-gritty.

He usually had a very clear vision of what was the executive director's job and what was the board member's job. He really totally trusted me; never interfered with administration or decisions--sometimes he kind of shook his head and decided, “What is she up to now?” But he would always support it. I don't think I have ever had a hassle with him, for twenty years or so.

McGarrigle: That's remarkable; you worked so closely together.

Ansak: Yes, all these years. And he was president until '84, and then I actually encouraged him, because I thought it was time to turn it over to other people. I saw my retirement coming in the future and I felt it was important that he also retire. He then ran for board of supervisors, by the way, in '86. And actually didn't do too badly; I was kind of surprised. His wife died in '85.

In '86 he ran for board of supervisors and afterwards, I started to feel him go downhill. He had always a heart condition, a murmur or something. And his energy went way down. He was not as vital anymore, and also mentally. I have an old movie of his. In '74 when he explains On Lok, well he is all full of piss and vinegar, but not anymore. But he was, if I had a hassle with your father, he would clean it up. [laughter] It was really funny. And your father liked him.

There was nobody who didn't like him. If he had an enemy or if he decided somebody was his enemy, forget it. I have never seen anybody as vindictive as him. He would never forgive anybody, but on the other hand, once you were his friend that was forever too. Really amazing.

McGarrigle: When did he die ultimately?

Ansak: January--just three years ago, no wait a minute, four years ago. What are we? '97. It was January 18th of 1993. So it was four years.



## VI MORE ON THE EARLY DAYS OF ON LOK, 1975-1983

### Getting Started

Ansak: So earlier in the game--well, we already went to Washington in the first trip; I told you that, when we went to that Howard Johnson. Because he had to go from NEMS and he gave me his ticket so I could join him there. So we went around to look for that money, and immediately he made friends in Washington. Jessie Gertman, you haven't talked to her?

McGarrigle: No, I need to call her.

Ansak: She just wrote to me; she wants to come sailing with me. Anyway, she immediately took a liking to him. Really he had a way of selling himself; people were just enamored with him. We had an old dog and pony show, I swear we had a dog and pony show. He would start off with his story [laughter] about the mystery of the Chinese. I used to laugh my head off. But he would in a very nice way, explain how hard it was for the Chinese because there are no nursing homes, because of this and then he got into the story of the Chinese. Which most Easterners didn't really know; most people didn't know. But Dr. Gee had a way of presenting that. I mean, I was ready to shed tears afterwards. People were totally enamored with him. And then he was through with his spiel, and then I would start what we were going to do and with facts and figures and social work talk. I tell you [tickled with the thought], there was not a door that kept closed; it was really funny. It just worked like that, really amazing!

McGarrigle: He didn't have bitterness about his early experiences?

Ansak: No.

McGarrigle: Then when did his father die?

Ansak: Before the war, '38 or something.

McGarrigle: He really raised himself.

Ansak: And interesting, his kids are not at all like him. They're nice. And his wife was very nice too, and very generous, another good soul. But the kids are quite different in their ways. They are 100 percent American.

So through the seventies when we got this very limited grant to start with, and then every year we had to go for a supplemental grant because we never had enough money. And we would always go back to Washington. First we went to the Administration on Aging and then when this didn't work, we went to Cap Weinberger and Cap Weinberger, of course, gave us the money. Because of him we got that second grant from '75 to '78. Why did we go to Cap Weinberger? Because I knew his wife? But that would not have gotten me in. But he had a friend who was also a dentist and fellow Republican in Chinatown, and very close to Cap Weinberger. So he just made the appointment for us.

McGarrigle: I noticed that he was in the credits of the book that you and Rosalyn Lindheim co-authored.

Ansak: Who?

McGarrigle: Weinberger.

### **Raising \$300,000 to Start On Lok House at 1441 Powell Street**

Ansak: Well, you know why? Because in '76--well, let's go back, we bought that lot where On Lok House is now. It belonged to nuns and was a child care center, and they closed it and we got the first option. Well, that's not true. We told them that we would like to buy it and they didn't trust that we had the money. These nuns had a committee to work with and there were some interested Chinatown money people in there who wanted it for their own purposes.

So after six months, after we had started to raise money for that property, and we were sure we were going to get it, the nun wrote me a note and said, "No thank you. No thank you. We won't give you the lot." Then I went to our realtor, who had originally got us Broadway, the first day health center. And that realtor became a real friend of ours. And he went to the nuns and made them an offer they couldn't refuse. They said, "We'll pay you the \$300,000 in six months in cash."

And so it was a go. And I had to raise \$300,000 in six months on my own; I had never raised that kind of money for that organization before except for that \$5,000. Oh, I thought I was going to die. I hired somebody who was supposed to help me. But we made it! I mean, we made it, that's all I can say.

Then we had the lot and we had applied to HUD and HUD rejected us, I think two times. And a third time rejected us. They said we didn't have enough experience. I was desperate because we had told those donors we were going to have a HUD loan. We were pretty sure because our consultant said it would be no problem.

So Cap had already left HEW, it was under Ford's administration. And the funny thing is, we had just received an award from HUD for the bicentennial for an outstanding project. But one arm didn't know what the other was doing. They gave us an award on one side and on the other side they rejected us.

Finally Cap Weinberger called an old friend at HUD and we got our loan!

##

McGarrigle: [laughter]--and the \$300,000, did you raise that from private donors?

Ansak: Yes, well, we did a lot of fundraising through foundations. And actually, one of the foundations, the biggest donor was Fleischman's, you know the margarine? They had a

large foundation, \$100 million in Reno, Nevada. But they had to get out of business in 1980. They had to have spent all of the money. So we applied to them because they were interested in property, real estate. And I applied for \$50,000 and one afternoon, an official from that foundation called. He was at the St. Francis. Dr. Gee and I picked him up and took him to the center and he was so enamored with that center. He was an older man; he stayed there all day. All day! He didn't want to leave. Dr. Gee stayed with him and he charmed him. And then he said he would let us know. And he went off.

About a month later, I had been to a meeting or something and come back and Ann Wong, my assistant--that's another one you should talk to some time--she will talk to you; she will be easy to talk to. Ann Wong. She was my assistant; she was at NEMS before. She was also a short while on the board in the seventies.

Anyway, by that time I think I was in the office that your father used to have and she came and she said, "Go and look on your desk. Go and look on your desk." [with excitement] So I go and look on my desk but I can't read it, I don't have my glasses on. And I see something, I can barely see 50; I see Fleischman in heavy print and then I see "50." And then I think, "It's funny, there is something before that 50." It was 150,000. So that was half of it. They gave us \$150,000 on the condition that we would raise the rest of the money. In the meantime, Levi Strauss and Haas had already given us \$50,000, and anyway, we raised the whole thing.

McGarrigle: What a success story.

Ansak: Yes, it was really. But you know the anxiety. [chuckles] I just get back into it when I think about it. I think that was the worst. I raised afterwards \$2.5 million for Montgomery, or \$2.7 million for Montgomery and \$2.5 million for Dr. Gee's center. But that was nothing in comparison to that first, oh, it was a headache. Then we had to raise some more, because we had to raise half of the money for the day health center, so we actually had to raise \$450,000.

But once we got that \$150,000 it was like butter. Once one person gives you money--and this was the same in Chinatown. As long as they didn't know you, there was not much, once they got to know you--one door opened and then the next door opens and then the next. It was amazing.

McGarrigle: That makes sense when you think about it. But how did you? You had so much energy, you always forged ahead to these major--

Ansak: I think that's what Dr. Gee liked. He was a scrupulously honest man. The funny thing also, one thing Gail Lee told me when I first came, she said, "Don't ever count on overtime." I said, "I don't anyway." But it was a hint. He really expected total commitment. Though he was always encouraging me to not work so hard. But he knew that I was just totally committed. And I had your dad afterwards and Rick Zawadski, we would talk about things and we would kind of stimulate each other. Then we would do something else, then we would try this.

### Computerization and Pursuing Medicare

Ansak: So in that period from '75 to '78, this next phase when we developed the On Lok House and developed the in-home services and developed that social day center, we kind of knew that at the end of that period there was no more money. Except for Medi-Cal, Medi-Cal was getting secure. But Medi-Cal only took care [of] about half of our budget or something. And it was only for Medi-Cal patients. It wasn't what we wanted; we wanted to be open to everybody. Of course later it became again, more Medi-Cal, but that's another story. So we didn't know where to go.

There were two things I was interested in in '77, one was in computerization. We were the first organization in Chinatown, let alone among the social agencies, that bought computers to start to track our records. In '77, that is very early.

That was one thing, and the other thing I felt, we should go to Medicare to get the money, because of the mandate that we had from AOA to look at Medicare and Medi-Cal as an alternative payer, as a permanent payer. I felt strongly that these dollars really would be paid by both Medicare and Medicaid. In nursing homes, Medicaid pays--or Medi-Cal as you call it here--and Medicare for the medical. So I felt strongly that these two should be tapped. Because these are people we are keeping out of nursing homes.

So I was very adamant in '77 that we pursue Medicare. And then Dr. Gee and I again went to Washington. Tom Moore was at that time a deputy up in the Department of Health in Sacramento. He later was on the board of directors at On Lok. He had learned about On Lok and he was enamored with us, because his father was a union organizer in Texas, and he is sort of a left-wing health care organizer, and he was Governor [Jerry] Brown's deputy health director.

So he was at that time on top of our contract with Medi-Cal. And he had come to visit and he said, "Oh, when you go to Washington you have to go and visit my friends, Jay Constantine and Jim Mongan." Jay Constantine was the staff director for the Senate Finance Health Committee. So Dr. Gee and I went to Washington. We called and he said, "Yes, you can see us." He was always very receptive--those people were fantastic, those staffers at that time.

So he saw us, we went in and his cohort, Dr. Jim Mongan, who was a San Franciscan, greeted us. His father was in city government, either the registrar of voters or something like that, and he went to Stanford Medical School and was a physician who got into politics. But he was on the health committee of the Senate, and among other things, worked on Medicare.

So we went into a big office, like this, here's a desk and here's a desk. I will never forget that. On this desk, I see lots of books stacked up and a pair of shoes on top. So, Jim Mongan takes us to his desk which is on the other side, and he starts talking to us. Dr. Gee and I go through our dog and pony show, and essentially wanting some help in getting a Medicare waiver which we were unable to get. We had been rejected. So we thought some political pressure might help.

He listened to us. He was very interested. He was fascinated. And yes, he was going to come to San Francisco. In the meantime, I told him about the 222 Medicare waivers, which were available at the time for alternatives to nursing homes. I was upset that they weren't looking at something else. Because their conclusion was that it was not possible to keep people out of nursing homes cost-effectively. I knew some of those projects and was not impressed with them.

And with that, this guy with the two shoes on the desk, with a big cigar, sort of pointy nose, small guy, skinny--gets up from behind and says, "And which former HEW employee is the head of that research organization." And I just had to laugh because that was exactly what it was. This was Jay Constantine; he was the director of the committee. So we then talked to him for a while and he said, "Well, Jim, you have to go out to San Francisco and see that program." So he sent Jim Mongan out.

Jim Mongan was totally enamored with us. I mean totally. There are stories that Jay will tell you that he came back with. For instance, one, he was so impressed because at that time they were investigating health care fraud. And they had lots of problems with hospitals that overspent; particularly on equipment; equipment was a terrible thing. And Jim Mongan saw that we had made a mirror for the PT to work with for two dollars or something. And we put it together and it worked fine, it was on wheels. The janitor had made it. He says, "Oh, it's unbelievable that there are still people in the United States that still work this way."

So that stupid mirror, which I sold last summer at a garage sale, was kind of our opening. Then Jay came out totally enamored. From then on we had our big supporters in the Finance Committee.

### **Receiving the Critical Waiver**

McGarrigle: And what was the criteria for the waiver that you sought?

Ansak: They could do anything they wanted. That was a waiver that was put in in '74. They wanted to experiment with different ways of providing health care. It was pretty open. So, if HCFA had been willing they could have done anything.

Well, we finally got our waiver in 1978 which allowed us to provide total health and social care under one budget. We had suggested capitation, but HCFA felt we were not ready for that. Hale Champion was the undersecretary of HEW. That was under Carter's administration. Califano was the secretary. Califano on the insistence of Nancy Pelosi had come to visit us in San Francisco, was impressed with the program. So when he heard that we wanted a waiver things went pretty smoothly with the help of Jay in Congress and Hale Champion and Califano.

McGarrigle: And the waiver allowed you to--

Ansak: The waiver allowed us to provide all the health and social services, even services that usually are not covered by Medicare, under a fixed amount of money per person per

month. We were going to include exactly the package we have today: day and home health services, hospitalization, nursing home, the whole package. We were having one year without offering hospitalization, and then the second year we would start with hospitalization and nursing homes. This was an arrangement just to allow us to make contracts in the first year with providers.

Anyway, HCFA felt that our figures weren't good enough for capitation. The previous three years we had tracked how many people went to hospitals and how much they cost and all that, so we had some pretty good figures. And we said at the time that we wanted a thousand dollars per month. Can you imagine? A thousand dollars per month for all these services. And they said, "You don't know what you're talking about. You can't do that! You're not capable of doing that. We will give you just an open-ended budget."

So we could have used any amount of money that we wanted to. I mean, it was a Pandora's Box; there were no restrictions. We could have used a thousand or three thousand per person; it didn't matter. I was very adamant that we live within our thousand, the thousand capitation proposed. I felt it was important to live within that so that we could prove the point. And also because this was a four-year demonstration project that lasted till '82. So I knew that after that we would have another fight for continued support--so we lived within our proposed budget.

Actually, the average cost over those four years turned out to be less. No, no. The average cost over the four years was a thousand and eighty, I think. This included inflation! It was short of a miracle, but we made it. And we provided good comprehensive health care. We provided the whole range of services, and frankly our services at the time were still pretty shaky. You know, we tried, but there's a lot of things we didn't know yet.

We had to learn a lot. We had to get a lot of new staff. At that time the staff really increased. We had On Lok House opening in 1980. Two years later, we had at least some housing which helped us with the program. So it all kind of got together. But it was a lot of work. Can you imagine that from nothing to a house and a capitation that you have to live within? It was incredible. And always the worry about the possibility of not getting the money in the future.

We were successful with that and then in '82 we started to apply to HCFA again and say, "Now you see a capitation is feasible for the frail elderly and is substantially lower than the Medicare, Medi-Cal costs. Now, let's take this system and integrate it into Medicare and Medi-Cal." Because for the frail elderly, half the costs really come from Medi-Cal. But we had it all paid by Medicare from 1978 to 1982.

You know why we were so efficient and so cheap: we had one project officer and except for adult day health, no licensing, just one project officer who supervised us and the licensing. What we needed to do was to gather the data for the research so that we could prove the point. But there was not all this garbage from here and there that bombards you from every which way these days.

McGarrigle: It was simplicity.

Ansak: It was simplicity and that's why it was so cheap and effective.

### **1982: Almost Shutting Down**

Ansak: So in '82 then we went to HCFA and said, "Let's allocate costs to Medicare and Medi-Cal." The State of California was excited about it. They had actually, after we had gotten that first legislation from Willie Brown, been excited with On Lok. And there are little things we did. Some things which I just heard are still holding us in good stead. Sometimes they overpaid us and we would draw their attention to it. And they said, "Oh, just forget it." No, I always paid it back. And I wrote the letters and said, "This is the refund for overpayment."

Once they had overpaid us about \$300,000, this was probably '83, '84, because of some miscalculations between Medicare and Medicaid, and I was intent on sending it back. They didn't want it back. I said, "No, it's not staying here. You have to take it back." So I just sent it back with a letter and said, with a check, "This is it." And we sent some copies to the legislature. This was such flabbergasting news to them. Nobody had ever done that. It still holds On Lok in good stead in Sacramento. This is really why we created the reputation. I know that! And it's so simple. I don't know why people don't do it. But it was so unusual that we got all kinds of accolades because of that.

In 1982, we had tried all that year to do this, to get into Medicare and Medi-Cal. And then came December 24, 1982, which I will never forget. Participants were singing Christmas songs at On Lok House. I was in my office and got a call from Washington, from Tom Kickham, the old friend from HCFA who originally brought us our project approval and our contract in '78. He called me and said, "You know, I have some bad news. You have to close down on February 1st; we are not continuing to fund you." I was so devastated. I didn't know what to do. I thought, should I go shoot all these people? What am I going to do? I mean, there was no place else to put those people, 60 or 70 percent needed to go to nursing homes. There were no nursing homes. It was a catastrophe!

So I called Senator Cranston. Cranston was unwilling to help. That was what totally turned me off on him. And then I called Jay Constantine, who had in the meantime retired. And he said, "Oh, don't worry about it. I am going to go to the secretary of HCFA next week, and I am going to ask for an extension and we will pass legislation and you will be okay." [laughter]

And so the next week he went to the secretary and had a chat with her, and what was her name? Well, anyway. She said, "Well, we can't really do that, but we can give an extension because needless to say they have to take care of those people in the meantime." So she gave us a six-month extension. But she says, "I want your assurance that you will pass legislation." But he had already retired. He said, "Oh yeah, we'll pass legislation." He went to Senator Dole, who was then the Republican majority leader and the chairman of the Finance Committee and he knew Dole. And Dole introduced our legislation, and by the fall of '83 we were into the Medi-Cal/Medicare contract.

McGarrigle: What a heart-stopping year. Drama. We should stop here because that is a good ending point.

**Seeking New Federal Legislation to Continue: Social Security Act of 1983 ##**

Ansak: We were always well received by both political parties because of Dr. Gee's belief that we should never burn the bridges because he was adamant that there is always a change in administration. So once it is Republican, then it is Democratic, and you really have to have your friends on both sides of the aisle and keep them warm. So when we would go to Washington, he was always adamant that we not only go to the majority staff, but also to the minority staff and keep them informed. So that actually helped in '83 when we looked for help to pass legislation.

I think the last time we were talking about the fact that in February '83, our original four-year Medicare contract came to an end. That was the contract that allowed us to experiment with a total system of health and social services integrated under one roof, everything provided by and paid by Medicare.

Then in '83 the majority was Republican in the Senate and the chairman of the Finance Committee was Robert Dole and when we needed to have legislation passed to have us continue because HCFA had rejected us and didn't want to continue. We actually had one more step to go before we could really say, "This should become a permanent reimbursement mechanism." We had to show that it was feasible to do the same thing under the joint capitation by Medicare and Medicaid or Medi-Cal in California. Long-term care costs are paid both by Medicare and Medicaid. When you go to a nursing home, Medicaid picks up your nursing home costs, the acute medical care and hospitalization belongs to Medicare. So realistically these people get their services under reimbursement from these two sources unless they are not poor and pay nursing home costs themselves. But basically that's where it comes from.

So we felt the system should be integrated into reimbursement by these two sources. HCFA was satisfied with our progress; there was no problem with that. But for one reason or another just didn't want to continue.

I think the reason partly was because we had only about 300 participants, it was a very minuscule program, in the scheme of things in the United States. And they just felt it was so unique, it was only in Chinatown, San Francisco. They felt there were cultural factors involved why we could do it, et cetera, et cetera. So they didn't want to continue, so we had to convince Congress and that's when we acquired Senator Dole as a friend.

And that's where it was handy to have known the minority staff, because you deal mostly with staff. We knew the minority staff and we went to them and they were willing to carry that legislation which put us into the Social Security Act of 1983, by name. This was never done before. It says, "On Lok Senior Health Service of San Francisco is to continue with its project under Medi-Cal and Medicare capitation for three years" as an experiment. So from '83 to '86 we started to experiment with capitation.

Since we had gathered all the data before, it wasn't really all that difficult. The difficulty at that time was to get the state involved, but the state was very excited about it. Really the only hitch we had at the time was when we finally got the legislation passed and HCFA was proceeding with its contract and so was the state. The state had a

requirement under the prepaid health plans, and the regulation was that we had to meet Knox-Keene requirements: that meant to be licensed as an HMO. In order to be licensed we had to have a reserve. Of course, we had no reserve because we had always been on grants and we had in the kitty perhaps \$20,000. Well, we needed, as I remember, \$300,000.

The unusual thing about On Lok at that time was that Dr. Gee, Harding Leong and myself went down to the bank and told them that we would give the collateral on our own houses to get that \$300,000 loan. And the Bank of Trade, which later became the Big Lippo Bank (do you recall the little story recently about Wang and Clinton's fundraising efforts?)--

McGarrigle: Yes.

Ansak: That bank gave us a loan. Their precursor, it wasn't Lippo Bank at the time, it was Bank of Trade, was willing to give us a loan. We had an ongoing--what do you call that kind of loan that's always available to you, but you don't need to use it?--a line of credit. And we were able to give that paper to the state. The state, though, insisted that we have the cash in an account and available. Although they never asked for the papers for our houses, we were kind of at risk.

McGarrigle: Sure, you were personally--

Ansak: Yes, and I think that is--if you are talking about On Lok, this happened of course in '76 when we got started with the HUD building. At the time the nuns who sold us the property wanted the guarantee that they get \$300,000 within six months. And at the time, Dr. Gee and May-Lian Lee guaranteed for that, again personally. I think the board members always had their purse where their mouth was. They would front money and they would help us.

In fact, a funny little sideline about that. Even staff had that feeling. We had an accountant in the seventies who once made a mistake. She had not requested the money from Washington to pay our payroll. Our payroll was small, perhaps \$10,000 or so; it was very early in the game. She came to me; she was very apologetic, and she said--she really felt badly about it. But she would advance the money to On Lok. She had a bank account and she was going to advance the money. I think that's the kind of spirit that was in the organization which was pretty unusual.

McGarrigle: Very unusual.

Ansak: Yes, very unusual. And actually it lasted for many years, as I say, through '83. I will say the last fundraiser we did, when I was still there for the Dr. Gee Center, the staff donated I think \$100,000 to its building. It was very unusual. They pledged about \$100,000. It was always an effort by both staff, administration, and board. I think it always came first from them and then we would go into the community.



## VII MANAGEMENT PHILOSOPHY REGARDING BENEFITS AND PERSONNEL PRACTICES

### Setting Policy

McGarrigle: It's a good time for me to ask you about how you set policy for the staff in terms of their benefits and in a way that--we talked about it a little bit but not in the interview--in a way that acknowledged or validated their hard work.

Ansak: I am from Switzerland. And I think you know that Europeans have much better social policies than the United States and certainly work policies. You can't let anybody go from one day to the other. Now here you can tell a person, or you used to be able, not any more--but you used to be able to tell them Friday, don't come back on Monday. Or one evening, don't come back the next morning.

In fact, it happened to me once. After I had been working nine years in one place, a new person had come in as a director and didn't like my face and told me one night, I didn't need to come back the next day. That does not give the kind of security to a staff. And I felt very strongly that we should have adequate notice. In the beginning I even said three month's notice. This is what it's like in Switzerland. I then found out that you can't really superimpose that on the American structure because what happened is then you would give the three month's notice or whatever and then the employee didn't reciprocate. Because legally it couldn't be enforced. So finally we just put it at one month's notice, and later even two weeks.

I remember only once that I let somebody go immediately because of criminal activities. And another time because of really severe misconduct from a Friday to a Monday. But we always paid the severance pay. The two weeks or whatever it was. We adjusted it to the American thing which is two weeks usually.

### Vacation, Sabbaticals, Retirement, Sick Leave, and Education Reimbursement

Ansak: Same was with vacations. In Europe you have four weeks vacation. I mean nobody would work unless they would have four weeks vacation. And I felt that our staff was under such stress to deal with elderly day in and day out. These are difficult jobs and we had minimal work conditions in terms of physical space. I mean, everybody had to be in one room. It was tough, and I felt strongly that people should have plenty of vacation. So we started with a policy that everybody would have four weeks vacation starting in the first year.

Well, I had to learn my lesson too. Because what happened then is people would come in, only work three months and then get a huge vacation pay, and then disappear [laughter]. So we then changed it to two years. The first year you get three weeks vacation. And you couldn't take it before you had accumulated it. So we became a little

bit stricter. But the policies are still very good. You start with three and then go to four weeks vacation after two years, and then you go to five weeks vacation.

McGarrigle: After ten?

Ansak: No, after five years. In every tenth year you get three months paid leave which is like a sabbatical. Again, the idea is that a senior staff member is very valuable. They get paid more; they cost more. But they produce more. When you have turnover forever and retrain everybody, that costs an enormous amount of money.

So today we celebrate our twenty-fifth anniversary and there is my original secretary still working there. She has been there twenty-five years. She came as a twenty-four-year-old. There is a large group of people that have been there fifteen, twenty years. Many of them now go into the second sabbatical.

It has its advantages and disadvantages, because sometimes there are people who also need to move. The advantage with On Lok was that we grew all the time, so there were always new opportunities. So people could move ahead; we did a lot of recruiting inside. In other words, promoting from the inside. Hardly ever did we take people from the outside to get into supervisory positions. Like my successor had worked there thirteen years. We always tried to promote from within. Perhaps there are advantages and disadvantages. I think the advantages outweigh the disadvantages. Sometimes it's good to have some new blood too.

I am a firm believer that one should retire at sixty-five and do some other things because life is really interesting. So what does one need? You get Social Security; you have some savings. You can function. There are many other interesting things to do. So at the time that I retired I encouraged a lot of people my age to retire. We in fact started retirement programs when I kind of reached pre-retirement age. It is usually when I reached a milestone myself that I thought of another benefit! When I had worked for On Lok for ten years, I decided a break would be nice. That is when we started the sabbatical leave program. When I reached, I can't remember, it was in my late fifties, I thought, "Oh, I really need to know something about retirement." So we then instituted retirement programs and educational programs for people so that people would learn what they can do. It was very helpful.

McGarrigle: You'd bring people in-house to do seminars?

Ansak: Yes, seminars. So that was always very good. Relatively early we started retirement, one of those 401(k) programs where On Lok puts in 6 percent of your salary after one year and you put in 3 percent. Well, tell you the truth, you could put in up to 15 percent. Because we had an excellent accountant who just automatically incrementally put more money into my account. Today I have a good retirement, even though I only started at about fifty or something. So we have that. That is very advantageous.

Then we have sick leave. We let people accumulate up to 480 hours and keep it in a kitty, that's three months. So if you have a major catastrophe, you have three months paid leave. There are some people who are there twenty years and never took a day of sick leave! After 480 hours, you have to take that sick leave within the year. In other words, every year we accumulate another twelve days. But you have the option instead

of taking the sick leave, you can get paid for these twelve days or you can take twelve additional vacation days. I was never sick. So I always had seven weeks vacation because I had this sick leave coming. And I believe in vacations!

McGarrigle: And after what period of time that were you there?

Ansak: Whenever you accumulate 480 hours.

McGarrigle: And then you have the option to take it.

Ansak: That's right. The reason for that is there are some people who take every month a day sick leave. And the others who are never sick, they kind of get screwed out of their time.

McGarrigle: It's just responsibility.

Ansak: That's right. It was hopefully a benevolent dictatorship, kind of patriarchal or matriarchal society where you watch out for your employees. Well, it worked out fine.

McGarrigle: What is the feedback that you get from your long-term employees now?

Ansak: They liked it. Oh, they're all happy with their three months after ten years and after twenty years. There are several of them now. The second one in another five years, one of the oldest employees will have her third sabbatical, and she has used it well. She went to college.

### **Education**

Ansak: That's another thing, we also tried to encourage people to go back to school. So either we paid them or assisted them to go to nurse practitioner school or to go to another program. The employee I was just talking about, she always went to school. She put herself through medical librarian school and her dream was to get a B.A. She is a very smart girl, but because she had to work all her life and then she had children, she couldn't go full-time to school, she really wanted to finish her B.A. So after she was with us, I think it was during her second sabbatical, she said, "I would really like to take a year and a half off and finish my B.A." So she took the three months paid leave. But we also paid her tuition to go back to school, and she got her B.A.

Another one came back. He was a driver and was interested in becoming a PT assistant so we assisted him in going to school and getting his two years of PT assistant school, and he's still there. I think a lot of these kind of things really help employees and they like it.

McGarrigle: Oh, I imagine!

Ansak: To me it's the way you treat your relative or your employee, that's the way you treat your client. And I think it's really important. And I enjoy it; I think it's a good thing. I

enjoy it for myself. I like vacations, you see. [laughter] So why shouldn't everybody else like vacations?

The interesting thing is culturally the Chinese very often would probably prefer to have the money rather than the time off. But I really encouraged them because I saw so many elderly who had always worked and had never developed any other interests and they were the ones who were the worst off when they retired. Got sick and what have you.

McGarrigle: On Lok must have quite a reputation within the community as far as an employer.

Ansak: We are also the largest nonprofit employer in Chinatown. When I left there were 300 employees and now there are 400 or so. That includes, of course, the Mission District program. It's growing and it's difficult to maintain it. Let me tell you, when you have ten people on sabbatical it gets rather difficult. [chuckles] Ten times three months, but it's the cost of your operation and you amortize it over the years, so it's okay.

### **Hiring Foreign Health Professionals**

McGarrigle: When you have a position open, what kind of response do you have in terms of applicants?

Ansak: It depends what kind of--it depends on the time. There were times when we could not find nurses for love or money. It's much easier now. In general we have no trouble finding somebody, but there are positions which are just difficult to find, PT's and health workers sometimes. Of course we are better off because in Chinatown there are many underemployed people. You remember when I said originally the project was conceived as building a nursing home and hiring foreign health professionals?

McGarrigle: Yes.

Ansak: Interesting that has really worked out, not perhaps exactly the way we have envisioned it. We have oodles of health workers--that's the equivalent to a home health aide--who are physicians from China.

McGarrigle: Oh, really?

Ansak: Now you figure that this is a home health worker who used to be an internist or a cardiologist in China, with Western training but not fluent in the language at all (in English) and could never become a physician. But they work as a health worker. Well, when they go and see a patient, though they never do any medical treatments--and they are very careful about that--but they understand. They see what's happening; they call right away. So you have good feedback. It's kind of interesting that this has really in some ways worked out.

We also always worked on our different career ladders. Give employees an opportunity to move ahead, to assume more responsibility if they could. Actually, probably that is

what I am the proudest of, when everything is said and done. I think we developed good personnel practices and created a good work atmosphere.

McGarrigle: That's a lot when you think about the impact that spreads from that. So many people and then not just those individuals but their families, and it continues and it spirals out.

Ansak: There are people who didn't like On Lok, hated On Lok. They were there for a month or so and they left. And I am sure that there are some people that I had to fire and they are not excited about On Lok, but overall, I think, people really enjoyed working there. I mean, you just need to look at it. You go in there, I've been retired for four years, I go in there, I know most of the people. I mean, there are lots of new faces, it has grown again. There are still lots and lots of the old-timers. And some of the old-timers who retired come back as volunteers, sort of a family affair. That's why you get so hooked up with it. You kind of don't leave it.

McGarrigle: Well, it's part of your life.

### **The Evolution of the Relationship Between the Executive Director and the Board**

Ansak: I think we came to that because we were talking about the new legislation in '83. I came to that because I was thinking of Dr. Gee, and Dr. Gee certainly created an atmosphere. He was enormously supportive, totally loyal, very unusual. It is very unusual, for me as the executive director, basically he as the president of the board was my boss. I have never seen another agency where that relationship was so supportive and so good, and I will say that some of this, I still see on the board. We have some young board members. Now we have this rule that they have to move off the board unless the board makes a special exception.

But we used to have a self-perpetuating board and nobody had to go off, and then at one time we felt, "Oh, that isn't too good, we should have terms." Then we found that isn't so good either because all the good members, you lose them, and all of the continuity gets lost. And I think nonprofit organizations make a mistake because there needs to be some continuity on the board. So it's a difficult thing.

In any case, I think of one young board member who started off, and knew nothing about On Lok. And today, I sense this total commitment and sort of a Dr. Gee spirit. At first he was sort of, "Oh well, it's nice to be on this board." He said, "You know, it takes a long time to understand On Lok and I'm just feeling now (he comes from the financial world) that I kind of get it." This is after ten years. It also (like with the employees) creates stability.

McGarrigle: Let's talk about the board a little bit. We haven't talked about the board too much.

Ansak: Initially the board was Dr. Gee, May-Lian Lee, Dr. Johnson. These were really the key figures. Others were important and at different times floated in and out. And all three were from the Health Department; all three were at Health Center Number 4. And they were totally supportive of each other and they also controlled the board.

That was in the beginning, I sort of felt we should get other people on the board from the community, and Dr. Gee was a little reluctant, he only wanted to have people who would agree with him. He felt there was too much wasted time when you get all these people arguing. Again this is a time, in the early seventies, when a lot of people were socially quite active, different from now. But they wanted a say on the boards. And then they would be there and when it got tough they were gone. And that's what he didn't want. I would encourage him to get somebody on the board. And it was okay, he ruled the board. There was no question about it. Though he encouraged participation but he was the center of the board and when people objected or started to be obnoxious--you know how some people can be obnoxious just for the sake of it--he would find a way to say good-bye to them, but usually in a pleasant way.

But some people in the community didn't like that. They were very upset about it. They felt On Lok was a closed corporation. But when everything is said and done, that was our advantage. We certainly cut a lot of the nonsense.

The other thing is, I think, it also provided the continuity when I left. Dr. Gee left before; I mean he didn't leave; he was always around; he was always on the board. He was a lifetime member of the board. So there is continuity. And there is a continuity in philosophy, though there have been new people coming on. But it's one by one, so they kind of get absorbed by the board.

McGarrigle: And how many members are there? Do you have bylaws?

Ansak: Originally, it was only On Lok Senior Health Services and it fluctuated, I think, from three all the way to thirty at one point. We found it was unwieldy and then went back to twenty for a while.

And then in the late eighties because we had so many different interests--we had Senior Health Services primarily concerned with the service contracts; in '76 we had to form another corporation for the HUD building. That was by law and demanded by HUD, and then in about '87 we had to form another corporation. We got another building. We never wanted to combine housing with services because that gets us into trouble legally.

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Ansak: In the late eighties we had three separate corporations but we needed to tie them together and formed On Lok, Inc. Though legally we didn't designate it as that, but practically it is the holding corporation of all the others. And that one also sends board members on the other corporations and one executive director. I became a member of all boards with a voice. Sometimes people have some questions and problems with that so we constantly have to work on it. But that's the way we set it up. So there again is some possibility to get new blood on boards. New members start in the smaller corporations, and then they move on to the holding or the top corporation.

McGarrigle: And there is a maximum term for them.

Ansak: Well, yes, three years, two terms of three years, but you can exempt people from that. So some people get exempted. We reduced the size of the boards. So that the top board, On Lok, Inc., has fifteen members. On Lok's Senior Health Services has eleven. And

On Lok Community Housing has seven members. On Lok House has only five. It is very manageable. It is very hard to have too large of a board.

We have other committees: a medical advisory committee, an ethics committee, a fundraising committee. And in '87 we started the Friends of On Lok. I think it's this year that they are ten years old, this or next year. There were ladies in the community who do lots of fundraising for nonprofits and they started the Friends of On Lok. They have raised large amounts. They have raised on the average of about \$100,000 a year through their different events for On Lok.

McGarrigle: Very successful.

Ansak: Yes, very. They are very good.

McGarrigle: It's probably not possible to generalize, but can you describe a little bit some of the background of the board members?

Ansak: You know what? That has changed over the years. In the beginning we were quite concerned that people be from the community because we were districted. We only served people within the boundary of Van Ness, the Bay, Market, up Sutter Street to Van Ness, the northeastern corner of San Francisco. We were adamant that board members have something to do with that northeastern corner, either work there or live there. So we had some of these requirements. And we had requirements in regard to age. We wanted a certain percentage to be over fifty-five.

Over the years that has changed a little bit. The organization has grown with the replication which I will be talking about. It has had much more of a national focus, except for Senior Health Services. We had to expand the board and have a broader vision among the board members. But that's kind of in step with the evolution of On Lok. Of course now, that they have the new centers such as the Mission District, there are board members from those areas.

McGarrigle: What is the process for the people to become board members?

Ansak: --express an interest to learn about the organization. They have to have an interest in the elderly and health care. They cannot be self-dealing; they can't be any way financially dependent on On Lok.

One of the things we did with the board when we changed to the different corporations was change the role of the executive. It always seemed funny to me that the executive had no role on the boards of nonprofits, contrary to commercial organizations. Historically, social agencies were mostly staffed by women, certainly since the beginning of the century. The boards were comprised of rich men and women. I remember that when I first came to the United States, they used to call the director of an agency an executive secretary, and they were really subservient to these boards. They often were sort of their secretaries to do the "do-gooding" work.

Social agencies have evolved and nonprofit organizations are big businesses these days. But in many agencies that has not translated into the administration. In other words, in a corporation you have the CEO and the president, and they're on the boards too. They

have a voice on the board. Very few agencies have staff members as members of the board. The executive director has a big stake, like a CEO, and should have stock and a say in the overall direction. So I felt strongly that I should be on the board as a voting member. We changed that in '87 and I became a voting member of all boards. And this of course is how it continues. I think it's important. Because the person who understands the agency certainly the best is the executive (or should understand the agency the best). And she or he should have a say and a vote. That's one vote so it's not--

McGarrigle: It has a psychological impact also both for the director and for the board, in terms of the relationship.

Ansak: Right. No, it's not the executive secretary anymore.

McGarrigle: I never understood that, but now that you give the background I do. The terminology I never understood.

Ansak: No, I don't either. YMCAs/YWCAs, it was always executive secretaries.

McGarrigle: The terminology is very symbolic in terms of the relationship.

Ansak: Yes, very much so and I don't go for that.

McGarrigle: Well, that was another legacy that you left, that you made that change.

### **Management Philosophy and Thoughts on Leadership**

Ansak: Oh, yes. That's another one, that and personnel--we did a lot of innovative things. Really. When I look back we did a lot of things that nobody else did. We served people differently, but we also had the different organization and different philosophy. It's kind of interesting because I look at all of the problems and I think, "It would be so easy if people would just be a little bit more flexible." I sometimes get real challenged and think, "I would like to run some other corporation." It's funny, but now that I'm sailing I go to these boat yards and I see what poor management they have.

In Venezuela, they treat their employees like dirt! They make a mint themselves, they don't give them good salaries or some form of profit sharing or have them involved in any aspect of management. If they were more progressive they would provide better services; they would have a smoother organization. I cannot understand why people don't see that. But even in the United States, poor management is all over. It makes such eminent sense to improve relations. You have to be careful because it certainly can be abused. I know that and it can become a catastrophe. If you create a good atmosphere, you attract the right people who are going to do the right thing. I guess I am an idealist when it comes to that.

But then, I'm also not so democratic. You know, it's funny. I have to go back. When I came to the United States, I came from Switzerland which I guess is known as one of the oldest democracies in the world, if not the oldest democracy. I had no question

about that. When I came to the United States, I was working in an organization that provided services to immigrants. And I was the case worker/social worker, but we also had group workers who worked with groups and talked to immigrants about the principles of American democracy. I remember one day this group worker said to me, "Oh, you really have to learn democratic principles." I looked at her and I said, "What are you talking about?" I didn't have a vote in Switzerland which is a very peculiar situation as a woman--and yet I felt I had a say even though I didn't vote. Now, of course, they vote. And I felt we were a very democratic country. Actually, what she meant that I didn't know such things as the Robert's Rules of Order, and how to run meetings. She considered that the essence of democracy: meetings, committee meetings, and endless discussions. Well, that was not my idea of democracy.

McGarrigle: The superficial aspect.

Ansak: That's right. And I felt that was just garbage! Like Harry Truman said, "The buck stops here." Even in a democracy, somebody has to assume responsibility. Because very rarely are human beings that mature, the whole group that mature, that you can make a joint decision.

I see it in boating. You have a captain! I mean, there is no way in the world that you can run a boat democratically! And I've seen it. They're usually the ones where everybody is unhappy because nobody makes a decision in difficult situations and when you are in danger out there, somebody has to assume responsibility. And it has to be the same person that follows through. So I believe in democratic principles and self-determination, but I don't believe in the superficial garbage. There has to be a common interest and a working toward it.

McGarrigle: And in terms of if you look on your own evolution, if I were to ask you how has your view of leadership changed? Do you see an evolution?

Ansak: I was probably more of the dictatorian when I was younger. I went to the army in Switzerland and I was in a leadership position. In the army, like on a boat, there is limited democracy. There are certain things which you can discuss and which you can have everybody's input and make a joint decision. But most of the things you can't because it's life and death! Usually in those situations it really doesn't work.

So as I moved along and as I became probably more mature and more secure in myself, I could share much more. But I think what the difference is that I don't share out of weakness. Because you can share and have these endless democratic processes out of weakness because you don't want to make a decision. Because you don't want to assume the responsibility. Or you can do it out of strength because you really believe that person has something to contribute and you want to absorb that and integrate it into the policy or operation. So I feel if I do it, I do it more out of strength than out of weakness, because I am totally willing to assume responsibility and say, "Don't do that," or, "Why do we do this?" If it has to be, but by choice I like to have the input from others. I like to work with the staff and have their input. But there was no question ever. I mean, it's a big joke at On Lok. They always knew who the boss was. But people liked to work there and they didn't feel hemmed in. So I don't think that was--

McGarrigle: It sounds like you achieved a balance.

Ansak: Well, most of the time. If a staff member talks it might look different. I am very popular now that I am no longer the director. Well, they hated me cheerfully lots of times because I made some decisions which weren't popular. But it's part of the job and I think it's part of assuming responsibility. You cannot be liked at all times. And I think that's what lots of people have difficulty with. I mean, it's tough when you're not liked.

McGarrigle: I think the parallel is parenting.

Ansak: Yes, it's very true. Sometimes you're not going to be popular, well, too bad. I do what I feel is in your interest and I might be mistaken. There's another thing, when you look at the development of On Lok, we took enormous risks. I mean enormous! Sometimes the water was right under your nose. And we would jump in and do it, but if it was a mistake we would also be equally quick at reversing the trend. And I think that's what you have to do. Really otherwise you don't move any place; it's just frustration.

McGarrigle: In many ways you and Dr. Gee were really meant to be a team.

Ansak: That's very funny; I used to call him "my work husband." Because it was a real team; it was a good team. He enjoyed it and I enjoyed it. It was just meant that way. It was interesting. He was much more the caregiver and the gentle person than I was. Art Agnos once said, "Oh yeah, they used to come to my office, and here was Ansak in my face and Dr. Gee was the gentleman behind it who kind of softened the blows."

McGarrigle: That was complementary.

Ansak: Oh, he meant it positively.

McGarrigle: No, I mean the two of you worked in a complementary fashion.

Ansak: Yes, it was interesting.

McGarrigle: And then the other person who was involved from the beginning on the board was May-Lian Lee.

Ansak: Yes, she died in '93 [thinking] or '92. You know the years flow into each other. In one of those two years, I think '93. And she died of lymphoma; she was a nursing supervisor at the Department of Public Health. She was very supportive and a good friend of Dr. Gee's, and Dr. Johnson. May-Lian was more active and supportive and a working member. She helped me a lot with nurses, when we had trouble getting nurses, because she was a nurse herself. She had some really good ideas about nursing, she was a very sensible person. She was very good. She was the sister of the former postmaster in San Francisco, Lim P. Lee. Sort of a political force in San Francisco. She was born in San Francisco.

Are you sure you don't want more coffee?

McGarrigle: Yes, I'm fine.

Ansak: I still have some cold coffee. I always drink cold coffee.

McGarrigle: If we focus on '85, starting from '85 now, we'll talk about the replication projects.

Ansak: We'll talk about the replication and the development of Montgomery, and then the last thing would be the Dr. Gee Center.

### May-Lian Lee

[Interview 3: April 15, 1997] ##

McGarrigle: Tell me a little bit more about May-Lian Lee.

Ansak: May-Lian was a public health nurse. I first met her I guess in the late fifties or early sixties when the District Council was formed. After that, because I was a social worker for immigrants, I had on and off contact with her, until the mid-sixties, when we started the Chinese Newcomers Center. At that point, she was on the board of directors of Newcomers, and was also one of the founders of that organization. We got to know each other better, and so after I left that organization and worked at San Francisco General Hospital, I had some contact with her.

And then, in the summer of '71 when I was looking for employment, and then was offered the consultant's job for On Lok, I really started to work with her closely. Because at that point, she was in the Department of Public Health and at the Health Center Number 4 on top of the Broadway tunnel. She was the one who saw that I got an "office," a little closet, at the health center. [laughs]

One of the first days I was there, she came to visit me in my office. The office was like a closet. There was just room for one desk and a chair, and another chair for somebody else to sit. That's about it. She came in and she sat down and said, "Do you need something?" I said, "You know, May-Lian, I really don't know what you want me to do. Where should I start with this project?" I knew that they wanted to have foreign health professionals employed. That's actually why I took the job. I was interested in that, and they had sort of the idea of building a nursing home. But I thought the nursing home was being built by another group.

She sat there, and she looked at me, a blank look. I said, "Well, you know, probably where I should start is with interviewing some of the foreign health professionals and see what kind of capabilities they have, what kind of training programs we could start for them, so that they could then be absorbed in that nursing home." And I said something like, "Where is that nursing home going to be anyway?" And she gives me this blank look, and she says, "Well, you know, that's what you are going to build. That's what you're here for."

Dead silence. [laughs] I had no clue. Anyway, that was our first interlude.

Then she went away, and a little later she came back with stuff to work with--pencils and papers and paper clips! I will never forget that. That was sort of the introduction to this job, the introduction to On Lok.

McGarrigle: And it all came to pass, though.

Ansak: It all came to pass. May-Lian was a very community-oriented and people-oriented person. She grew up in San Francisco, she was one of many children. She was warm, and she cared about people. She was a supervisor; all her supervisees still talk about her. She was really well liked, she was very well liked. But she was also tough. She wanted work done, and she wanted those people to be served out in the community.

And she and Dr. Gee were very friendly, and she and Dr. Johnson were very friendly. So it was this kind of team--Dr. Johnson, May-Lian Lee, Dr. Gee, and Gail Lee. Gail was the health educator, and as long as she was there, she was part of that team. We would often sit together for coffee or so and discuss ideas, and I would bounce ideas off them. So it was a very good atmosphere. I remember that fondly, working at the Health Center Number 4 was very stimulating. Frustrating and stimulating. Frustrating, of course, because we didn't know where to get money and how to really start this whole thing. But it was very stimulating in terms of the cooperation and the support of these people working together.

McGarrigle: May-Lian Lee volunteered for On Lok over the years, then?

Ansak: She then--well, from the beginning, of course, she was always part of the board of directors. She was part of the board of directors until the day she died. But she volunteered also in the program. She helped me, when we finally started to get nurses. She came to the center and instructed the nurses what they should be doing and how they should be doing it. She always consulted with me on nurses. I remember we hired some that she thought weren't too good, and she kind of helped out. She also helped to develop some procedures at one point. She was always in and out of the Adult Day Health Center of On Lok.

McGarrigle: I think I found in one of the newsletters that she was active in the Generations program.

Ansak: Yes. You know, she was the one who was the public health nurse at the St. Francis Day Home. The St. Francis Day Home was run by the Sisters of the Holy Family in San Jose. That was a childcare center on Powell Street. That's where On Lok House is today. The sisters had an old building there, and this had been there for years and years. Even Dr. Curry, the former director of public health, went there as a child. He died recently at the age of eighty-five or something, so you know, you see how long it was there.

May-Lian was the public health nurse visiting St. Francis. She was the one who drew my attention to the fact that they were going to close the facility and helped us get that property for On Lok House. She was always associated with children, and when the On Lok employees started to talk to me and say, "Why don't you open a child care center?" because a lot of the employees started to have children and needed day care. The On Lok children's center "Generations" finally came about when we built the Montgomery Street center. There was some space there, and I thought it would be nice to have an intergenerational child care center there.

And May-Lian was again helpful with the starting of it. We had a committee that worked on it, and there were some consultants coming in to decide with us what to do.

She was very supportive when we decided not to do it on our own but to go in as a joint project with Wu Yee. Yes, she was very instrumental in lots of things.

McGarrigle: We'll talk about the Montgomery Center and the Generations program later.

Ansak: Yes.



**VIII PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE),  
1984**

**The Robert Wood Johnson Foundation Visit**

McGarrigle: Okay, we said we would start today with 1985 and PACE. First we should say what the acronym stands for: Program of All-inclusive Care for the Elderly.

Ansak: Yes. And what happened in 19--you know me and dates--May of '85, I think it was. The Robert Wood Johnson Foundation, which at that time was funding our research for the HCFA project, which started in '83. That was the time when we started to combine Medicare and Medicaid reimbursement under capitation. They and some other large national foundations funded the research for that phase.

The Robert Wood Johnson Foundation wanted to come and visit us. Actually, their board of directors wanted to come to San Francisco and have their annual meeting in San Francisco at On Lok. So they asked us whether we would have space for them to have their meeting. This was another funny little story.

The employees of the Robert Wood Johnson Foundation would call me periodically about this meeting. I couldn't believe their anxieties. They seemed to have kittens over this meeting. I mean, really, my contact was worried about this, he was worried about that, he was worried about the other thing. He was worried about food, he was worried about chairs, he was worried about tables. And I thought, We've had meetings before. What is all this about?

And during one of the last calls he made to me, he said, "And you know what? Be sure that all your employees have name tags, and the names have to be written large, in one-inch letters." Now, I thought he had lost his mind. I mean, I have nothing against one-inch letters that you see them well. But really, I just started laughing. I think I even teased him about it. He said, "You must understand. My board of directors, they're all over eighty years old. They can't see too well anymore."

Finally I understood why he was so concerned about stairs and name tags, et cetera. I had thought he was a "fussy old lady." I couldn't understand it. And actually, it was because their board of directors was very old.

Well, anyway, they did come, and they had their meeting at On Lok, and they were totally enamored with the program.

McGarrigle: And how did they--they decided to come have their meeting in San Francisco because they wanted to review the program?

Ansak: Yes, because--no, because it was one of their funded programs, it was in San Francisco. You know, San Francisco has given us a lot of mileage, because everybody from the East Coast wants to come at least once to San Francisco, and if there is a project here, it's a good excuse. And we've always kind of exploited that [laughs] rather well.

Well, anyway, they came. They wanted to be here. They also had a project at UC, I think. I remember we went to a party that night at UC. At the time, the dean of the medical school was the husband of a sister-in-law of a cousin of mine. But anyway, he was a typical doctor, typically UC, "We're really the best."

At the party, all the Robert Wood Johnson people could talk about was On Lok, to him and to everybody else, and they really didn't mention UC, and did not seem too impressed with UC. Well, the medical school dean was not very happy. [laughs] It was not a happy introduction for me but it was funny anyway.

McGarrigle: You stole his thunder, basically.

Ansak: Yes. We really stole his thunder.

But this board came and met at On Lok, and they were very impressed. They said to me, "How come this program is only in San Francisco? We should have it all over the United States." And would we ever be interested in replicating it? We said, "Yes, it would be interesting." Because one of the objections to On Lok has always been: "Well, you know, this works just in Chinatown in San Francisco, and it's a very unusual little project, and it's very fine where it is, but it's not applicable to the rest of the world."

### **Initial Research into Feasibility of Replication and 1986 Legislation**

Ansak: So when the Robert Wood Johnson people saw that, we were interested, and we said we would have to look into it, whether it's feasible, they said they might be willing to help us. And it was right after that that they asked us to submit a proposal for a feasibility study. We then requested a grant for a study. I'm blanking out--no, it was \$100,000 for one year. We then wrote to all the organizations and the agencies--I think we sent about 120 letters out or so, explaining the On Lok program and asking whether they might be interested in replicating it.

McGarrigle: And who were those organizations?

Ansak: Oh, these were organizations that we had contact with--other long-term care providers, essentially. It was a wide variety. I know that one letter went to Boston. Most of our first group of projects actually got a letter at the time. They were all in that group. A lot of others too. And we were surprised, because many of them were very interested. We didn't think that the interest would be that great, but it was quite substantial. That is what then sold the Robert Wood Johnson Foundation on going ahead with it. That, and the fact that we were able to pass another piece of legislation in 1986 which allowed for the replication of the On Lok model. It was kind of an interesting piece of legislation.

That piece of legislation basically permitted On Lok, in conjunction with HCFA and the states, to do these projects. Interestingly enough, On Lok was kind of left in the driver's seat. We wanted that. We wanted to be able to have a say in how they should do the projects. We wanted to be sure that these were replications and not just look-alikes

which just did something similar. We really felt that if there was to be a replication, it should replicate very closely what we were doing.

Since HCFA really didn't know the intricacies of the process, the legislation demanded that we would be part of the selection process. So we actually chose the potential projects and referred them for approval to HCFA. HCFA could then either accept them or reject them. That has really never happened before, because usually, the government doesn't allow a private agency to decide who should be in a project.

And in fact, the Robert Wood Johnson Foundation was more reluctant about this arrangement. The Robert Wood Johnson Foundation was the one who said we could only be consultants. They did not want us to have any power over these projects. They would pay us as consultants to the projects. Originally we all agreed on six waivers. We then expanded it to ten and later to fifteen. The Robert Wood Johnson Foundation originally was willing to fund five projects, and then it added one so it came to be six. The other additional projects were not given start-up funds by Robert Wood Johnson.

So the way it was set up, after the legislation was passed, On Lok would put out the request for proposals and would screen the projects. There was a fairly large group of people that was involved in the choice of these projects, people not just from On Lok, others interested as well. We had a committee set up. And each committee member would read all the applications, and then it was finally decided which ones were the six we were going to choose. It was actually five, and then it was six because there was one we couldn't very well say no to or something, I can't remember exactly what the story was. But anyway, there were six in the first go-around.

And then it was decided that these projects, after we had screened them, would go to the Robert Wood Johnson Foundation. The Robert Wood Johnson would screen them, and then okay them or reject them. They accepted all six of them. There were two streams of funding. One, On Lok got \$5.4 million, I think, or \$5.6 million, over a three-year period for consultation to these projects. We were supposed to give them training and assistance. In addition, the Robert Wood Johnson Foundation would have a direct contact with each one of the projects and give them, I think it was \$350,000 per year for development, for three years.

It was anticipated that each project would have \$1 million in development costs per year. These projects also had to go and get local funding to supplement the Robert Wood Johnson funds.

McGarrigle: [tape interruption] I wanted to just back up and ask you about the history of the legislation that enabled the first replication.

Ansak: Well, actually, if you remember in '86, our project period for the experimentation with Medicare and Medicaid joint funding of a capitation system came to an end. Now, we couldn't demonstrate anything else. We had a system, we had it all in place. We knew that it was cost-effective, because we had proven that in the research. But we couldn't continue, because the government doesn't pay an organization like ours the way we were paid.

So actually, in '86 we were forced to go back to Congress and get another piece of legislation to make essentially our funding permanent. So the first piece of legislation that went through made us permanent, which meant that we would not have to ask for renewals every year. That it would automatically continue unless the secretary decided that we no longer were cost-effective or provided good services.

So the door was open. And this holds today. That piece of legislation has not been revoked, so even if everything else falls apart, even if PACE would fall apart today, On Lok, because of that special piece of legislation, could continue. So we got that assured.

Now, at the same time, we were working on those replication projects, so we went back to Congress and said, "Yes, now we are permanent, we have shown that it's possible. Now let's go one step further and have it in other places of the United States." And actually, Congress was interested in that, because they felt it was a good project, and why couldn't it be elsewhere?

### **Key Congresspeople**

McGarrigle: And at that point, who were the congresspeople who you were mostly--

Ansak: A key congressperson was Congressman Waxman, with his legislative person, Andy Schneider. They were the ones. And then in the Senate, it was Senator Durenberger from Minnesota, it was Senator Inouye from Hawaii. Senator Dole who had helped in 1983 was now in the minority but was still interested. We mostly worked with Congressman Waxman, and Waxman then kind of got the support in the Senate. I remember he was then key. I know the first time in 1983 it was Senator Dole; the second time it was Waxman and Andy Schneider. Of course, the first time it was a Republican Congress, the second time it was a Democratic Congress, and Waxman had his friends in there. I just can't remember which other key people were involved. There was pretty good support from a lot of senators.

McGarrigle: What would you do? Would you go to Washington and have meetings with them to clue them in?

Ansak: Oh, yes, we had meetings. For that piece of legislation, we worked mostly with Waxman and his staff. We worked hard with them. And we met with every key legislator--we went to everybody, you know. The piece of legislation was attached to a reconciliation bill or something. That's usually the way these laws are passed, both in '83 and in '86. These amendments were attached to a larger bill, so it passed through. The first time, it was the Social Security Act of 1983; the second time, I can't remember what it was.

McGarrigle: I think I have it here. The first was Social Security amendments of '83.

Ansak: Yes. And the second one? What was it attached to?

McGarrigle: I just have the legislation--

Ansak: I think that it was the reconciliation bill, if I am not mistaken, the budget reconciliation act of 1986. Yes, it was the budget reconciliation.

McGarrigle: So you would go, Dr. Gee would go also?

Ansak: Yes. Well, usually it was Dr. Gee and I, but by the mid-eighties, it was more myself, and sometimes Rick Zawadski, and different staff people. By then, we were pretty well known. We didn't have to knock on doors and let them know who we were. They kind of knew us by then. It was easier.

McGarrigle: Now you had paved the way.

Ansak: Yes. So anyway, that legislation then passed, and that's when the Robert Wood Johnson went forward and gave us the funds to consult and the project money to start up.

### **Spousal Impoverishment Legislation**

McGarrigle: I see. I found in the newsletter that Congress authorized up to ten demonstrations and later raised the number to fifteen, in 1987.

Ansak: Yes. I think initially, it was actually six, and then they raised it to ten, and then there was another piece of legislation, which raised it to fifteen. When it raised it to fifteen, that was a funny story.

There was another problem. That was the--what was it called? I know what the intent was: to have families, or couples who got impoverished because spouses had to go to nursing homes.

McGarrigle: Oh, about changing assets?

Ansak: Yes. No, not changing assets, but being able to set aside a certain amount from your assets for your own use. One of the problems was that people in a community program such as On Lok could not apply for help. Of course, it was even more important, because here, people had a large copayment, even at On Lok. They could have been impoverished because of that, and how can you maintain a home and avoid a nursing home if you impoverish yourself?

So we got an exemption for people in the projects--and by mistake, they forgot to include On Lok in that. "Spousal impoverishment," that's what they called it. Spousal impoverishment. We never got that until just recently. Recently they finally passed it for On Lok. Our original legislation was different, and when they drafted the bill, they forgot to refer to our number, so we were never included. We actually fought for it. We were the ones who first wanted it. The others weren't even concerned about it yet. But they got it and we never got it. [laughs] So for a long time, we had a problem. People were threatened with impoverishment if they had to make the copayments. We did it differently; we had some subsidies and stuff, so we could help people. But it was a very funny little story. Taught me something: you always have to look at those numbers in a

law. It refers to so-and-so and so-and-so and so-and-so, and I never particularly paid attention which one it was, because I think these attorneys know what they're doing. Well, that taught me a lesson, you have to really look at them and refer back, or have somebody look at it.

McGarrigle: Read a lot of fine print.

Ansak: Yes, it's a lot of fine print.

McGarrigle: And does the copay apply only at a certain economic level?

Ansak: No. People who--yes, in some ways, it applies only to a certain economic level. People who are on SSI, who are on welfare, of course, they have no copays. Unless they are only on Medi-Cal for the medical payments, then they would have a copay. But the copay is essentially for people who have some assets and who are on Medicare only. Like if I would go to On Lok now and I have some savings, I would have to pay every month \$2,000 or something, because that's what Medi-Cal pays On Lok for its enrollees. Medi-Cal demands that I pay the same amount.

McGarrigle: But now because of this legislation, you would have the ability to set something aside?

Ansak: Well, what would happen is that if I had a husband who is well, he could set aside--it used to be \$60,000 or something of his assets for his own use later. So you wouldn't have to spend down to zero before Medi-Cal can contribute. But you know what, I don't know what it is like now, because with the welfare reform and all that, things have changed. I have no idea where that went, and whether that's still in existence. Things have been totally overthrown--thrown over the heap during the last year, so I have no idea what--.

McGarrigle: The law changed.

Ansak: Yes.

### **Training Staff for the New Projects**

McGarrigle: I got you off track with details. But we were talking about the initial--oh, On Lok maintained control over selection.

Ansak: Over selection, and then also over the training. We then assigned a whole group of employees who would do the training for these projects. We had an agreement with each project where we pretty clearly said what their responsibility was: number one, to replicate On Lok, that they have to abide by our guidelines. We set up guidelines how the services are provided. That was actually when we started to have to be much more rigid--

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Ansak: --we put together manuals and guidelines and what have you. And then the PACE consultation staff was hired with this extra money we got from Robert Wood Johnson Foundation. For the oral history of that part, you should talk to Eileen Kunz at On Lok. She's still at On Lok. She was a student in 1984, and then stayed and moved right away into this replication project. She has been there ever since. So she remembers the details of how we went about setting up conferences, we set up training--we demanded that everybody, all the projects and the staff spend a week at On Lok to learn. They were trained at On Lok on how to do things.

And they're still actually pretty much the same, except that now it's not just On Lok that does the training, but also those original six projects who got started in '86. They now are ten years old and they do the same thing. It's sort of each one teach one. That was actually our guiding principle. So when they become successful, then they start to teach others.

You know, it's kind of interesting. It was difficult for them to get started. Because it's a totally different way of providing health care. You have to teach the doctors, you have to teach the nurses. They have to subscribe to a totally different approach, and it's not easy.

McGarrigle: Plus weren't they already existing programs? Unlike On Lok, they didn't start with this concept?

Ansak: No. There's only one that started from scratch, and that's the one in Texas. They had actually the most difficult time. They started exactly like On Lok: two or three dedicated people who wanted to start this, and no money and no nothing. It was difficult for them. But they're doing very well now. They're very successful.

McGarrigle: So it was more difficult for the startup than it was for the groups transitioning--

Ansak: Yes, for the ones who already had organizations, and solid organizations. One was in Boston, it is a health center, community health center. In New York in the Bronx, it was a Jewish nursing home. In South Carolina, it was a hospital. In Denver, it was a hospital and doctors' group. In Portland, it was a hospital, and then came El Paso, Texas, a community-based startup. But certainly, El Paso was the most like On Lok, but had lots of problems, lots of problems.

McGarrigle: How did you hire a staff who would then work with this goal in mind?

Ansak: Well, first of all, Rick Zawadski, who had been with us since 1975, was the director and he was the leader of this replication. The staff he hired provided the technical support. The practical training was done at On Lok, and many of the On Lok staff consulted with other projects. Some employees adopted one project and went to work with them. So it was the line staff that really worked with those projects. And the doctors worked with the projects.

Later on, Kate O'Malley, who later became the director of Senior Health Services, went to PACE, and was sort of a key in working with other projects. Some people had worked elsewhere, and then they got trained at On Lok and they worked in PACE.

And you know, since the contact was so close, these projects would sometimes call somebody that they knew at On Lok, “How do you do this,” or “How do you do that?” It was a very close relationship with the initial six projects. It was interesting, we went through some real wrenching stuff. The program was much slower than we expected. Some projects had real problems. In fact, one project that we chose in the late eighties, also a community-based one, really didn't work out, and it really turned out that they were not above board. We then went to HCFA, to both Medicaid and to HCFA and said, “Hey, we have to close that project. It's not going to be good.”

### **Funding Replication**

Ansak: And I think that was actually kind of interesting, because it gave us a lot of credit. HCFA said that this has never happened, that a project will close down. But there was some fraud. We wanted no association with it. And so it was closed down after an investigation by the government.

McGarrigle: Was Robert Wood Johnson Foundation the first to suggest replication?

Ansak: Yes, they were the first ones. No, they were the ones who really gave funding to the idea. I mean, we might have had it and other people might have had it, but they were the ones who really followed up and suggested it, and also gave the money.

Of course, you know, there were other foundations. You see, in that period between '83 and '86, the Robert Wood Johnson Foundation was interested in funding us, but they said, “We don't fund this alone; we want other foundations involved.” And I remember I thought, Oh, well, they should be paying all. I always felt they had enough money to just fund it, but their idea was to broaden support, the better. And actually, that has worked out very well.

So besides the Robert Wood Johnson Foundation, the Hartford Foundation of New York, the Retirement Research Foundation of Chicago, and the Kaiser Family Fund got involved. So there were actually four large national organizations that funded our research, and then actually continued with the replication. They also gave some money for the replication to the sites. And in fact, Hartford Foundation continues its support of On Lok. They funded the computer information system. They gave a lot of the money for that. And I think also for multidisciplinary training they gave some money.

So you establish these contacts, and then afterwards, they really continue to show an interest. So in that respect, it was very good to have Robert Wood Johnson push us to go and get other foundations, and get the support from everybody.

## IX FURTHER DEVELOPMENTS

### Corporate Structure

McGarrigle: Oh, it must have been a crazy, hectic time, to be not only running the San Francisco programs, but to be--and you were spread all over the country, geographically.

Ansak: Oh, oh. I remember, I used to fly a lot. I was a Premier Executive flier with United. The benefit was that it flew me into retirement [laughter] because I had all these extra miles. But yes, it was difficult, I would say. It was difficult. It was good that we had Jennie Chin-Hansen, who's now the executive director. She was the director for Senior Health Services at that point. Actually, you know that that whole development at the time forced us by the late eighties to look at On Lok more critically, and to start to set the--we saw that there were really two things pulling at us. That was the national replication, and the other one was the local organization. We wanted to be sure that the local organization continues its community-based commitment and all of that.

So then we reincorporated and changed the corporations totally at the end of the eighties. We had one--originally--On Lok Senior Health Services.

McGarrigle: I have it here.

Ansak: Then we had two corporations. We had the On Lok Development Corporation, which was for On Lok House, which was what HUD had demanded for the HUD building. So we had two corporations. Then, when we rethought the whole thing, we formed On Lok, Inc., which is sort of the parent organization, though we didn't want to call it that way. We also wanted to isolate the housing from the services. That was the real clue in this whole thing. You know, in the whole development of On Lok, housing always has been--even though it's very much part of the system--administered separately. Because once you put those two things together, housing and services, then you become either a board-and-care home or a nursing home. And the licensing becomes very different.

So the housing was always very separate. It's a different organization that collects the rent and doesn't provide any services. And Senior Health Services comes in and provides the services. That saves us from this licensing problem.

So when we reorganized, we had this parent corporation that was really responsible for the national replication and a broader vision, and had also a fundraising arm, this was in the On Lok, Inc. And then we had Senior Health Services, our core service organization. And then we have On Lok Development Corporation, which is On Lok House. Then we have On Lok Community Housing. That we started when we started with the Montgomery Project.

McGarrigle: What about that new format allowed more flexibility?

Ansak: Well, it allowed--it's more cumbersome, but it also allowed flexibility. You know, it's securer, because the housing is separate. It kind of got destroyed again when we went

into the Dr. Gee Center, but I'll talk about that later. Because the bureaucracy then demanded that we rejoin some of the organizations. We felt we wanted to separate them and they, for financial reasons, wanted to rejoin them. Because you know, you go up and down these ladders with all these people, it's crazy.

But around that time, when we did the replications, '86-'87, we also had been looking for more housing. Because we had the housing, we had the apartments--we never talked much about our apartments.

### **Acquiring 1000 Montgomery Street**

McGarrigle: No. I want to go back and talk about each property, because also, I confuse them in my mind.

Ansak: Okay. Let's go first to--I will talk more about the apartments later. But we had housing at On Lok House, and On Lok House is a HUD project; subsidized housing. Basically studio apartments.

McGarrigle: What's the location?

Ansak: That's at 1441 Powell Street. And that one is under the HUD ruling, and HUD is a peculiar organization. They have all kinds of ideas of their own, so you always have to dance around in circles so that you can get your people into that project. It's a real problem.

But anyway, we wanted more housing, and I was pretty committed that we don't go back to HUD but that we fund it ourselves--that we do fundraising that was independent of HUD, because HUD created problems. For instance, we always wanted more of a home-like atmosphere, on each floor, some area where people can congregate together, and HUD never wanted to hear about that. They wanted no part of it--at least when we worked with them. They have changed since then, but at that time, they didn't want it.

And we wanted it more hotel-type rooms--we didn't need any apartments. What we needed was a hotel; we needed the rooms. So in '87, there was a project on Broadway, Broadway and Montgomery. That was kind of a cause celebre in San Francisco. It was an old rooming house, and what happened is, probably in the early eighties, that building was sold to an attorney who then promptly evicted everybody. If you would have driven at that time through Broadway, you saw banners outside of that building, "Preserve our housing." It was a big, big thing. I mean, it was very emotional, and there were many people involved in that. It was kind of like the International Hotel, have you ever heard about that in San Francisco?

McGarrigle: No.

Ansak: Well, that was another project. But people were evicted, poor, old Filipinos were evicted, and a lot of people banded together and fought for it. In fact, that International Hotel thing I think is just coming to a closure now, twenty years later. It's pathetic.

But anyway, the Montgomery building: that attorney bought it. He wanted to remodel it to build offices. And then he ran into a problem with the city, with the permit department. For every floor, he had to provide--I can't remember how many units of low-income housing, because he was depleting the housing stock. So he was supposed to provide housing, which then made the project not feasible, because he didn't have any land where he could have put up low-income housing, and he didn't have any--he had no housing available. He couldn't put the housing and the offices in the same building; there was not enough room.

So he finally essentially went belly-up. He had repainted the outside, and he had sort of refurbished the outside somewhat. But the building stood empty. There was a restaurant downstairs that actually belonged partly to him too. There was a restaurant downstairs, but the upstairs was all empty. They had started to remodel, but it was empty floors, basically.

So the community, the Chinatown Resource Center and Chinatown Community Housing, which is an organization which actually got its start at On Lok in the old St. Francis Day Home. When we bought that, for about six months or a year, we had that building without construction. It was just standing there. We had some offices in there, and the Chinatown Resource Center went in there. They were just starting at that time. This is a community housing organization that buys old buildings and remodels them and rents them to low-income people.

They had been fighting with those tenants for that Montgomery building. When it went kind of belly-up, they were fighting, and they were trying to get an organization, either themselves or somebody else, to get that building. Actually, the attorney went belly-up, and it had reverted to American Savings and Loan. American Savings and Loan wanted to dispose of it. I mean, they didn't want it. They were looking for a buyer, but there was the restriction there had to be fifteen low-income housing units built as replacement. Most for-profit organizations couldn't do that. It would have to be nonprofits who were willing to convert it back to low-income housing.

The Chinatown group and American Savings and Loan were starting to look for a nonprofit who would buy this building and restore it to housing.

But I remember that we had to do quite a bit of work with the American Savings and Loan, which doesn't exist any more. That was one of those organizations that went belly-up because of problems exactly like this one: they were stuck with umpteen non-profitable buildings. They wanted to sell it for a million--the figures I can't remember--a million and something. Was it a million, three hundred thousand or something?

Well, anyway, we first had to negotiate with them to get that price down. Then, there was a lease on the ground floor for that restaurant. The interesting thing is the former owner really had part interest in that lease, so he was not interested in selling. What he wanted was \$300,000, I think, for that lease. So we would have had to pay American Savings and Loan and that lease, and I remember, I had to get very active, both with the owner and with American Savings and Loan, to convince them to sell it to us.

Well, finally we got it. I remember we paid the lease off, we got a little cut back, because we paid cash for it. I don't remember exactly, I think we finally had to pay about \$270,000 or something for the restaurant part, and American Savings and Loan, I cannot recall how much we had to pay for it. It was around a million, but I think it was a little less.

### **Raising the Necessary \$2.7 Million**

Ansak: Well, the total project was \$2.7 million, to buy the building and to remodel it. That's when we had to do major fundraising. I remember, I was kind of scared, because we had done fundraising for On Lok House, but it was in the hundred thousands, and now it was millions.

So we looked around, and people suggested that we get a fundraiser. So I interviewed many of these--there are umpteen fundraising outfits out there. And the funny thing is, when you are the beggar and you are looking for money, you think the professional fundraiser is going to come in and tell you they have all kinds of resources. You hope they will tell you to whom to go to, and that they will--can pull some strings or something. Of course, that's not so. What they know is how to write proposals, and how to do P.R., and usually they have sort of a list of foundations and a list of--but that's about it. I mean, they had nothing that I didn't have access to.

But anyway, we did hire an outfit like that, and thank goodness that that outfit placed a project officer in our office who was going to work on that. It was essentially their employee. It was a development person for us. We had an agreement that we would never hire him personally during the project. Well, he worked for them for a year, a year's contract. And during that year, we were supposed to raise all the money, with their help. Of course, that wasn't there. After a year, we didn't have all the money yet, because you know, it takes time to develop all these contacts. We had to go to umpteen foundations. We had to raise \$2.7 million.

So after the year was over with that organization, we hired the development director, because he was excellent. He then continued working on it, and we finally raised the \$2.7 million.

McGarrigle: And that project is called--?

Ansak: That's called the 1000 Montgomery. And that, it's actually, it should officially be called the Herbst Foundation Building and the Walter and Evelyn Haas, Jr. Day Health Center. The Haases gave us the money for that. The Herbst Foundation gave us a \$500,000 challenge grant for the building. But we have got so used to calling it 1000 Montgomery, we don't call it the Herbst building.

McGarrigle: And 1000 Montgomery was essentially the second location for On Lok, then?

Ansak: Yes. Well, no. It was the second housing. But it was actually the fourth center, because we had Broadway--the original day health center, the Bush Street--the old Bush Street

day health center, not where the Dr. Gee Center is now. It was up the street, 1455 Bush Street, a leased facility as a day health center. Then we had On Lok House on Powell Street, and then we had Montgomery.

McGarrigle: Okay. And the old Bush Street got transferred to the--

Ansak: Well, into the Dr. Gee Center. But the Montgomery Street center was really the first one that we funded totally ourselves, and then we had more flexibility. We originally wanted in that center--it's a small center--we wanted to have some adult day health services in there too. There was always a need for just adult day health and not the whole works. It really never worked out, for umpteen reasons. I think the staff felt uncomfortable to have these two levels. Some people got everything and other people got nothing, just because of the funding stream. It wasn't very good.

### **Joining Together with Wu Yee Children's Services**

Ansak: But anyway, what we did at Montgomery Street was from the beginning to plan for a childcare center. Because employees had been bugging me about getting a childcare center for the employees' children. We then did a study and found out how much it would take to run a children's center. When I saw how many children we would have to have and how expensive it was, I decided it would have drained our resources and drained our energies. It's a supplement, but it's not our main job.

So at the time, Wu Yee Children's Services was looking for an additional site, and I told them they should talk to us, because perhaps we could do a joint venture. We then developed a joint venture between Wu Yee's Children's Services and On Lok, and the agreement was that On Lok employees would have priority. There is always a place, always a spot for an On Lok child. Wu Yee has subsidized slots by the government for poor people; there is a subsidy for child care. But On Lok children will be eligible for those subsidized slots if they were eligible. I mean, you had to meet the certain requirement, income requirement.

But otherwise, On Lok also kind of assisted with the project, because we felt it was in the interest of the elderly. We really wanted a new approach to the care of the elderly, and we wanted those children involved with the elderly. So for instance, Wu Yee paid the rent, but we provided the food, because we cooked anyway. So to give a meal for twenty-four little tots is not going to break our budget. So we kind of worked things out between us, that we would provide some food for them. And we also provided some-- (because the childcare workers are so much lower paid than the workers who work with the elderly) we even gave them some money to increase the salaries of the child care workers, because together they were to run an intergenerational program.

So we tried to work on equities between old and young, and actually, that has worked very well. This program has been very well integrated. The kids like it and the old people like it. In the beginning, it was hard to start it, but actually, our former volunteer coordinator at On Lok was a childcare specialist, started to participate, and a consultant with it and it works beautifully.

McGarrigle: And Wu Yee still has a location up on Broadway, then?

Ansak: Well, that happened much later--it happened only in the last couple of years. We owned that building on Broadway. We did not use it and thought of selling it. You know, I always advocated strongly that nonprofits have to have their own property. I'm absolutely convinced of that. If you don't have your own building, you pay low rent when it is convenient for the landlord, because he can't rent it elsewhere. And as soon as the market changes, then all of a sudden, you're either faced with a huge increase or you're evicted. So when we did no longer need Broadway, and partly because the building was not adequate for the elderly and would ultimately have to come down, I felt strongly that it should go to another nonprofit organization. Either sell it to them or lease it to them.

And of course, a logical organization was Wu Yee, because we already had a close relationship with them. So they then decided to rent the downstairs where our old day health center was, to remodel it, and they have now a child care center in there, and upstairs are their offices.

McGarrigle: And oh, that's in addition to Montgomery?

Ansak: That's in addition to Montgomery. That's now totally new. That's only in the last two years.

### **Opening 1000 Montgomery Street, March 1989 ##**

Ansak: In March of 1989 we had the grand opening of the Montgomery building. An employee who had retired was a driver and later an occupational therapist's assistant. He was probably in his sixties, a Chinese man. He was one of these very versatile employees, very versatile. He actually was a laundry worker, and then he came to On Lok as a driver, and later he became an OT assistant. But he was also classical Chinese musician. He would play for the participants, even when he was still working there.

And guess what? He helped us fundraise for the building. When we had the grand opening, he died.

McGarrigle: Really?

Ansak: It was impressive. Really sad.

McGarrigle: He had a heart attack?

Ansak: Yes. Yes, he came over there, and was assisting, and was just standing in the back, and waiting. You know. It was very amazing. He fell to the ground. It's a nice way to go, I mean, but it was a shock to everybody who was there. I mean, most people didn't know him, but still. Well, anyway.

So we opened it and then had people move in.

McGarrigle: Because that emphasis there is on apartments?

### **The Italian Welfare Agency**

Ansak: On rooms. It's a rooming house. It's a fancy rooming house. I think, just to add to that, you remember when I started, I was adamant that we give services to everybody. You know, the community was made up of mostly Chinese, Filipinos, and Italians. I have from the beginning kept close contacts with the Italians. We always had some Italians in the program. There is an organization in North Beach, the Italian Welfare Agency. I knew the director and we always worked closely together. We shared sometimes employees. We really were trying to cooperate. Just before I left in '93, we were also working on it, because I had always wanted them to donate to the Montgomery Street facility, but they just were unwilling to.

Well, when we were fundraising for the Dr. Gee Center somebody kind of warmed them up, and they were really interested. I said, "You know, you don't need to donate to the Dr. Gee Center. But we have always the shortage of housing for Italians in the community, and why don't you fund a floor of Montgomery Street, and then we set it aside for Italians?"

Well, it took us about a year and a half to negotiate that, but indeed, it came through. There is now a floor on Montgomery Street where Italians get preference. I mean, they're in the whole building, but on that floor they get preference. So they're trying to-- we were talking about redecorating and having some influence from the Italians. They have an advisory committee, and they have special programs for the Italians. So it is really nice. It's very nice.

McGarrigle: What is the mission of the Italian Welfare Agency?

Ansak: It was--it used to be an organization that basically helped the Italians in the North Beach area. It was founded by Fugazi. Fugazi was, I think, the owner of the old Bank of California--there were two guys. One was Giannini who had the Bank of America, and the other one was Fugazi and he had the Bank of California, I think. They were both Italian. And Fugazi left a large legacy for welfare activities. They have this building on Green Street. Originally, when we started On Lok, we were looking at that building for possibly putting a day health center in there in 1971-'72.

So we always had a connection. But it's a group that is quite diverse, and it's hard to get them all to kind of move in the same direction. But there is now a bylaw, there has to be a member of that organization on the board of On Lok. Since that pledge donation came through, they're paying so-and-so much for every time a new Italian gets into Montgomery Street. With that they fulfill another part of their pledge. So it's actually an interesting proposition.

McGarrigle: And by law, it's in the bylaws?

Ansak: It's in the letter of agreement. We have a letter of agreement with them, to--[tape interruption]

### Serving the Whole Community

McGarrigle: It's a very interesting story about the Italian community.

Ansak: Yes. In fact, when we first started, I hired an Italian and a Chinese and a Filipino social worker. [tape interruption] Right from the beginning, Dr. Gee and I were committed to serve all the elderly. It was really not a Chinese project. Your father wrote about that originally, about the efforts to reach everybody. It was not just Chinese. Although we had some hassles with the younger Chinese people who really wanted only a Chinese project. But anyway, we had an Italian social worker. He used to go and sit in all the bars and meet all the old guys, and kind of got them involved. These were lonely people who, many of them were really pretty sick. And he also worked with Italian Welfare, and there was always a big effort to keep very close with the Italian community. At least when I was there. And now, of course, it continues because it was kind of institutionalized through the Montgomery arrangement, and that makes me kind of feel good, because I think we need to serve everybody who lives in the community. And it does, it can become exclusionary sometimes when you don't make a very special effort in reaching everybody in the community, or as many as you can.

There's always a dominant group, whether this is white or Indian or Chinese or Filipino, it doesn't matter. And once the dominant group takes over, it's very difficult for the others to come in. Because it becomes exclusive and exclusionary, you know? And so we always tried very hard to keep it balanced.

In fact, against HUD's rules, I had an informal rule at On Lok House, which I don't think exists any more, that when we first started, we had to have I think only 75 percent or 80 percent Chinese; the rest had to be others. And I maintained that as long as I was with On Lok. If a Caucasian died in a room, we tried to replace him with a Caucasian.

Now, HUD wants integration but doesn't allow for that. Of course, this has all changed now. You know, with the throwing out of affirmative action, and then god knows what. I don't know what's happening at this point. But I tried very hard to keep the thing integrated.

And now it is integrated, because we have moved more into the Polk Gulch area with the Dr. Gee Center. But that was really a big principle, and it was a difficult one to fulfill. But it also helped in Washington, because people would always say, "Well, it's all Chinese, and this is only working because it's with the Chinese." We could then point out that 15 or 20 percent were not Chinese.

McGarrigle: And the reason it was that percentage was that was just representative of the population?

Ansak: It's the population. In fact, now, actually, the population is much more Chinese than it was in '71, even in all of San Francisco. The Asian population has grown like crazy. So it does change even now, you know. Certainly Chinatown and North Beach and Russian Hill, there's a lot of Chinese there. It's much larger than--

McGarrigle: The Italian population hasn't replaced itself, and the Chinese has, probably.

Ansak: The Italian population, the Italians in the eighties, started to fight back. You know, they sold the properties to the Chinese out on Columbus and on Green Street and all that. And then some people got together in the North Beach and decided this could not continue this way: we want to keep a foothold in here. And they started to encourage Italian remigration back into the North Beach. But of course, through all this, there were always a large group of very old people, Italian people, who had been living there all their lives and who are still there. So there is sort of a move back.

And of course, with the--what do you call that?--not beautification?

McGarrigle: Gentrification?

Ansak: Gentrification, yes. Or the yuppification--

McGarrigle: The increase in property value.

Ansak: Yes, the increase in property value and what have you, now there is sort of a move by other people. Some of the Italians are pretty gentrified and--you know, so it changes too. And San Francisco is a city where people still live. I mean, it's not--in downtown and so, it's kind of a different city from the rest of the cities in the United States. It's lively. I mean, you go downtown Oakland on a Sunday, there is nothing. In San Francisco, there is nothing on Montgomery Street because it's all banks, but even there, people are walking around to the Embarcadero. There are people, and then further up towards--I mean, there's always something cooking in San Francisco.

McGarrigle: Yes. Yank Sing is there on Battery; there's always a line all the way down the block.

Ansak: Yes, right. It's funny. I went yesterday down to Union, and it's amazing how Macy's took over the Emporium, Macy's is taking over I. Magnin. And I'm surprised, because in all other cities, the large department stores move out. And in San Francisco, the large department store is moving in. It's just one of them, but it's Macy's, it's all over the place.

McGarrigle: I didn't know they had taken over Emporium.

Ansak: The Emporium, I saw it today for the first time. I couldn't believe it; all their furniture store is in there, and their household goods.

McGarrigle: I had no idea.

Ansak: Yes, I saw it today. I was flabbergasted.

**More about Montgomery Street**

[Interview 4: April 16, 1997] ##

McGarrigle: We are talking about Montgomery Street.

Ansak: In--I'm trying to think--in about 1985, after 1985, we felt we needed more housing. We had some apartments, and we had Powell Street, but never had enough. So I put out an announcement to the staff, and I said anybody who could find us a building that we could buy and develop housing out of--I mean, it was a finder's fee kind of--would get three months paid vacations. So people started to be very active. [laughter] I got suggestions from here and there and what have you.

But one nurse, who was in the home care, Sandy Hsieh, she came to me and she said, "You know, I think I've found a building for you." The Resource Center was in charge of that, and she had talked to a guy from the Resource Center about this building. He had approached her and talked to her--

McGarrigle: And this was the Chinatown--

Ansak: Chinatown Community Housing Resource Center. I've forgotten the exact title. But it's Chinatown community housing (they have two corporations). But anyway, he had found this building, and I should go and look at it, they would show it to us. They were adamant that this be made again into affordable housing. We were really the only organization that could make it into affordable housing, because of the way we only wanted single-room occupancy hotel-type housing. They were committed to that.

And they were also committed to provide housing for those people who had been evicted. There was still a group of people--not very many; that was twenty years later after they were evicted, or ten years later. So there weren't too many, but there were some, and they were adamant that those people would find housing again in that building.

So anyway, we got together, and we got together with the bank, and we had some joint meetings. The Resource Center felt--they helped us with our meetings with the city and with the meetings with banks, et cetera, and they were thoroughly involved. They also wanted to be kind of part of On Lok and see that this commitment gets continued, that they wanted a member of their board to sit on our board, and that was arranged.

So a sort of semi-joint venture. One of their guys, in fact, became the owner's representative during the construction. So we worked very closely together.

But the funny story about this, the funny ending of the story, is that the woman who referred this project to me later on married the guy who brought it to her attention. Then later on, she ran the building, so I used to tease her, she got a job out of it and a husband out of it [laughter] and three months vacation. So she really had it coming and going.

Anyway, that was kind of the way we got into that building. It was through our private fundraising which we did, which I have described before, that we got all the money together. Finally we had thirty-six units of housing, and a childcare center, and four apartments in the back. And in fact, finally it was only one person of these old evictees who wanted to return, an old woman and her son wanted to return, and I think they're still there. They're in one of those apartments. The rest of the apartments we then rented out to On Lok participants. Sometimes there was--I think in one apartment was an older woman with her daughter who lived there, and the daughter took care of the mother but got the support from On Lok program. So these four units are still there, and they're used mostly now for On Lok people.

Anyway, so that's--

### Medical Services

McGarrigle: Does that facility offer medical care on site, or do those people travel?

Ansak: Oh, yes. No, they have a nurse practitioner there, and the doctors go there. It's a very small day health center. In fact, they're just going now in April--this is April of '97--they're going to remodel the downstairs, because it's very crowded and very cramped. And at the time when we did that, we didn't want to emphasize the medical part so much. But it was really too small for them, so they're going to change some of the stuff.

You know, On Lok de-emphasized the medical in the early times, even though we always provided some medical care. But over the years, I think we have gotten sort of co-opted by the doctors. It has become much more medical. I see that, that there is much more space for the doctors, there's much more space for the nurses. Which is kind of interesting, because in our studies and in our observations, we saw that people were much better off when there was less medical intervention. Like at Montgomery Street, those people are much healthier and much better, and they have much less access to clinics and all that. At Powell Street where they had most readily access to clinics and to nurses and so forth, they tended to be much sicker. It's a funny thing. I think it depends a lot on the leadership. If the leadership is more medically oriented, needless to say, there's more emphasis on that. I was a social worker, and I was emphasizing more of the really social aspects.

But it's an interesting idea. The jury is out on that. I don't know what is really the right thing.

McGarrigle: Has the medical director changed? The medical director has changed over the years. Has that influenced it?

Ansak: Well, no. Because it's the same person. I think that person has a little more power at this point. There used to be another medical director, but the current medical director was always there as a physician. And now she is the medical director and perhaps has a little bit more power than before. So it has really gone much more medical.

You know, I must say that people at On Lok have become much more sick--I mean much sicker--we are accepting a much frailer group of people than we used to in the beginning. So what is first? Is it that they are getting more into a medical emphasis because of the needs? Because people are really much sicker now than they were twenty years ago.

At that time, somebody who was in the condition that we find them now would have gone to the nursing home, now they stay at On Lok.

McGarrigle: I see. Right, so it's a Catch-22 in a way.

Ansak: It's a Catch-22. You don't know for sure what really--certainly they do a very good job on medical care, because they send them less often to the hospital than anybody else, and they're maintaining them in the community much longer than anybody else. That necessitates, of course, closer medical supervision. So you need more facilities for medical care, et cetera. You know, it's kind of funny.

The funny part was that in our buildings, the ones that had more attention, more medical attention, tended to be sicker than the ones who had the same diagnosis and were with less medical attention. So I don't know how it all fits together.

McGarrigle: And the people at Montgomery Street, they have a physician and the nurses there, and then if they need something more specialized, does a specialist come to them, or do they go to--

Ansak: No, they go--but that's everywhere at On Lok.

McGarrigle: Okay, they go for the dental or--

Ansak: Well, the dental offices are on Powell Street and on Bush Street, so they go to those offices. The same for the optometrist. But like specialists, like a heart specialist or an oncologist or whatever, they go to their offices. We transport them to the offices of those doctors if they need that. In none of the facilities do those specialists come to the facility.

## X POWELL STREET

### Acquiring Powell Street

McGarrigle: That makes sense. I wanted to back up to something which had to do with Powell Street, because you mentioned last time that Powell Street had been a childcare facility for years and years and years, and how did that transfer?

Ansak: Well, I think I mentioned it was May-Lian Lee, a founding board member. She was the one, she was the public health nurse in that childcare facility. Apparently what happened (this was in '76)--I almost think the building was condemned for child care. It was an old building. So it had to go through very major remodeling. I think the nuns didn't want to--yes, then there was another issue. The nuns had found that most of the children came from the suburbs. They were brought--people who worked in Chinatown or downtown, they brought their children to the St. Francis Day Home. And so they felt that what they should really do is to provide care outside, closer to the home rather than in the city. They felt it was a better environment to go elsewhere.

So then they decided to close that facility, and that building became surplus; they had to sell it.

So May-Lian told me about it. We went to see the nuns, and they said they were very interested to have this as a nonprofit, continue as a nonprofit, particularly for the elderly. But then the funny part was, they formed a committee to decide on the disposition of that building. On that committee were some community representatives and church representatives, and a realtor. That committee decided, yes, we want to sell it. We want to sell it for cash for \$300,000. And we had our offer in, and what we wanted is to give them a down payment and pay the rest off as we got the loan from HUD. And that didn't suit them. Also, the realtor really wanted to buy that building.

So we waited and waited and waited, and did fundraising for the acquisition of the land and what have you. And all of a sudden, about four or five months after we had contacted them, I got a little message from the mother superior. I found it on my desk, and it said, "Sorry, we won't sell you that property." [laughs] That was catastrophic, because we had already started to fundraise. And we had applied to HUD for a loan, and we told them that we had control of a lot, so we were liars. We didn't have it.

So then one of our realtors--actually, it was the man who originally rented the Broadway Center to me, Duane Cimino. He was a young realtor, an Italian American on Columbus. He had been very taken with us and had done a lot of volunteer work. When we needed a radio for the car, he would bring us a radio for the car. When we needed reserve tires, he would bring us that. In the interim years, between '72 and '76, he was very dedicated.

So what I did, I called him and I said, "You know, Duane, they won't sell us this building." He said, "This can't be. This can't be. Let me talk to the nuns." So he trotted out there, he went to talk to the nuns, and he said, "You can't do that. Now, what are

your conditions? Under what conditions will you sell it to On Lok?" And the mother superior said, "Well, we need cash." That was the decision.

So he said to them, "Would six months cash be okay?" She said, "Oh, yes, that would be fine." So he came back to me and said, "I got it for you: six months cash, \$300,000." And we had about \$10,000 in the kitty. I mean, I was terrified.

So then we had to give him a commitment that we would pay it. They weren't going to go just by the word. So Dr. William Gee and May-Lian Lee made a commitment that they would be personally responsible for that \$300,000 in six months in case On Lok wouldn't raise it. Now, the pressure was on me to raise it and Dr. Gee to help me raise it, and May-Lian to help me raise it, because their buildings--actually, their own homes--were at stake. [laughter] It was incredible.

### **Raising the Funds**

Ansak: But we accepted it. The board accepted it, and we went into a wild frenzy to raise the funds. I remember I got some help from a fundraiser at the time through one of the foundation's directors, Mrs. Di San Faustino. She was with the Bothin Helping Fund, at the time it was called the Bothin Helping Fund. She suggested that we work with this guy, that he could help us put proposals together and all that. So he assigned his associate to work with us, Mary Beth was her name. Mary Beth Laware was her name.

She helped me put together proposals, and she looked through the foundation directory, et cetera, et cetera, and found some possible candidates where we could send the proposal to. And one of them was the Fleishmann Foundation in Reno, Nevada. The Fleishmann Foundation, Fleishmann margarine, had put up a foundation when Mr. Fleishmann died. It had a condition to it that his \$100 million that he had put into this foundation would have to be spent by 1980. So in 1977--what was it? I'm trying to think. Maybe '76, '77, they were under pressure to start to give away all this money. And as somebody once told me, it's actually more difficult to give away money than to apply for it!

Anyway, we had applied to them, and I applied to them for \$50,000. A representative from their board came to On Lok--I forgot his name. He came to On Lok, and he spent a whole day in our little center on Broadway. That was all we had. He was so enthralled. I mean, he came down, he walked down from the St. Francis Hotel, and he stayed with us all day. He ate lunch there, and he just thought this was the cat's meow. Dr. Gee and I took him to dinner.

He said, well, he was going to do his best that we would get some money. He went back, and a few weeks or I can't remember how long it was later, one day I came to the office and my secretary said, "Oh, go to your desk, go to your desk! Some real important news." I already had some problems, I needed glasses to read, but I saw a check, and I could read Fleishmann Foundation. Then I looked at the amount, and I saw 5, so I thought, Oh, they gave us the \$50,000. No, they gave \$150,000.

Well, this was half of what we needed.

McGarrigle: How often does that happen, that you receive three times the amount that you ask for?

Ansak: Not often. Not often. But that was, I mean--that was lucky. That was it really. And so they gave us \$150,000, provided that we would raise the rest. Well, this is such a large kick-off grant that it was then not very difficult.

I then went to Levi Strauss and to Haas Foundation in San Francisco, with whom we had no contact before. Wally Haas came to On Lok and visited us, and was also enamored, and he said--he had been with the Levi Strauss Foundation at the time--he said oh, he was going to get his cohort at the foundation, Jim Marshall, involved. Anyway, so each one gave us--

McGarrigle: I think we have that here. [papers rustling]

Ansak: I think \$40,000?

McGarrigle: I might have it here, '77, how much did they--.

Ansak: I think each one gave us \$40,000. So that got us to about \$230,000. I'm pretty sure it was \$40,000 each. And also, it was the beginning of a great friendship between the Haases and On Lok.

McGarrigle: That's something else I wanted to ask you about.

Ansak: They have since then given, I think I once counted it before I left in '93, that they had given us over the years a million dollars, or close to a million dollars.

McGarrigle: In 1977, the first grant--but I don't have the amount. In 1978, a capital grant for \$150,000.

Ansak: That was a different one, yes. You see, they gave us \$40,000 each, \$40,000 from the Levi's and \$40,000 from the Haas towards the acquisition of the land. Then we got the HUD loan for the housing, but we still had to raise \$300,000 for the day health center, and that capital grant in 1978 was towards the day health center.

McGarrigle: And that was \$150,000.

Ansak: Yes. And then afterwards, this continues and continues.

McGarrigle: Because in '83, they gave \$64,000 for evaluation and organizational development, and in '87 \$250,000 for renovation of Montgomery, and in '93, a \$250,000 challenge grant for the Celebration of Life fundraiser for the Dr. Gee Center.

**Walter and Evelyn Haas, Jr.**

- Ansak: That's right. So you figured it out. The very funny thing is when Wally Haas [the son of Walter Haas Jr. came the first time], I found out that in my early days in San Francisco, I had babysat for him. He was then five years old.
- McGarrigle: Oh, really? That's really funny.
- Ansak: I used to work on weekends, and they had a Swiss nanny, and I replaced her for one weekend or two weekends--I can't remember exactly how many. But it was very funny.
- McGarrigle: Do you remember the circumstances of his household and that kind of thing?
- Ansak: Vaguely, vaguely. I used to go to so many of these--you see, I came as a nanny from Switzerland and worked for the Kendricks down in Atherton. And then I left them and I went to work for Sunny Hills, the children's home in San Anselmo, and from there I went to the International Institute. And I knew a lot of the Swiss nannies--at that time, most of those rich families had Swiss nannies. So I knew many of those. Then when I wanted to go to graduate school in 1957, I had to save money, so I would go on weekends to babysit and save that money for my graduate school.
- McGarrigle: To detour from the land and the different sites, can you describe Wally Haas and his wife, Evelyn, if you--
- Ansak: Can I describe them?
- McGarrigle: Yes. How would you describe them?
- Ansak: I once called them true aristocrats. I mean, they are--they are very generous, very--I'm trying to find the right word--very dignified people, very considerate people, good people. Even--and very modest people, in spite of all their wealth. They wore their wealth well, yes. They were never overbearing, and they were very kind people. To me, they're the ideal of a rich American family. You know, there are always going to be rich people and poor people, and they were the ideal, a classy rich family, with good values.
- McGarrigle: Would they visit the facilities?
- Ansak: Oh, yes. We once in '78, we made a special dinner for them, for their family, and had it at Powell Street. The guy I told you about who was a musician who then died when Montgomery was inaugurated, he had his family, his daughters and himself, give a little concert during that dinner. Oh, it was very nice. We made this very, very special effort to invite a few of the On Lok staff, and then all the family members of the Haas family to that dinner. They really liked it, and it was a nice--so it was a close relationship. And in fact, Mr. Haas, Walter Haas, Jr., died last year, and had cancer, and during his last months, On Lok did provide him care in his home. They provided him with assistance and with helpers and what have you. I started a scholarship fund for employees for On Lok with an award that I got from the Allied Signal Company before I left. It was \$30,000, and I donated it to On Lok for an employee scholarship fund. I just heard now

that the Haases also contributed \$20,000 towards that fund. So we have real good feelings about each other.

McGarrigle: Did they do the decision-making about how their donations were made, or did they have someone else in charge of that who researched that?

Ansak: Well, for a long time, it was Wally Haas, Jr.--no, Wally Haas--little Wally Haas, I called him. He is the son of Wally Haas, Jr. You know, there was Walter Haas, Sr., Walter and Elise Haas are the senior Haases. They have a foundation. And then there was Walter and Evelyn Haas, Jr., and their foundation. And then there is Walter Haas III. He is the one who was the child that I took care of. He's the son of Walter and Evelyn. And Walter is now, of course--the two older Walters have died, and the little Walter is now Walter Haas. I don't know if they call him the third, I guess, and he has a son, and he told me he would never call his son Walter, but of course, his son is a Walter IV.  
[laughter]

So anyway. But Walter III was the director of the Haas Foundation for a long time, and then afterwards, it became Ira Hirschfield. Ira Hirschfield is now the director. Sometimes they have staff members, but for a long time, Walter Haas was involved, and he was the one who really opened the doors for us.

McGarrigle: And so when we talk about Walter Haas in this context, it's the third that the fund is-- Walter and Evelyn--

Ansak: His father's foundation.

McGarrigle: Junior--

Ansak: Very complicated with all these Walters.

McGarrigle: Yes, it is.

I detoured there. You were talking about raising the money, and then the grant came from the Fleishmann Foundation for Powell Street, so that was the \$150,000, and then--

Ansak: And then the Haas Foundation and Levi Strauss Foundation gave us money. And then several others came in, and some private funds. So we actually were able to raise the \$300,000 in six months, and we were able to burn our mortgage. We were the owner of the building. The funny part is then I heard afterwards that really it was that realtor who had wanted the building, because he had the building next door and what have you. But anyway, we got it, we rebuilt the building.

### **Working with HUD**

Ansak: It was a stressful experience, because it wasn't very easy to work with HUD. At first, we had all our own ideas on how it should be built, and afterwards, we had all our own ideas who should be admitted, and it was all kind of against the rules and regulations of

HUD. For instance, in '78, we had to submit an occupancy plan. We started in '78; in '80, the building was opened. In '78, we started the construction. And during that time, they demanded that we give them an occupancy plan, and how we were going to reach all groups of people, and how we were going to have all kinds of people in this building.

And one of the hangups was, you know, we were only going to take people from the neighborhood, because On Lok was restricted to that particular neighborhood. So they were all upset about that, because of course, there are very few blacks in that neighborhood, and there are no American Indians. So they insisted that we have to get at least an American Indian in there, which was totally ridiculous, because it was--we would have had to go, I don't know, Arizona, to pick up a frail elderly Indian.

Even the fact that we only wanted to pick up frail elderly was another problem. But let me go on with the racial issue. They insisted that we have an American Indian in that building. It was at that time that our friend, Jay Constantine, in Washington, had a friend of his, Jim Mongan, talk to the Carter administration--that was in 1978--and finally, we got the okay that we didn't have to go get an Indian. But we really had to politic like crazy. They were adamant in the San Francisco office.

The other issue was when we said we wanted to reserve the building for frail people only, and they said to me, "What is a frail elderly?" You know, it's funny how things have changed. I mean, they really didn't know. I went to the National Council on Aging [NCOA], they had a definition for the frail elderly. They had just a year or two before written up--we submitted that to HUD. They were incredulous.

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Ansak: --waiting lists, et cetera. The first preference was to be frail, according to our--and that NCOA guideline, by the way, was pretty much according to our own guideline of who could come into On Lok.

McGarrigle: Why would they resist that, when that seems clearly like the population?

Ansak: Well, you know, times have changed. A bureaucracy responds much later to the actual facts of life. You know, they kind of start something, and they knew only, well, sixty-two and older, and they have to be low income. But they didn't really think in terms of abilities. But however, in many of the projects, they already had enormous problems with people they had to evict, because they couldn't treat them in those projects, because they became too frail and they had no support system.

McGarrigle: In other HUD projects.

Ansak: Yes, in other HUD projects, so they had to send them to nursing homes. So we said, "Now, you see, we're going to take those people, and we are going to--" By now, by the way, that was, I think, much more accepted, because all our PACE projects have frail elderly. You know, it's much more acceptable now to really reserve these kind of housing units, or to give a certain amount of these housing units to the frail elderly who need support. But that was all unheard of at the time (1978).

### Construction and Volunteer Architects

Ansak: So it sounds very easy--we went and we bought this, and we got that, but everything was a hassle. From the nuns who didn't want to give us the building at the last minute, to HUD who demanded we have American Indians, to the contractor. Afterwards, when we moved in, we found out that certain heating ducts were closed, and certain hot water was reversed so that only cold water would come out, and the heat was reversed--I mean, it was dreadful. The vent ducts were full of garbage, so that we always had bad air in the building.

The problem was we were inexperienced. We had a consultant, and I remember she told me, "You know, you really have to have an architect on this project who's full-time." Well, we had two volunteer architects. They hired a third one, one to design and to do the final drawings, and one who did the specs, and one who was super--the one who did the specs and the supervising were the same. He supervised the project.

But it was far too loose. And then we also wanted--we were very adamant to take a contractor who was associated with the community, but there was no Chinese contractor, local Chinese contractor, who had the capability to do it or the money to do it. You know, they had to put up bonds, and what have you. So what we did, we took a local Chinese contractor and did a joint venture with a local Italian contractor who's very large and does lots of projects.

This was another catastrophe, because you know joint ventures? I suppose it really depends on who they hire for a supervisor of the project. In any case, I don't know who was at fault; it doesn't really matter. But things were not in good shape. We almost had a lawsuit at the end.

McGarrigle: That was what I was going to ask you, if there was litigation.

Ansak: Well, there was almost litigation. We then finally decided on accepting the contractor's offer, they gave us an offer.

But the other problem was that initially, HUD had assigned a very tough project officer to that project, and that project officer was very unhappy with the contractor, because he felt he was taking advantage of us and that he wasn't doing a good job. Well, let me tell you, as soon as the contractor heard some of these complaints, he disappeared from his job. [tape interruption]

McGarrigle: How did it end up with the defects--the water that flowed the wrong way, the heating vents with the garbage?

Ansak: Well, that was actually one of the agreements. We found that out at the last inspection. That was some of the payment that we got from the joint venture, they would pay some.

McGarrigle: What was the volunteer architects, what--

Ansak: The volunteers, architects, they're good people. They really worked with us very intensively for years. The problem--you see, we found those volunteers--don't forget,

we started with nothing. Very early, in '72 or '73, we were going to do a project with the Congregational church on Portsmouth Square. And what the project was, they wanted to rebuild their building, which they haven't done until today, but at the time, they wanted to rebuild their building.

We suggested to them that we make it a joint project. In other words, they would get their church rebuilt and their facilities rebuilt, and on top, we would put some elderly housing. A really good idea, with a day health center. And everybody was excited about it. People in the church were excited about it. And architects who were members of that church, they did some drawings. These are the volunteer architects who then stuck with us all the way through the construction of On Lok House. The Congregational church project fell apart, because there's a new minister who came in and he didn't want any part of it. So that fell apart.

So then when we got the Powell Street project, of course we had already worked with them a long time before, so we felt we wanted to stick with them. The problem was that both of them worked for Bechtel, didn't have their own company, so they really did that on the side. So when the project got funded, of course, they had to find help. First one was going to give up his job at Bechtel or take a leave or something, and then he couldn't do that, and so that's why we ended up with a whole bunch of architects. We then went to look at other properties. One was an old bakery in the North Beach. And these architects--the same architects who drew other plans for the church also worked over the years on many projects, and they always did it as volunteers, never got paid.

But they were very--we really worked well together, in terms of planning. And they didn't have much experience with planning for elderly housing, so--

### **HUD Regulations**

McGarrigle: Well, that's the next thing I was going to ask you. What did they use for models, and--?

Ansak: Well, mostly what we wanted. We developed it jointly. I think it was an exciting time and a good time, and a good project. It was just--when it came into execution, perhaps we should at that time have insisted that we hire an architect--

McGarrigle: To be on site.

Ansak: Who also had experience with HUD, because HUD is something else to work with. I mean, they have all their own little rules. We banged our heads against the wall so many times, because we wanted essentially what we later on got in the Dr. Gee Center: we wanted good materials, we wanted it built a certain way, and HUD always said, "No, no, no."

I remember there was a big joke: one day I had to go and choose interior colors and the materials that we would use. We had chosen before some really nice materials, but according to HUD, they were too expensive. So we had to go, and the architect submitted to me a whole catalogue. The materials were always called "Architect's

Choice,” so we would--I mean, it was the name of the material. We were joking about the Architect's Choice, because it was miserable material. Which over the years we had to all replace. It's real stupid. That was a real short-sighted way of looking at it.

Now, had we had an architect who was experienced with HUD, he could have probably sold them the way we were going to do it, because he would have perhaps cut the cost here, or he would have--I don't know, but many other people had better materials than we had. But because somehow our architects didn't know exactly how to deal with HUD, we ended up with some inferior materials and goods.

McGarrigle: Ultimately, how was the design of the building worked out, now that--

Ansak: Well, HUD demanded that we put in--that was another problem. They demanded that we put in apartments. They did not want single-occupancy hotel rooms. That was against their rules. Apparently, the reason for that was that in New York, they had funded single-room occupancy hotels, and it turned out to be a catastrophe. People were--I don't know what it was. But anyway, I was always told we don't do that because of that. Exactly what the problem was, I wasn't too sure, or I can't remember.

So they demanded that we put apartments in it. They even wanted one-bedroom apartments. We were able to convince them that in the densely populated Chinatown area, it was a waste to put in one-bedroom apartments, because most of these people that we were going to serve were single or alone, and so that we were able to get away with studio apartments.

But then they demanded that they be of a certain size, and some of them are really huge in that building, where one person gets lost in it. Later on, with lots of hassles, we were able to get the permission to put two people in it. What we said is that these people knew each other, and that they wanted to live together because they could support each other, they were both frail. Oh, we went through all kinds of shenanigans to try to convince HUD to let us do what we needed to do.

So the units were too big. We also wanted on each floor a common space, where people could go and perhaps prepare a cup of coffee. We weren't really hot on having kitchens in each room, because some of our people can't deal with kitchens. They would leave the stove on, and we had that afterwards, that they would leave the stove on and then burn things.

So finally, what we had to do was go and turn, from the central unit, go and turn the stove off in certain units. Now, isn't that a waste? For instance, they wanted us to have apartment-size refrigerators in it. You know, these are those small tall ones. We just wanted little ones--

McGarrigle: Like a dormitory size, almost.

Ansak: Like a dormitory type. That was sufficient, and a height that the elderly could access. No, we had to put in the big ones, put all the big ones in. And some of them have nothing in it. Later on, we learned how to turn them off, but it's an utter waste, utter waste.

I remember, I took several trips to Washington to try to convince HUD in Washington to give us the permission to put small refrigerators in it. No way. No way. At the end, when it came to the selection of people and our waiting list and the people we wanted to put in, we finally had a big meeting in San Francisco, and the chief (Mr. Lee) from the elderly housing in Washington came. That was in the Carter administration, and he was pretty liberal. We knew him, and he knew of us, and he had visited On Lok.

We had this meeting, and all the local people from HUD were there, and On Lok and its attorney and what have you. So we said what we wanted to do, that we wanted to admit frail elderly, and that we wanted some double occupancies. And finally, the guy, the chief from Washington, said, "Why don't you just do what you want to, and we'll approve it. Just do what you want to." But he wasn't willing to give us a waiver of their rules or something.

So I then had minutes typed up of this meeting, and I sent it to them. I said in the accompanying letter, "If we do not hear from you within so-and-so many days, we accept that this is the rule for this project." Well, they never wrote, and it just passed.

So later on, in later years, in the eighties and nineties when HUD came back to us and wanted to start to complain that we don't admit according to their rules and what have you, we submitted that letter and the minutes and said, "No, we have this exemption." And it always passed.

McGarrigle: Oh, that's--do you remember his name?

Ansak: Lee. Lee was his name, the man who came. I remember that, that was a funny meeting.

### **Independent Spirit**

Ansak: But this is how a lot of things happened. You know, probably we were trail-blazers, and I don't respond well to rules and regulations. I think that's why it's good that I'm out at this point, because once an organization grows up, you have to fit into the system somehow to continue surviving. Then you have the rules and regulations, and it's much more difficult to fight them. And particularly now that we have other projects that run like On Lok. You can't for each project have a separate rule. And I enjoyed the fact that we were able to do things differently.

McGarrigle: Sure, and that's made it what it is.

Ansak: Yes.

McGarrigle: There's a lot of irony there. You create it, and then at the same time, you see it develop into something much less flexible than at the outset.

Ansak: Yes, I see that now. I mean, I guess we should now invent something else. [laughter]

McGarrigle: We have to talk about that later, what your next project is.

But you tackled the issues of real estate purchases, bank loans, major construction projects, architects, contractors, building materials, you were undaunted.

Ansak: No, it didn't bother me. I like a variety of things, to say the least. What did somebody once tell me? That I'm a master of none, an expert at everything and a master of none or something. I know a lot of things, but a lot of things not at great depth, but I know enough to deal with it. I like construction. I built a house once for myself. And I sail, and I do a lot of things. Sailing is certainly the epitome of somebody who needs to know a lot of things and be practical, because you have to know--if you're out in the ocean, you have to fix things that break down, you have to navigate, you have to know the stars, you have to know the weather.

McGarrigle: Everything of survival.

Ansak: Yes. I think that's why I was successful at On Lok, is because I like all those things, and I like new challenges.

McGarrigle: I can't imagine Dr. Gee having selected someone who could have been more versatile and more successful.

Ansak: I don't know whether he knew that. I didn't know it myself; it kind of developed. Hard to say. You have to ask Gail Lee, because she's the only one who's still around, why they chose me. I have no idea. I thought it was mostly because I started that other project, and kind of got money, and all of them thought that there was no money for that project. I think that was kind of the reason why, but I don't know.

McGarrigle: I'll ask her.

Ansak: She's coming to that dinner, by the way.

McGarrigle: Oh, good. I have to find a way to--are people going to have name tags?

Ansak: I'll introduce you. Just come to me and I'll introduce you to some of the people. Be sure to do that early, and I will see that I get a time to introduce you to them. [discussion, tape interruption]

### **Help from the Republicans**

McGarrigle: We're talking about the On Lok supporters over the years and how many of them have been in the Republican party.

Ansak: Okay. It is true that over the years, partly because of course the presidency went from one party to another. We had first Nixon, then we had Ford, and then we had Carter for a short while, and then came Reagan, and Bush. And then I think Clinton was elected just in my last year. Didn't he start office in '93? I think so. [yes] '92.

McGarrigle: '92, yes. [He was elected in '92]

Ansak: So at the tail end, we had another Democrat, but On Lok--

McGarrigle: You still have a Republican Congress.

Ansak: --was always with a Republican president. And personally, I found that the Republicans were really more helpful to us, partly because in the early eighties when we needed help, there was a Republican Senate. We also had Cap Weinberger who helped us a great deal in '75. I mean, without him, we would be nowhere today. We would not have On Lok House if it wouldn't have been for Cap Weinberger. He was the one who helped us to get the On Lok House loan. He was the one who continued us in '75 when we were the most vulnerable and doomed to be just discontinued.

So there's no question that we have got a lot of help from Republicans. And in essence, I think, we were kind of the darling of the Republicans, because we were small, cost-effective, humane, and not a huge bureaucracy. It was sort of an individual endeavor. And even though our approach is pretty, I would almost say socialistic, kind of, because it is so small, and it is contained, and it's not a big bureaucracy, I think they liked us. They were very helpful.

### **Cap Weinberger's Involvement with On Lok**

McGarrigle: Can you outline some of your involvement with Cap Weinberger, some of the ways that he was key to On Lok?

Ansak: Yes. Well, my first contact with him was in the early seventies, when he was brought in by one of our later board members. He wasn't even a board member at that time. A Mr. Republican in Chinatown who was a dentist and a close friend of Dr. Gee's, and he brought Cap Weinberger in I think just after we opened the center, perhaps '73 or so, he came to visit us. He was--I think he was HEW secretary at the time. Yes, he was already the secretary of HEW.

He was very impressed, and it was a very short visit. He had gone through Chinatown or something, and this guy brought him in.

And then in '75 when our first grant came to an end, we wanted the Administration on Aging to look at the follow-up grant so that we could further develop a system. We just had a day health center; now we wanted to go into it and develop more of a system to expand to day care and in-home services and housing. They had requests for proposals out for model projects, and we thought we would fit nicely into that, but they decided no. I mean, they like to kind of give projects to new candidates--you know, there's always some politics in all this.

But anyway, we decided to go and see Cap Weinberger, Dr. Gee and I, because we knew he was the secretary of HEW and we couldn't get any--I mean, we couldn't get to first place with the Administration on Aging. So that friend who had brought him to On Lok called him and said that we needed to see him, and could he set aside some time.

So we went to HEW, and we met with him, had a meeting with him. In this meeting in his office, there was Dr. Gee, Mr. Weinberger, myself, and a representative from the Administration on Aging, Mr. Handelsman, I remember him well. So Cap was going through our achievements during the first three years, and he told Mr. Handelsman that he had seen the project and he was impressed with it, and he said yes, he had heard that we were looking for a further grant, but that it didn't look very good. So he says--and then he made us outline what we wanted to do, and he says, "Well, it's very interesting. Mr. Handelsman, don't you think we have some money for that?" "Well, of course, Mr. Secretary, we will look into it." And from then on, we had our next grant. There was no question about it. That's how we got the next grant and survived.

And then, Weinberger left HEW shortly thereafter and went to Bechtel in San Francisco as an attorney. In 1976, I think I mentioned that before, HUD didn't want to give us a loan, and we couldn't get a loan. I had tried every which way. We had applied three times to HUD and never got approved. I got so frustrated, because by that time--it was 1976. We had even received a bicentennial award from HUD and President Ford for good, innovative work, and still we did not get the loan. Finally Cap Weinberger, former secretary of HEW, intervened. He was in San Francisco, and I thought well, perhaps he could help us with the Ford administration.

I can't really remember, but I called Cap in San Francisco, and he said, "Well, I still have some friends at HUD. Let me try." And that's how then we got a loan. It always depends on who you know. I mean, you have to have--we were only able to do that because we had something to offer. I mean, it might happen in other situations, I have no idea, but I know that we were trying very hard to do a decent job and above all, to be aboveboard and to be honest. I always felt that was really important. For instance, we never asked for money when we didn't need it. When we needed money, we would ask for it. Many organizations go for every grant that comes out, just apply, period. I don't go for that. I believe you have a program and you have a plan, and when you need money, then you apply. But you don't apply first and then develop the plan. Do you know what I mean?

McGarrigle: Yes, sure.

Ansak: Well, I've strayed.

### **Historical Background on the Filipino Population at On Lok**

McGarrigle: That's okay, these are important things. Since we've strayed, I'm going to go way back and ask you one question I had after last session, which is a totally different subject, but we talked about the three ethnic groups that On Lok originally served primarily: the Chinese, the Italians, and the Filipinos, but we didn't talk about the Filipinos. We talked about the Italian Welfare Agency, and I wanted to ask you about the Filipinos.

Ansak: Filipinos at the time were mostly concentrated on Kearny Street. There was a hotel there called the International Hotel, which became a cause celebre in San Francisco. About '75 or '76, just twenty years ago, that building was condemned. That building had

always housed Filipinos. I first knew about that building in '56 when I worked at the International Institute, and I used to work with Filipino Scouts. Filipino Scouts were Filipinos who had fought for the Americans during the Second World War and formed a special unit. They were the guides and what have you in the Philippines.

After the war, they were given the opportunity to become citizens, and then, because of the law that says--there was a law that they--I think it was only applicable to them--that if they wanted to retain their citizenship, they had to come to the United States. So many of these guys who were really Filipinos and barely--I mean, they spoke English--they came to the United States because they were afraid to lose their citizenship, and they were very loyal to the United States, very loyal. So many of them moved to the United States, often without the wife, they left the family in the Philippines.

And there were many social problems. They had to go back and forth. I remember in the fifties they used to be able to go back home with the military sea transportation. They went down to Fort Mason and they hitched a ride back to the Philippines, and they would visit their families and then come back. So I knew these guys, and many of them lived at the International Hotel. And when we started On Lok, there was still a large community at the International Hotel, a large community. And also on Kearny Street, there were some other hotels there. It was a fairly substantial community.

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Ansak: And many of those people needed--they were not acculturated, so they needed assistance. They didn't have a social agency. Self Help for the Elderly had a senior center for them, in the building next to it. But again, when they got sick, they really had no place to go to except the nursing home.

The big advantage was that they did speak English. But still, they were a community to themselves. Then, in the mid-seventies, that hotel got sold and was threatened to be torn down. Finally, the people were evicted, and finally the sheriff, Hongisto--I remember, Hongisto was the sheriff then--went into the building and literally physically evicted those people. I still know some people now. I know a guy who was very active with that group, one of the young activists who took up the Filipinos' cause.

It was, again, the large corporation against the small tenant in a hotel, similar to the Montgomery Street problem, when money gets the people evicted out of inner city buildings. And it still happens. Then usually there is protest. Well, they fought for years and years for that hotel and finally got evicted. And the tragedy of it is--it is a black mark against everybody--that building was torn down. It was perfectly livable. It was certainly not one of the best buildings, but it had to be torn down or rehabilitated ultimately. But that building could have stood for another twenty years and housed these people. The owner couldn't have a new building. They could never get the building permit.

Oh, there was one option left. When Mayor Feinstein was in office, I think she wanted to declare it eminent domain. I think. I can't remember exactly. But it went back and forth. But, of course, the community was active and wanted housing to replace the

International Hotel, they had no objection to have a commercial development, but they wanted also low-income housing there.

I understand now--this is 1997--that the Catholic church is going to rebuild St. Mary's High School, St. Mary's Chinese School there and that the Chinatown Resource Center is going to build elderly housing. I don't know whether they have started yet, but it's supposed to be now finally approved.

But it's a tragedy that that building was torn down twenty years ago, that for twenty years it could have housed poor people, instead it was a hole in the ground.

McGarrigle: And where is it exactly?

Ansak: It's on Kearny and Columbus.

McGarrigle: Oh, I see that all the time!

Ansak: Yes. It's been a hole in the ground for twenty years.

McGarrigle: Yes, it just collects junk, yes, yes. That's terrible.

Ansak: Yes. Free housing for the rats.

McGarrigle: So it was an all-male population then.

Ansak: In that hotel was an all-male population.

McGarrigle: And some of those people came to On Lok then.

Ansak: Some of them came, yes. In fact, in one of our early movies, you see the social worker going there. Have you ever seen those movies?

McGarrigle: No.

Ansak: I'll give them to you if you bring them back. We've got them all on video now.

McGarrigle: Okay, good.

Were there problems with their families in the Philippines? I mean, the government, by requiring that they come here to retain citizenship, divided the families.

Ansak: Yes. Well, you know, there are always problems in these situations.

McGarrigle: Do you then have Filipino health care workers?

Ansak: Yes.

McGarrigle: And social workers?

Ansak: We always had one--we always had a Filipino social worker, until recently. I don't know if they have one now. But, of course, the Filipino--if there is none of the Filipinos now it's a lot because they have disappeared, you see. When that hotel was torn down and then when other hotels across the street were torn down, these people moved--and they also died. Don't forget, these were veterans from the Second World War, so they would now be in their eighties and nineties. Not eighties--nineties and one hundreds. Because, you know, come to think of it, yes, these were ones who were the earlier participants. So they would be in their nineties. The youngest ones might be in their seventies. So they've really gone. And there is no other Filipino community. The Filipino community in San Francisco is now in Daly City.

McGarrigle: Well, let's stop here for today. We'll talk about it more next time.

Ansak: Okay.

## XI INTERNAL MATTERS

### Participant versus Patient

[Interview 5: April 22, 1997]##

Ansak: And of course the English name became On Lok Senior Health Services. In Chinese it's On Lok Guey. It's three characters: happy, peaceful abode. For the Filipinos it was Bahai Bagasa, which also meant something like--either Bahai or Bagasa is "home," but happy home or something. And for the Italians it was Centro di Salute per gli Anziani, the Health Center for the Elderly. So because we felt it important to relate to all of them, the first brochure, and other publications, were always in English, Chinese, Filipino, and Italian. To try to address everybody's problems. I remember we used to have problems getting it all translated. But it did go out. The brochures were on all four languages. So that was a real effort, to include everybody.

McGarrigle: So we were talking about language, and I saw some of the videotapes that I watched this morning. You and some of the other people who were talking about the program. Talked about the language that you choose to describe the participants and that that was very intentional. You made a conscious effort to describe them as participants, not patients.

Ansak: Oh, yes. We felt strongly that the medical needed to be included in any kind of care for the frail elderly. I mean, it's part--they have health problems. Sometimes it's hard to determine what is the heavier side, the social problem or the health problem. Is it more important that they eat a regular meal every day and have some recreation and get away from the isolation? Or is it more important that the doctor sees them and prescribes the pills or does whatever he does?

And so we did feel strongly that all components needed to be included in this program and given equal status. That is rather difficult because, you know--I was a social worker. And for people who start programs from a social service point of view, the medical gets lost. And that is really not helpful because people need both. If it was a medical institution, then the social gets lost. So it was important to really have a balanced approach. That's why we felt strongly that we needed to include everybody in our treatment plans.

Then there was a word to describe our client. I have a real issue with the word "patient." I'm not patient, and I don't think any so-called patient should be patient. Is that a silly name? Is it patient, patience for the doctor? Why should he be patient? The important idea was, and that came actually kind of from Rosalyn Lindheim, the architectural professor in Berkeley who originally gave me the idea of buying a hotel and bringing services into it.

She created a unit at Presbyterian Hospital which was called Plaintree, and Plaintree was one of those pioneering ventures where the "patient," quotes unquotes, became

participatory. The patient had his chart at his nightstand. The patient could read the chart. The patient was involved in his health care. In other words, he would attend the meetings of the team. He or she, whatever. And there were resources available through a library for that patient. So it's really a participant.

And I felt strongly that we should not call them patients. First of all, I wanted to de-emphasize the medical, because nursing homes are very medically-oriented. And many of the people who are there don't need that kind of intensive medical care, and it gives such an aura of medical. You know, of white coats and people running around with stethoscopes and syringes and what have you. And forgetting what the people were all about. So I felt strongly that we should de-emphasize that. Include it, and give it a high profile, but to emphasize the total health approach.

So I remember we wanted to find another name for it. "Client" is not exactly appropriate, so we felt that "participant" would be the best. And that has really stuck with the organization. They never talk about patients. They always talk about participants.

McGarrigle: It really works because you conjure up more an image of the people and their social activity.

Ansak: And also it is participatory. I mean, the doctor is not supposed to make a decision on whether you have to have a foot amputated without you really totally participating. As long as you can. And if you can't participate, your family will participate. But it gives a total different approach. And that, to me, is very important. I hate that word, "patient," because it makes no sense. Why should a person who is sick be patient?

McGarrigle: I wonder what the origin is. [Latin: *pati*, to suffer, or *penuria*, need; Greek: *pema*, suffering] I never thought of it! It's a concept.

Ansak: I don't know, either. I don't know where it comes from.

McGarrigle: But it means that you have patience.

Ansak: But it's the same. It's universal. It's the same in German, *pazient*. It's a derivative from the Latin, but why it ever came about! I guess because they felt the person had to be patient because he was sick. But it's a funny concept. And, of course, we try to debunk that somewhat.

### **Obstacles to Adding Acupuncture**

McGarrigle: Does the program incorporate alternatives to Western medicine?

Ansak: Oh, yes. That is a tough, tough question. You know, ever since we included the medical care in 1978, I was adamant to include acupuncture and Chinese medicine. And that was very difficult. Actually, I believed in acupuncture because I had a bad back pain in '76 and what cured me was some acupuncture, and I really felt there must be something

in a thousand-, two thousand-year practice. There must be something to it. You know, if it's just nothing, why would it exist for two thousand years?

Well, anyway, when we went for these negotiations with HCFA, with Medicare, I wanted to have acupuncture included in our basic reimbursement package. Well, they almost had [chuckling] a cow. I mean, really. They couldn't believe that I would even ask for that. They knew that California had already licensed acupuncture by that point because of the many Chinese on the West Coast. There was some licensing process. I don't know whether it was then or later, but anyway, it was acceptable in California. But on the East Coast, they really [chuckling]--they thought that was too much for me to ask.

Interestingly enough, they later basically allowed us to do that because they gave us a capitation reimbursement and they said that was okay. But at that time, this was just too much for them to swallow. After swallowing all the other bitter pills we gave them, that was one they couldn't swallow.

So we couldn't really do it till '83. Afterwards it was more open, and we could have included it. And I tried, but frankly by then we had physicians on staff, mostly Chinese physicians, and they're going to curse me when they hear this, but I think some Chinese physicians are more opposed to acupuncture than even some of the Western physicians. And I think it has something to do with their own status. I mean, are they credible physicians or are they some of those Chinese quacks or something? There is something to that. I don't know exactly.

McGarrigle: And this generation of Chinese would have been born here, that you're talking about.

Ansak: Yes, some were born here.

McGarrigle: I'm just wondering if it's generational.

Ansak: One was born in China. The other one was born here. It might be generational.

McGarrigle: But not necessarily.

Ansak: I'm not sure. But it certainly--I pushed for it and pushed for it and pushed for it. But I really had to get the cooperation of the physician, but we actually never got it till about a year before I left, '92. Finally a contact was made with an acupuncturist. You know, it is more acceptable now. And what pleases me to see is that prestigious universities are now adding chairs--in fact, I think UC has one--for natural medicine. You know, the natural medical approach. You know, the naturopath or whatever all these people are called.

And I know there are other universities that have opened up and have hired--I know, for instance, even in Switzerland, in Zurich, they have endowed a chair for this kind of thing. And what they want to do is to study it. Many people advocate for studying it in the same rigorous way as we are studying Western medicine. To study this and find out, and find where it comes from and what is helpful and what is not helpful.

As they are now having problems with sulfanidomides and penicillin and all that. They find that they have some problems with it. They're looking more for natural medicines-- they're even looking at the Amazon. I was down there and I met the group in Venezuela that was headed off for the Amazon to look at the natural medicines that come from botanical or organic sources. And they study with Indians, et cetera. I think it's much more acceptable today than it was twenty years ago.

At that time it made sense to me because most of our people would seek the help of a Chinese pharmacist, you know, Chinese medicine man. They took Chinese medicine together with the other medicines. Also sometimes I think it was kind of dangerous because some of the Western medicines don't agree with the Chinese natural medicines.

But I felt that it was important to include it because they would use it anyway, and I felt it would be good to have a team approach. When I went to China, I tried to interest a Chinese organization in Tianjin to send both Western-trained and traditional physicians (there are some in China who have gone through both training). I would have liked to have one come to San Francisco and be part of our team and start to look at it.

Well, it was difficult from both sides. You know, sometimes you can fight things, and there are other, more urgent needs that you need to take care of, but when there are too many obstacles, you kind of give up.

McGarrigle: What was it ultimately that led to the inclusion of a contractor in acupuncture?

Ansak: Our doctors were willing to experiment.

McGarrigle: Yes.

Ansak: And finally they came up with somebody I guess they trusted, so there a contract was made. Now, I don't know how much it's used at this point. Acupressure was used before acupuncture. I guess that's more acceptable because that's not invasive. That was used a little before the acupuncture.

McGarrigle: Because it's closer to massage.

Ansak: Yes.

McGarrigle: Did the participants ask for acupuncture? Or they would seek it on their own.

Ansak: They would seek it--

McGarrigle: Independent of On Lok. Those who were mobile would seek it independently.

Ansak: Yes, that's right. And even if they were not mobile, they might have got somebody to help them out with it, to go there. You know, they didn't talk about it because they didn't want to antagonize our staff.

McGarrigle: They understood what the issue was.

Ansak: Oh, yes. Oh, yes. They knew that. With some of them, we knew that they would go.

McGarrigle: That's so interesting. And that issue of the combination of medicines is so interesting.

[tape interruption]

### **Ethical Issues and the Ethics Committee**

McGarrigle: The ethics committee.

Ansak: Issues with ethics have always been rough from the beginning. There were issues on whether we should pursue something or not pursue it, depending on the age. Irrespective of money, there were lots of issues. Even in the seventies, I remember one case, actually the man who is why I became very committed to this total approach, health care and social care under one system and under one capitation. This was a man who had been with us for two or three years and was pretty demented. He was not in good shape. But physically well. He lived in one of our apartments, and then we couldn't deal with him there any more, and we sent him to a board and care home. He would stay at the board and care home and come to the day health center two or three times a week. You know, we found all kinds of ways to deal with the people and be in touch with the community, even though we had no place to place them. We had no housing.

This man had our physician as the primary care physician, and he did well. Fine. And one night he had a seizure or something in the board and care home. And the board and care home, instead of calling his physician, our physician--he was our team physician at the time--called a physician that they had a relationship with because there were some physicians who would make their services available to board and care homes. I don't want to go into the ethics of it.

There were many funny things that happened. Like, for instance, with this man. There had been some discussion about what kind of treatment we should give him, and it was felt that it would be mostly palliative because he was totally demented and didn't know where he was. He was physically okay. But we would not do anything invasive. And he had some brain problems. I can't remember exactly what it was. But he functioned, until one night he had a seizure at the board and care home. The seizure--it was a short seizure.

But anyway, that home called their doctor, and that doctor immediately hospitalized this man out at the Mary's Help Hospital in Daly City and immediately ordered surgery. Without checking with his physician or anything. You know, some of these things are pretty unethical. It's a way to make money, okay? This poor man had to go into surgery. He didn't know where he was. He didn't know anything. He then finally died of this invasive procedure. And it was really uncalled for. Absolutely uncalled for. That was found out afterwards.

That really, to me, was clearly unethical, and I felt strongly that if he had stayed with our physician--and we discussed that with him; we had lots of discussions--he would

probably have survived and continued living the way he was, not real well but there was no reason to spend time on the surgery, time and money on the surgery. It didn't improve his life. In fact, it killed him.

So these ethical issues had always come up. That particular one was one of them that really led me to believe we should have a team and control over health care.

McGarrigle: Did you do your own investigation? Or did the On Lok physician have contact with this board and care physician?

Ansak: Oh, it was then reported back, and we found out what the story was. We were actually very angry at the care operator. We didn't place anybody in that board and care home anymore because the agreement with the board and care home--even though we didn't pay for it, because the participant paid for it--the agreement was that they would call us if there was a medical problem. I mean, they would call our Dr. Rabin if there was a medical problem, but they never called him.

So ethics issues have come up, mostly in relation to what kind of care do you give, and when are you invasive and when are you not invasive, and what do you do with people in their last two years of life, as most of our participants are. When the time comes and catastrophic event happens and you have to decide which way are you going to go.

So it became more acute after we assumed total financial risk in 1983. Now, you remember--I mean, it's now very much in all the papers, et cetera, about the HMOs who refuse care because it's cheaper not to give care than to offer care. And they make more money if they offer less care, so there is always this danger with an HMO. And needless to say, there was lot of questions at the time, when we first started that. Are they going to cut corners, because this is the frailest population? Are they going to give them everything that these people need? Et cetera, et cetera, et cetera.

So it was really obvious that we needed to do something. In long-term care ethics committees had not been common. There were some ethics committees in hospitals. To my knowledge, we were the first long-term care program that started an ethics committee. That was, if my memory serves me right, it was in 1984. But then we constituted an ethics committee, and the ethics committee I think the first year worked on nothing but to decide how they were to be constituted and what kind of cases are they going to accept, how are they going to accept cases. It's a very complicated process.

And from the beginning, when we formed that committee, it was decided to include an ethicist, I can't remember his name, from UC San Francisco. An attorney was involved. A minister was involved. Some staff and a physician were involved.

McGarrigle: And who would be making the decision about who would constitute this committee?

Ansak: Well, this was discussed by the first members. What is the function of the ethics committee? They finally came up with it that the ethics committee would be advisory. It's not binding.

McGarrigle: Who was it who suggested who the components of the committee would be?

Ansak: The committee worked that out.

McGarrigle: Okay.

Ansak: The committee worked it out. The committee decided what kind of cases they would take. The committee decided how they would work on it. So then they developed a manual and a real outline. I know that that was one of the first ones and was a real breakthrough to have an ethics committee for a long-term care organization.

The way it functioned at On Lok at the time was that anybody could refer a case to the ethics committee. A doctor, if he or she had problems with deciding what should be done. A staff member, there were some health workers. I remember very clearly that one health worker referred a case because he was very concerned that they weren't going to do enough for that person. So he referred it to the ethics committee, and the ethics committee debated. He was there, and the rest of the ethics committee was there.

By the way, the ethics committee also always included some professional staff from On Lok, but also health workers and drivers. They were included because drivers would see people at home, and they would often know more about the participant than the doctor in the center, because they see them early in the morning, they pick them up. And they heard in the car, too, what they were saying. A participant would drive with a driver every day or every other day to the center, and would say, "Mr. So-and-so is now on tubes, and I really don't want it." They were much more comfortable to talk to the driver than perhaps expressing these wishes to staff in the center, who were perhaps more formal.

So really everybody was included. It was then discussed in the meeting, and the decision was made, and that decision was then presented to the staff, like perhaps--I vaguely remember a case [chuckling] where a man wanted a penile implant. He was in his eighties or something. This, of course, threw everybody over the heap. I mean, are you going to spend the money on a penile implant for an eighty-five-year-old or something? And I remember it went to the ethics committee because it was a matter of money. But the situation was then considered. He had a girlfriend living with him and had, actually, sexual relations with that girlfriend till he became impotent, and it really was very important to him.

Now, I can't remember the outcome. I almost think they did the implant. I can't remember. I don't remember. But this is the kind of decision which is really important. That a doctor not just say, "Well, you're an eighty-five-year-old. Forget about this."

McGarrigle: It's contextual.

Ansak: "Dollar for dollar, it's not worth it" or something. It's important to know because that might have enhanced his life for the last two years or three years or whatever it was. So there were interesting cases that came to the ethics committee.

Sometimes family members would demand certain things. I remember there were cases where the family member was in New York and hadn't seen the father or the mother for the last twenty years, but now the father or mother was on his last stretch, and they would all of a sudden come running and say, "Hey! You have to do this and that and the

other thing.” They demanded it. And so there were then discussions in the ethics committee, and it was discussed with the relatives and with the participant, and so decisions were made.

The ethics committee gives advice to the physician who treats or to the staff in general. It says, “This is what we should think about” and “This is what seems an ethical, good approach,” et cetera. And then it's up to the staff and the physician to then decide which way they go because they have the ultimate responsibility. Certainly, the physician has the ultimate responsibility for medical issues.

McGarrigle: And the members of the committee, for example, the ethicists. Were they volunteers?

Ansak: They were volunteers. Yes, they were volunteers. They all were volunteers. It actually was a pretty popular committee. We didn't have too much trouble getting people on it. I think they really enjoyed it.

Out of that came, for instance, the use of the durable power of health care or living will. This became quite popular in the eighties and was popularized in the eighties because, needless to say, as advances in health care come about, there are issues which become very tricky. When is it important to do an invasive kind of procedure? What's the quality of life? So it was felt that the individual should be able to make some decisions. And so the living will and durable power of health care come up.

And the ethics committee then encouraged the staff to do durable power of health care, last wishes, with every participant. And those who were willing, we encouraged to do a durable power of health care. Not everybody wants to do that. We try to get it out of them what they would like, even if they don't give us a piece of paper.

You know, sometimes culturally people don't want to talk about death and their own death. And so we would get it out of them what they really wanted. And that's where even drivers and health workers will participate and it would then be documented. The driver would say, “Oh, this man has told me ten times he doesn't want to be on tubes.” Then that was documented, so that when the doctor was faced with a major decision in a critical situation, that he knew kind of what the person had in mind before this happened.

We also encourage people to do their durable power of health care. And we even encourage all the staff members to do one. All the new staff members have to fill out the form, whether they sign it and make it really legal or not. So that they understand what the issues are. All the board members have to do it. We felt strongly that it's such a major issue for elderly people in a society that has developed a health care system which--[chuckling] I mean, it goes on endlessly. You can be on tubes forever. They maintain you sometimes when you're half dead. They can still make you breathe and swallow and God knows what.

And so it becomes very important, because one has to then think of the quality of life. So that committee was very active and is still active.

McGarrigle: That's what I was going to ask, if it is ongoing.

Ansak: It is.

McGarrigle: I have Dr. Solomon's name.

Ansak: Very good.

McGarrigle: Frank Solomon, Jr.

Ansak: He was very instrumental.

McGarrigle: Is he local?

Ansak: He lives in Corte Madera. He would be an excellent person to talk to.

McGarrigle: Okay. He was staff person at the time? Or he was a volunteer?

Ansak: No. He had been associated with On Lok since 1971.

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Ansak: He's now in his eighties, and he's still running around and doing some things, but not as actively as before. He certainly was very involved in the ethics committee. He was very involved in ethics, in the eighties. But in the seventies he knew On Lok because he used to refer students to us, medical students. In fact our first physician, Dr. Dennis Stone, was referred by him to us when we had barely any money to hire a physician. So he actually did part of his internship with us.

Then other people, like Dr. Wellman Tsang, who is now on the board, was referred by Dr. Solomon, when he was his student. So he had a long association with On Lok.



## XII THE DR. GEE CENTER

### Bush Street Center and the Need for Housing

McGarrigle: All right. We finished talking about Montgomery, and I'll listen to that again. We can always add more to that. But let's talk about the Dr. Gee Center. I read that you saw that a Pacific Bell switching station was coming available.

Ansak: Actually, where it started was with the Bush Street center, which we had, a block away from where we are now--

McGarrigle: That was a leased facility?

Ansak: It was a leased facility. We had moved in there in 1978, and that's when we branched out to the Polk Gulch area. I remember that was a big adventure to move over there because until '78 we were only in Chinatown. So this was kind of our first move out into a different community. We leased that facility from an old man who gave it to us--I remember in '78 we started to pay \$3,000 a month, and it was, like, 15,000 square feet. So the price was really very reasonable, even in '78. We had to pay half of the taxes or something. And essentially we had to maintain the building, except for the roof and the outside walls. If we wanted to change something, we had to do it.

So when we moved in, we immediately had to change the heating system. We did some remodeling, actually some serious remodeling in 1978. But by the 1980s this old man had died. I can't remember the date. Late eighties or mid-eighties. I can't remember exactly when he died. His heirs increased our rent. I think we paid about \$4,000 by then. They increased it to \$12,000 a month. Which was an enormous jump. It tripled almost.

And we still had to maintain and pay half of the taxes. I always was reluctant with leasing facilities because you were at the mercy of the landlords. If all of a sudden something changed or the neighborhood became more desirable, you were stuck. This is why we bought the Broadway building, from the Spanish soccer club that had originally leased it to us. We bought that in--I can't remember. It was also in the eighties, but I don't remember exactly when it was. But we bought it because they wanted to move away, and they gave us first option, so we bought that building. So we were secure in all the other locations, but that leased facility on Bush Street was still insecure.

The other thing is we had no housing with the Bush Street center. One of the important things always is housing, to have some, because some people just can't stay in a hotel or with their relatives and they need a facility where they can live. This is why so many people go to nursing homes. They might not need twenty-four-hour nursing care a nursing home offers, but they need to live in a facility where they can get the services if they need them or where somebody is that will supervise. Kind of a board and care home.

I will talk a little bit about the housing and how we developed that because that's kind of an interesting and very important component of our--

McGarrigle: Can you just define what's the difference between--how does board and care--

Ansak: I need to go into that.

McGarrigle: Okay.

### **Acquiring the Former Ma Bell Switching Station**

Ansak: I will do that afterwards. Let me go to Bush Street. So we didn't have housing. We were looking, again, for more housing or a place where we could have both housing and a day health center together. I remember in '91 I took a leave for three months. We had been looking at this building and that building, and down the street, actually a block and a half from where we used to be, was an old Ma Bell switching station. That had been empty for several years. I mean, there was nothing there.

Finally, in '91 somebody approached--no--I think it became for sale, and we knew about it. In fact, one of the guys from the Chinatown Resource Center, who had helped us with the Montgomery Street building, drew our attention to that. And when I came back from my leave he said, "You know, this is really available, and you should start working on it." So we put in a bid at the time, to Pacific Bell. I cannot remember. \$2 million, I think. And we were offering cash.

So this was becoming a major project. It was a big building, and it would need total remodeling, and we didn't have the money. But we had heard about the California state program that allows California to issue bonds to long-term care facilities, to build and to remodel. And they guarantee those bonds. It comes through the California Health Facilities Department. Well, anyway, so we needed to get ahold of the building, and then we were going to start to work on the bond issue.

We had contacted the director of that California Health Facilities. He was a former professor at UC in San Francisco and was also the former public health director in San Francisco, so he knew us well, and he was very much for community-based care. Against all obstacles, he helped us get those bonds.

[tape interruption]

Ansak: He was very instrumental in helping us to get that bond issue. And we had to, in the meantime, still fight with Pacific Bell because their real estate office had all of a sudden got another offer, a better offer for several thousand dollars more. I can't remember. It wasn't that much. It was from a foreign investor in Taiwan. So we had to mobilize all our resources to convince Ma Bell that it was more important to give that building to a nonprofit, local organization than an investor who was going to build luxury apartments.

Well, it was a hassle. They didn't want to listen to us, and we had to go all the way to the president of Ma Bell. We finally got it, and we paid for it, and that was it.

McGarrigle: Who would your contact have been when you mobilized like that? Where did you turn to?

Ansak: Well, I wrote to the president and I think the San Francisco Foundation. The director of the San Francisco Foundation was helpful because I think the president at that time, Ginn was his name, was on the board of the San Francisco Foundation. So indirectly, through different people, we went to Ma Bell. Once they understood what the issue was, certainly the higher-ups at Ma Bell agreed with us and overruled those who were in charge of that real estate office. They had the overall picture, and they decided it should go to us.

And the community pressure, you know. There were people who called in and wrote and what have you. I think Ma Bell was uninformed at the beginning. The real estate people had to go to the highest bidder. So only the top person can really decide, "Well, for a thousand dollars we don't go to the highest bidder. There are other interests Ma Bell has." So we got it, finally.

### **Planning the Dr. Gee Center**

Ansak: And then we chose the same architect who had helped us with Montgomery Street and also chose the same guy, Mike Neumann, who was the owner's rep on Montgomery Street. You know, you have somebody who kind of supervises the construction. When he was working at Montgomery Street, he was an employee of Chinatown Resource Center. Then, with the second project on Bush Street (the Dr. Gee Center), he had moved to Asian Neighborhood Design. He worked for them, but we made a contract with him, and he became our owner's rep. And he was really the one who worked with us.

We had weekly meetings with the contractors and the architects. This was really--this was my last project, but that was a major, major construction project. I learned a lot from that. It was interesting. We had good architects, good design. We started off, when we knew we got the building, we started to talk with staff. We had a staff advisory committee that we met with regularly together with the architect, who developed a program for the building. You know, what should go into it, and how, and what the needs for staff were, et cetera.

It went through all kinds of changes. We came up with one plan first, and then we realized that this wasn't possible. I remember originally the basement was actually going to be mostly a garage, and I think the kitchen was down there. By the time we had all the wishes of the staff and of the medical staff and the nurses together, the day health center was nothing but a medical clinic. It lost all the space for people to have social activities.

And then it was kind of my arbitrary decision is to say can't we have the clinic downstairs and away from the day health center so that we have adequate room for the clinic and services that need to be given there and, at the same time, adequate space for

the day health center. Well, it almost created a revolution at On Lok because our doctors and our nurses were not too happy to be banned to the basement.

But, you know, after it's all said and done, they're very happy because they really can do their job the way it is now, because they have some separation and the participants don't all sit in the medical office waiting for something. We have found at Montgomery Street, where we de-emphasized the medical, that people were better off. At Powell Street, where it was so readily available, they were constantly sitting in the nurse's office, and then the doctor's office. And it was a problem.

So, even though it didn't sound good: go into the basement (and don't forget that building looked terrible). They went to look at it, and they had conniptions because it was dark and ugly. They didn't realize it could be done quite attractively. And actually now they like to be down there. It's in good shape.

But I feel strongly that you have to have input from the staff, because you don't know what they need. But then comes the time when you have to make arbitrary decisions. And, you know, sometimes people then feel, well, you are dictatorial. But I think somebody has to have the overall vision of an organization, and the overall goal of the organization. And then you have to integrate all the staff has told you, but then you have to finally make a decision and say, "This is what we're going to do."

### **The Marie-Louise Ansak Pool and Water Therapy**

Ansak: And I saw this very clearly with the Dr. Gee Center. The other thing was because we feel that the elderly will often have a lot of things to store, because people abandon their apartments or what have you, we then found that all the junk always got to On Lok for storage. All the storage rooms were full of stuff we shouldn't have had.

In that Dr. Gee Center, the downstairs was fairly large. It's the same size as upstairs. So all of a sudden, we had oodles of storage rooms. I mean, storage rooms for the kitchen, which we need, storage rooms for this, and storage rooms for that. And I looked at it, and I thought [chuckling], "We have more storage rooms than we have space for the participants." And then I asked the architect wouldn't it be possible to have a pool. By the way, some staff came up at one time and said--it was some staff members' idea. Wouldn't it be nice to have a pool?

[Interview 6: April 23, 1997] ##

Ansak: Well, anyway, we got a beautiful swimming pool, with a jacuzzi. And they're actually using it for therapy for the elderly. It turned out to be a real benefit because some of the people can barely move but they can move in the pool, and it's really nice for them.

McGarrigle: Is that fairly unusual to have water therapy?

- Ansak: Well, middle-class outfits, they have all kinds of pools, but certainly, I think, for the poorer population, it's practically nonexistent. I mean, I don't know of another organization that serves the low-income that has a pool.
- McGarrigle: Do you see that in your replication projects?
- Ansak: They don't have any.
- McGarrigle: Oh, they don't?
- Ansak: No, no. Well, it's a matter of space and money.
- McGarrigle: Do you have staff people who help the participant in the pool?
- Ansak: One is the occupational therapist, and he does range-of-motion exercises, exercises that they can't do on dry land. Yesterday I visited a friend. She's very handicapped. She has a heart condition which actually today as a baby you would take care of, and the baby would never know or the person would never know that they had that. But in her time and where she grew up, they didn't know. So now she is seventy or something, and she has really a hard time. She's in constant pain. She says the only time she really feels good and that she can move without pain and feels terrific in the water. That pool room is very hot. When I go in there, I sweat as soon as I get in. But the elderly, as soon as it's a little cooler, they don't want to go in, so it's really a nice thing.
- McGarrigle: Well, that's fabulous.
- Ansak: Yes.
- McGarrigle: And it has a plaque, I think, with your name on it.
- Ansak: Well, that's--you know, I wasn't too hot on that. But I am happy that we have it.
- McGarrigle: And you love water or--well, I know you love water. You love to swim, also? [laughter]
- Ansak: Oh, I do a lot--and I do a lot of exercise. Myself, I have bad knees. Of course, now I'm in the water more in all regions of the world, and I swim every day. Swim or do exercises. You can water-walk, you can do all kinds of exercises that are really fantastic and give you a good workout. You know, I'm not too hot on exercise with all these machines. I sweat, I get tired, and it hurts. In the water I can get a good heart rate going, and I feel very good. I think really it's a good thing for old people.
- In Europe, by the way, it is very common. After the war, I know, in Switzerland, communities became quite wealthy. Most communities have developed swimming pools, and at certain times of the day or the week, they heat those pools for the elderly so it is at least eighty-four or eighty-six degrees, and it is set aside for the elderly to go swimming or do exercise.
- McGarrigle: I never thought about it here, but there's almost no access in low-income neighborhoods to swimming pools. There's none.

Ansak: Even middle-class. I live in Marin. I mean, there are private pools. My neighborhood has a pool, but you have to pay an annual fee. But to go to a pool--I remember when the kids were small, I once had a hard time finding a pool where they could go to. I mean, in Europe every community has a pool. In Europe! In Switzerland every community has a pool. I don't know the rest of Europe. But I think they're pretty common. That's a good investment.

### **Providing Housing in the Community Early On**

Ansak: I think that there are a few other things about the Dr. Gee Center that are interesting, and this leads me to talk a little bit about what role housing has played at On Lok. Let me go back. When we first started, I was given an idea, something that looks like On Lok. One of the first ideas that the person who talked to me, Rosalyn Lindheim, the architect, said was "Buy a hotel and bring services into it." So obviously, housing was already very important. You cannot survive long-term care without adequate housing, because people often cannot live in their own homes or because they're not handicapped-accessible or because they can't drive a car anymore and they can't get from place to place. There really needs to be some specialized housing.

Of course, we started as an adult day health center. But when I wrote the original proposal, an Administration on Aging representative was very interested because it was not only a community approach but it included everything. We had proposed a day health center with a multidisciplinary team, and that component was to be funded by the research grant from the Administration on Aging.

But, along with that, we had a housing component, Sai On. I think I mentioned that earlier. And also we had a contract with a nursing home because we felt what was needed was a continuum of care, so that people either could come from home to the day health center and go back home, or if they couldn't live at home any more, there would be housing available, where they could live in the housing and come to the day health center. Or, in the worst case, they could go to a nursing home and still have access to the multidisciplinary team.

Essentially, that is the core of the On Lok program now. At the beginning, we had this arrangement with the Salvation Army. That didn't work out. We had fifteen people in that residence. We had to get them out. And one of the things we did, we rented an apartment in the community. The people who were better off but couldn't live anyplace any more, needed housing. And we hired an elderly person who could live there for free and who kind of watched out at night. At that time, the people were disabled but not as severely disabled as they are now.

But anyway, this is how we got started to provide housing. It's that we had people in the community. For instance, we had a woman who was a participant. She lived in an apartment in Chinatown. The family was very concerned because she lived alone, so the family came to us and said, "Couldn't you put some other elderly in there? And then perhaps assign somebody to watch over them? And then our mother could stay in that apartment because she really wants to stay in that apartment."

**More on Maintaining Housing Separately from Services**

Ansak: And that's actually how we got more and more into this renting of apartments and providing the housing. Now, I was a little scared at the time and I thought--because we had an attendant in it, and we had somebody supervising. So I discussed it informally with the licensing chief in Sacramento because I wanted to be sure that they don't consider that a board and care home. And what he said to me--you know, people have to live someplace. And they live in that apartment. They live communally.

It is fine as long as it's acceptable by the city. In the city there was a law that no more than six unrelated people could live together in any place. So it was always under six. It was four or five people. So we were really legal, and we felt that there was no need to license because people got their services at the day health center. They did not get services in the housing. So we got away with that.

And on the basis of that, we then developed all the housing. It's also because of that that we formed a corporation for housing. People pay rent to that corporation, but the services are provided by another corporation, with a home health license and a day health center license. So it's essentially a home health agency that goes into the apartments to provide the nursing services. That is licensed. But the housing is not licensed.

There was a challenge to that when we started Montgomery Street first. Somebody reported us to I think--I can't remember who came first, the Social Service Department in San Francisco or the Public Health Department--one of them came in because a person had reported us as providing care in an upstairs room, without a license. So they came in. Now everybody came. The Department of Social Services came in, the home health licensing agency from Sacramento, Department of Public Health in San Francisco, the Department of Health in Sacramento, the San Francisco Fire Department. Everybody came to look at it.

But our premise, that housing was separate from services, held because we had a home health agency license, we sent home health aides upstairs to provide services if they needed it, but the people paid the rent independently. They happened to be disabled, but that was not a licensing problem. See, people have a choice--look at it this way: I could be very wealthy and in a wheelchair, and I could rent a room at the Fairmont Hotel. And this does happen. Some wealthy people will go into hotels. They are in wheelchairs, they are in bad shape. That's okay. The home health agency then comes in. After all, they are independent, to live wherever they want, whether they are in a wheelchair or not.

Where the problem comes in is if you charge a comprehensive rate for housing and services, like a board and care. I tell you you can come to my home and I will provide you all the care and housing. Then it becomes licensable.

McGarrigle: How does board and care differ from nursing home? Is there a difference?

Ansak: Well, it's a matter of level of care. Nursing home is twenty-four-hour nursing care. Board and care is intermittent, non-professional care, but you have to be ambulatory--

that was our problem with Sai On. We had some people in wheelchairs, and that board and care was on the third floor, and the fire department did not allow board and care for handicapped on a third floor because people were unable to walk under their own steam out of the building. It makes sense.

But the interesting thing is that they don't really care if the handicapped individuals live "independently" in a hotel.

McGarrigle: Same issue.

Ansak: Same issue, but because you are independent in your wheelchair on the fifth floor, you make your own decisions. It's not somebody else who makes the decision.

McGarrigle: About where you live.

Ansak: And the State Department of Health doesn't pay for your housing as a handicapped person on the fourth floor of the Fairmont Hotel or something. You know what I mean?

McGarrigle: Yes, there's a difference.

Ansak: There's a real difference. And I think we were pretty much the first ones to use this heavily, the separation of services from housing. To have it separate but together, that was the big issue.

So it was clear from Montgomery Street that we were on the right track. We continued to have some apartments because some people are better off in a small apartment with just a few people instead of a large building like On Lok House or Montgomery Street, which is more institutional. They thrive in more of a family situation. So we still have these apartments, some of them. And, of course, we have the Dr. Gee Center.

Now, with the Dr. Gee Center, as I said, in the basement is the clinic and the pool and the kitchen and the laundry. And on the first floor are the two day health centers. Then on the second floor is the administration. On one side and on the other side of the building is housing units. And on the third floor are housing units.

On each housing floor there can be some recreational activities, like in any hotel anyplace, but there can't be any service unless it comes from the home health agency.

### **Apartments in the Community**

McGarrigle: The apartments that you rent. Do you rent those in the community?

Ansak: Yes. Some of them we got in the same way as with that old woman. She had finally died, but the family left us the apartment. We were able to stay there. Some we just rent. We're good tenants, you know. We pay the rent on time, and we take care of our own thing. We paint them ourselves, we fix things. So landlords don't dislike us.

Actually, in some ways, it's really positive, because in the beginning we had a lot of hostilities because we dealt with the frail elderly. You know, there is a lot of hostility towards frail elderly. That is much, much better now. In the buildings where we are, we have a good reputation. People like us there because we are good tenants and the elderly are quiet. Every once in a while we have one who screams or so, but that's so rare that it isn't a major problem. And they see them in the community, as part of the community, and that's very important.

McGarrigle: That's the original goal.

Ansak: Yes, right.

McGarrigle: Now, at a certain point would those people, if they became infirm, move?

Ansak: To a nursing home.

McGarrigle: To a nursing home.

Ansak: Usually, from the apartments, if they can't cope with that anymore. They might be moving to one of our other facilities, but usually it means nursing home. You know, when someone is truly twenty-four-hour bedridden, is in a fetal position, that is when you need nursing homes because these people need to be turned every two hours, and that's twenty-four-hour nursing care.

However, a person who is ambulatory and he is a little demented or something but can walk around and can basically, with some help, do the necessary things to survive, they don't need a nursing home. And many, many people in nursing homes never should be in nursing homes. But sometimes it's because relatives feel more comfortable when they go to a nursing home. If you live here and your mother lives in New York and you hear that she is starting to forget and leave the stove on, you go and visit your mother and you notice that she never turns the gas off and things burn. You get worried, and you feel that she cannot live alone anymore. She's forgetful, she leaves her money all over the place.

What are you going to do? Bring her home? Well, you have your work, and you have your children and you have--so you could bring her to a nursing home here or you could leave her in her home, where she is used to the surroundings, but she needs supervision. Well, what choices do you have? And there is no program like On Lok's, which could probably take care of that person. Then you are forced to put her into a nursing home. Even though she really doesn't need nursing home care. Or you choose a board and care home.

McGarrigle: Well, your housing looks like such a good arrangement.

Ansak: There are many good things one can do. I always get upset about the over-regulation of the care for children and elderly. There is certainly an enormous amount of regulation. Unfortunately, regulations are really not preventing the abuses. Why On Lok has never had an abuse problem, either by an employee or the organization, is because it is based in the community, and it's open to everybody. We have no visiting hours. I mean, if somebody wants to go and visit or stay with somebody in one of our housing units, that

is that person's apartment or that person's room, and if she wants to put a cot up there and sleep there, that's fine.

The advantage of that is that there is an outsider that goes in or visits. They can visit them in the middle of the night. It doesn't matter. It's not our business. I can go to your apartment any time of day or night, and that's the same with the On Lok place. So there is a constant in and out. People, the community is very aware of what happens, sometimes almost too much so. We had in the early eighties, when we first opened On Lok House, we had a couple of suicides in our new building. One man threw himself out of the window right onto the street in front of a car. Needless to say, that gets known in the community immediately.

Well, we then corrected it. We put security hinges on the windows so that they couldn't open them any more totally. But you can't afford these kind of things as a community agency. And people know it right away because you're in the middle of the community. You're not a nursing home on the outskirts where nobody sees you and knows what happens. So the problems of abuse are much more difficult to detect and combat.

And I think, in that case, in a way regulations are less important because it's almost self-regulating. Of course, I can advocate for that. Nobody believes me. Truly, I've seen so much abuse. I know that there need to be regulations. The unfortunate part is that the good programs get punished with the bad ones because you get inhibited to do more imaginative and better things because of all the regulations. It's sort of a vicious circle.

McGarrigle: It should be discretionary, not right across the board.

Ansak: Yes, but you can't do that. I understand all that, but it's unfortunate. It's unfortunate.

McGarrigle: And still, On Lok has found, you have found a way to continue to innovate.

Ansak: Oh, yes. You know, people used to tease me and said, "An obstacle is put in your way just so that you can find a way to get over it." I don't like these rules and regulations. I see the need for them, and I certainly don't want to be illegal, ever. I mean, that's not the point. But I think there are sometimes ways of interpreting rules and regulations, and sometimes if you work with the people who make these rules and regulations you can even influence some changes. So I never took No for an answer from any bureaucrat because there are always ways to deal with it. And I think that helped us to develop On Lok. There's no question about it.

### **"Celebration of Life" Fundraising Program, \$2.5 Million**

McGarrigle: We could talk about the "Celebration of Life" fundraising.

Ansak: Oh, yes. That's--

McGarrigle: Program. That raised funds for the Dr. Gee Center.

Ansak: When we first raised funds for the “Campaign for Dignity” for the Montgomery Street site, I remember I told the guy who helped us fundraise that--I knew we needed about \$3 million, and I said, “Why don't we go for \$5 or \$10 million and get it over with?” He said, “Well, you can't do that.” [chuckling] “It's too much. You wouldn't raise it.” He thought \$3 million was optimal.

But anyway, the funny part about that was that I thought we could raise enough money so that we could also then ultimately fund the project for Bush Street. But, of course, we were too small to do that. So then we started the “Campaign for Dignity” for the Montgomery Center in 1987, and then in 1992--I mean, barely four years later, of course, we had to come back because, though we got the bonds for the Dr. Gee Center, we still had to raise \$2.5 million from private funds. That was \$2.5 million, and we paid for the building ourselves. But we had to raise \$2.5 million because, if my memory serves me right, the total project was \$15 million, roughly. So we had to work hard to raise \$2.5 million.

And, you know, when you have gone to these foundations several times before, well-- I know that I can raise funds. That's my claim to fame. People today come to me and say, “Oh! We know that you can raise funds. Help us with this, and help us with that.” But I hate it. I just don't like--I feel like I'm constantly crawling to people and asking, begging them for money. I had to learn that actually I give them an opportunity because they can be associated with On Lok. But it took me a long time to really buy into this. I think by the last campaign I kind of was ready to say, “You're really lucky that you can give this money.” [laughing]

But it still is hard. It's hard. And, you know, in order to make it possible to raise \$2.5 million, you need some major donations. You have to have challenge grants, a start-up grant from somebody. And we were lucky because the Haas Foundation, again, bailed us out in '92, for the Dr. Gee Center. They gave us a challenge grant of \$250,000, which really got us on our way. That was a tenth of what we needed to raise. This then kind of opened the doors to other foundations. So we ultimately scratched it together [chuckling]. I think it was difficult, but we ultimately scratched it together.

One foundation, the Kresge Foundation, you know Kmart, Kresge. They have dedicated their foundation entirely to building projects: hospitals and nursing homes. They're in Detroit, Michigan. And I already went the first time for the Montgomery Street Center, and they gave us \$300,000. But it's interesting. They give the money only when you have raised practically all the rest--they finish the fundraising effort. In other words, for the Dr. Gee Center, they gave us \$300,000 when we still had to raise another \$300,000. Or was it \$600,000? I can't remember. But they kind of finished it. They guaranteed you the \$300,000 if you get all the rest.

McGarrigle: It sounds like the other end of a challenge grant.

Ansak: Exactly. The other end of a challenge grant.

McGarrigle: Well, it's a good motivation, isn't it?

Ansak: Yes, yes. And I remember I went there the first time in '87 and then again in '92, and both times they gave us that grant, which was really an honor, you know, to get it. Two times in a row. They were very committed to the program.

McGarrigle: Do they have people who come and go visit?

Ansak: I can't remember whether Kresge ever sent somebody. Others, like the Retirement Research Foundation and the Hartford Foundation and the Robert Wood Johnson Foundation, they have given money for the program and visited. You know, by the way, many foundations don't give for capital expenditures. They give it only for programs. And I've had some foundations who told me, it's not worth giving for capital, for bricks and mortar. They have an aversion to bricks and mortar. And I can understand it because you sometimes see that there is an over-emphasis on bricks and mortar. People have these very fancy buildings here and there and really no programs.

But, on the other hand, I think you need to be careful in making a statement like that because nowadays it's very difficult for a nonprofit to be in rented space. I mentioned that before. Where the rent goes from \$3,000 to \$15,000. And then you're out of business. And then you go to another place, and it's the same thing. And every move costs a lot of money. So you need to be careful.

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McGarrigle: --demonstrate you have the program.

### **Interior Design and Color Selection**

Ansak: Right, right. But in On Lok's case, it's crucial to have housing and services. Of course, the Dr. Gee Center is a nice combination of both together. In the Dr. Gee Center I've been very adamant that we use the best materials for everything. It's interesting. You know, at the Powell Street Center, the problem was that HUD did not permit--I mean, they wanted us to use the cheapest flooring, cheapest wall coverings. It was a pathetic scene. And then in a few years you have to redo the whole thing. It really doesn't pay.

It's kind of interesting. In Switzerland they build for 200 years. In the United States, they're proud if it lasts thirty or forty. And it's such a mistake, as far as I'm concerned, because you're spending so much money anyway on the building, and for a few dollars more you can get good materials which really last. So I think the Dr. Gee Center was the best built. It looks almost luxurious. But actually, it was nothing excessive. The difference in price for the materials, from the cheapest to the one we used, was relatively minimal. If you were careful in your shopping and got good deals and good bids, it was possible. And now, what is it now? We opened it in '94, and it's now three years, and it still looks brand new.

That's not the way the On Lok House looked after three years. It looked already somewhat used. So I think it really pays to use the best material possible, particularly with the heavy use.

And another thing I feel [is that] even though these are poor people and they probably never lived in such good places, why shouldn't they live in a decent place for the last few years of their lives? Most of these people have worked very hard for low wages. It's pleasant for them. In addition to that, anybody comes to On Lok, whether they were better off or poorer, but everybody is the same, and it's a pleasant environment, and it's an uplifting environment.

Colors were chosen to be soft and enhance the coloring of people. When you sit under neon lights--go and look at yourself in a mirror in a bathroom, when there are neon lights, my goodness, you're going to think you're 300 years old. I mean, it looks awful. When you take a soft neon, special lighting and soft colors, you look much better. So why not give you, for a little money, an uplift?

McGarrigle: What kind of color selection?

Ansak: They're mostly sort of the peach colors.

McGarrigle: That's what I remember.

Ansak: In the Powell Street Center, after our earthy colors at the beginning--some of them were rather depressing. The next time when we remodeled, which was in '85 when we had to redo most of the day health center, I had a color consultant. What did she call herself? Her business was Healing Colors. What's interesting is that she chose peachy colors for the areas where people were sitting and being comfortable. She chose turquoise and violet in areas where they needed to be stimulated. Really, it was interesting. And we really did make a lot of changes. Kind of interesting.

McGarrigle: So areas where they needed to be stimulated were where they were having therapy?

Ansak: Yes, therapy and--mostly the therapy.

McGarrigle: You went with the idea, that theme again.

Ansak: Not quite to that extreme. It's more sort of everywhere more peachy. We have some turquoise, but it's sort of a little harsh.

The other thing is that we then worked with another person who actually followed us from remodeling the old Broadway Center then remodeled Montgomery, and then the Dr. Gee Center. It's always the same person, and it's absolutely amazing how she has developed: gone to school to learn about colors. What colors suit the elderly. The first center she remodeled was Broadway. It was very nice. It was sort of spruced up because it was very dull before.

You know, colors in each decade kind of changed. The seventies were very much the earth colors and yellows and browns. And then in the eighties it went more to turquoise. But anyway, she redid the floor on Broadway, and she put tiles in it--large tiles, colored

tiles. And some of the large colored tiles were orange, one- or two-foot square, orange tiles. Well, she also chose orange chairs. [laughing] The first day, we let the participants in, a participant sat down. He thought it was a chair! He fell down on the floor because it was colored tile on the floor. So she learned that you can't do that because older people's sight is poor.

McGarrigle: Perception?

Ansak: --is not good. Then, in the second one, on Montgomery, I think--not only did she know better, but she used a lot of grey. I didn't realize how much grey because I had told her, "Don't use too much grey." Greys are very hard to distinguish. For instance, where the floor meets the wall, you have to have a very clear distinction of colors. If it's too much the same, elderly people can't distinguish that. Also, greys for the people are very hard. You can't see. Now I'm in that same situation. It's hilarious, because there are certain things I didn't know at the time, but I know them now because I can't see them any more because of the change in the vision.

But anyway, she put just a little bit too much grey. As she went back later and she learned more about color and elderly, she said, "How could I ever have done that?" So then, finally, she did the Dr. Gee Center, it was really her glory. She did a gorgeous job on that. She did a very good job in selecting the right colors and the right textures and all that.

McGarrigle: She was the architect as well?

Ansak: She was the interior designer.

McGarrigle: Do you remember her name?

Ansak: Yes.

[tape interruption]

Ansak: Her name was Kaiyee Woo.

McGarrigle: How do you spell it?

Ansak: K-a-i-y-e-e Woo, W-o-o.

McGarrigle: That is another example of continuity.

### **Working with the Architect and Selecting the Contractor**

Ansak: Oh, yes. You know, I got a lot of flak because with the Montgomery Street [Center], we got an architect. Actually, through Chinatown Resources. It was a big firm. But that firm assigned an architect to the project, and we worked with that architect. And before we even started Montgomery, we remodeled Broadway, the old Broadway Center. I

felt, "Let's start with this architect for that particular project" because it was a small project and we could sort of learn to work together.

Because he knew nothing about elderly housing, and he knew nothing about elderly services. And he and the interior designer that I was just talking about did that. And then we moved to Montgomery Street, and he did that, under the auspices of this big architectural firm, Gensler & Associates, in San Francisco. And it was a success. He did a good job, and we liked it.

Then, when the Dr. Gee Center came, of course this was a large project. In the meantime, by the way, this architect had made himself independent. He moved out of Gensler and was independent, and I liked to work with him. I felt he was very helpful. He had not that much experience with elderly housing and nursing homes and all this kind of stuff, but I felt that what is more important with an architect is that you can work together and that he is willing to listen. Some architects think they know it all, and I think sometimes--you know how it is when you know a field? You think, "Oh, I know what needs to be done."

But imagination was left to our architect, and our architect really learned what it was all about, with elderly housing and day health centers, et cetera. And he had enough experience with us. So there was a continuity. Now, many people, both on the board and in the community, were infuriated that I suggested the same architect and I frankly kind of pushed him through. But I think it was an excellent choice. But On Lok is different enough from a nursing home and from a hospital that you really need to listen because otherwise it's going to look like a nursing home or a hospital. So in order to help our architect from Montgomery Street, we also hired as a consultant a very skilled architect for nursing homes and hospitals, who was a consultant in the development of the program, because he knew rules and regulations for clinics and for certain spaces that have certain rules that you have to follow.

In fact, I made some permanent enemies because of that because some people in the community, some architects in the community wanted the job. But the ones who really wanted it knew less than our architect about elderly housing.

McGarrigle: They were furious because they wanted the selection to be open.

Ansak: Yes, but--look how the cities always have to go with open bids for everything, and sometimes it works out and sometimes it doesn't work out. I don't know.

The other thing is, of course, when you stick with somebody and you have a good working relationship, they are also much more committed to the organization. They'll give you some stuff. They will not overcharge you. Because they know they might get another job out of it. So I find it--I'm not much for an open bid.

Now, where we of course went for open bid was contracting, because that's a little bit different because there you can really see differences. It's interesting. We went for an open bid on the contract for the Dr. Gee Center. I think the highest bid was close to \$8 million, and the interesting thing was that this was the contractor whom we originally chose and wanted to use. You know, you can use a contractor in different ways. Excuse me. You can hire a contractor in different ways. You can either hire him at the

beginning of the project, and he and the architect work very closely together and get the best possible price. That's one way of doing it. And this is actually the way it was done on the HUD project. Often, HUD likes it if the architect and the contractor work well together, then you can get a real good feeling about it.

But we originally hired a contractor who had a good project officer who unfortunately had a serious accident and couldn't work with the project. And so, as the project developed, we had another project officer. It didn't work very well. They were not helpful to the architect and at the end we felt they had really overcharged. I mean, their cost estimates were way out. So we first went to an estimator, and he gave us a ballpark figure, what the project should cost, and it was below what the original contractor had quoted.

Anyway, we then went for open bid. And the construction bid was between--I think the lowest was \$5.6 million, and the highest was \$8 million. Guess what? The highest one--this is approximate. I can't remember exactly the figures, but it was approximately in that range. But the highest one was from that contractor that we worked with. So, of course, we didn't go with him. We went with one in the lower-middle who had a very good reputation and finally did a good job.

I mean, there are always problems with contractors. And there are always unhappy people with every project. But after about the third project, I got to know that [chuckling]. There are always people complaining. Some think you got a lousy deal, other people feel that they didn't do as good a job as they should have done. But every project has its own problems. There's no such thing as a project that--it's going to go smoothly all the way. No way. It didn't go with Powell Street, it didn't go with Montgomery, and it didn't go with Dr. Gee Center.

So in the end you find that some things don't work [chuckling]. At the Dr. Gee Center it was the hot water. We were supposed to have an automatic hot water system. You know, if you put your hands under the faucets it turns on? And that was my idea because the elderly often forget to turn off the water. Well, so either it was too hot or mostly too cold. The water was too cold. They had to run too much water. Well, something was misconstrued or something. It took them about two years before [chuckling] they really got it straightened out.

But, you know, some people are not used to that. They felt it was exorbitant, how long it took. But when I think how long it took us to straighten out On Lok House, ah! It was several years. This was nothing.

McGarrigle: In that case of the Dr. Gee Center, did the contractor work with the architect from the beginning?

Ansak: No, that's the one that worked with and we--

McGarrigle: And you changed.

Ansak: We changed. We went out for bid.

McGarrigle: Right, right, right. Three major construction projects.

Ansak: Yes. They were good-sized projects. It's interesting. I'm a social worker. I don't think I ever thought [chuckling] in my life that I would be a project manager for construction. I mean, really, it's funny. But in my job you really have to know a little bit of everything. You really have to know about physical facilities and construction, you have to know about funding, you have to know about regulations, you have to know about health care.

And I guess that suited me fine. I'm kind of a--what is that saying? A master of all? No.

McGarrigle: Jack of all trades?

Ansak: Jack of all trades. And master of none! I forgot what the saying is. But it says something like you know everything, but you're a master of none.

McGarrigle: You know all that you need to know, I guess.

Ansak: That's right.

McGarrigle: You can go out on a lecture circuit.

Ansak: Oh, yes? No, I prefer to go sailing.

McGarrigle: [laughing].

Ansak: I can lecture to the dolphins. I don't mind.

### **Cultural Issues**

McGarrigle: We were going to touch on a few other subjects. One that interests me is the idea of cultural differences, but specifically religious differences and how, if at all, that issue has come up over the years. I mean, in terms of helping people observe their own religious beliefs and if there's been conflicts or--

Ansak: Well, first of all, I must say that the participants I have known, most of them are not very religious. They might have had their beliefs, Chinese cultural beliefs. But no real strong religious attachment.

Now, we have Italians who are very attached to their belief, and some others. But one thing that I really insisted on from the beginning--and we were obligated to by the federal government--is to be neutral religiously. I mean, if somebody wanted a priest to come in, our social worker would assist that person for the priest to come in.

But let me tell you a funny story. When we first started, we were supposed to get some space in a Catholic church right close to where we were. And the priest who was there decided he didn't want us, but he was very missionary. So after we got started, he would come to the center. He would come into the day health center very regularly to bless the people. And I had to talk to him and say, "It's inappropriate for you to come in and to proselytize." I mean, I was adamant about that.

It was different for a priest to come in and to see a participant who wanted it. But to go around and to try to recruit people, that was, as far as I'm concerned, a no-no, because we had Buddhists, we had Catholics, we had Protestants, we had people of every belief. And you have to be very neutral. That doesn't mean that they don't get the kind of support that they need when they need it and want it. But it's really up to the individual. And usually it's the social worker that assists the people, that brings clergy in.

In regard to this, I'll tell you another funny story. We talked about being neutral religiously. It's kind of funny. When we opened On Lok House, we unexpectedly had a whole bunch of deaths. I mean, the first few months, every week somebody died in that building. That's very bad luck for the Chinese, really bad. My housing manager was very concerned about it. You know, it kind of went around, and people talked about it, and it's bad luck to go to On Lok House.

So finally somebody suggested why don't you have the Buddhist priest come in and kind of drive the bad spirits out. So they did come in. Yes. They came in, and they put up little signs all over the place. Indeed, we didn't have as many deaths afterwards!  
[laughing]

McGarrigle: It really gets more toward the issue you identified, which is cultural differences.

Ansak: Yes.

McGarrigle: Not necessarily religious. I noticed in the video about the opening of On Lok House there was Dianne Feinstein, and there was an old Chinese participant who cut the ribbon, and then there was the dragons and there were firecrackers.

Ansak: Yes.

McGarrigle: So you did some things in observance of--

Ansak: Yes. Well, you know, the firecrackers and the dragon for a new building in Chinatown was very crucial. It's to drive out the bad spirits. So you do that. Every time we opened something, we had the dragons.

McGarrigle: I didn't know that was why.

Ansak: They also have them come on New Year's. In celebration of New Year's, Chinese New Year's.

McGarrigle: I always saw it, but I never knew why.

Ansak: Drive the bad spirits out.

### XIII THE BOARD OF DIRECTORS AND STAFF

#### The Early Days

Ansak: You wanted me to talk a little bit about the board. Let me go back to the beginning. When we first started, there were essentially four or five people that were very actively involved. These were people in the community who had been concerned about nursing homes, et cetera.

One was Dr. Gee, who was the first president and who was a public health dentist and also had his private practice, and he was very active in the community.

And then there was Dr. Johnson, Cecelia Johnson, who was the district health officer in the San Francisco health department. And she was a person who was very community-minded and encouraged many of the developments of the late sixties and early seventies, and supported them however she could, through the department of health.

And then there was May-Lian Lee, who was the supervising public health nurse in the same organization. She was local-born and another very community-minded person, very concerned about the elderly.

And then there was Gilbert Lum. He was the director of the newly-formed Community Health Center, the Northeast Medical Services. There was Gail Lee, who was the public health educator. And then there were a couple of people, Vera Haile, Linda Wang. Linda Wang was the social worker at Chinese Hospital, and Vera Haile was the supervisor at Self Help for the Elderly. They were also involved. Actually, they were the first four or five who would really be the core of the board of directors for On Lok.

It was interesting. Dr. Gee very much wanted to work with friends. He felt it would be much easier for him to move things ahead if he didn't have a lot of opposition on the board. And you know, I came from an agency where you really tried to involve everybody. It was kind of a hard pill for me to swallow because I felt we should have broader representation, but he was pretty adamant that he wasn't going to fuss around with people who were opposed to him because he felt there would be too much waste of time, and nothing would occur.

But because of my pushing, we did get some people on. And I swear it was sometimes not very constructive. And the board, until about 1984, '85, was essentially selected by Dr. Gee. I mean, I'd make a suggestion and sometimes it was one person or so--I knew some people in the social work field. I knew some people in the Italian community that I felt strongly should be included.

But basically he didn't object to that. But he really wanted people who would see things the same way he did, which meant moving ahead, getting the program going, and offering the service. He sort of felt the board should be unified. And he felt very strongly that the board should not interfere with administration. Now, this had my

support because there are many boards that sometimes, because of the weakness of the director, become very involved in the running of an agency.

And I have seen this. I mean, [chuckling] I've been around social agencies for a long time now. And I have seen this, and it can be a catastrophe. Because as a part-time person who has his own interests and who is not paid and who is not there every day, it's very hard to assess what is happening or what needs to happen administratively. So I will say Dr. Gee had total trust in me. And he supported me absolutely 100 percent. Amazing. Really. When I think about it.

The board was satisfied, and they really never interfered. They would essentially be able to set policy and to support. You know, it's unusual that board members would come to the rescue of the program and pledge their homes as a collateral for a loan or to move ahead. And that's what happened. There was just a real good relationship, a very solid, supportive relationship.

And yet they looked at things, and they sometimes would say, "That's not the way we want to go" or so. But very rarely, very rarely. Very supportive, and very helpful.

Also, there was no limit of term, so the first fifteen years or so it was pretty much the same people who stayed on the board. Dr. Gee was president for fifteen years. Now, people are adamant that in nonprofits, the board of directors should rotate every so often, at predetermined times. But Dr. Gee didn't subscribe to that. I finally kind of encouraged him. After fifteen years, I sort of said to him, "You know, you and I are going to go one of these days," because we were in our sixties and seventies or late fifties and seventies.

### **Developing the Board ##**

McGarrigle: We had to change tapes, but we're talking about succession.

Ansak: By that time, I felt it was important to spend more time on the development of the board. I was really given the opportunity first to concentrate on the developing of the program, and I didn't have to worry much about the board. I think that was a real advantage. A real advantage. People sometimes ask me why were you so successful? And I think that's part of it, a totally committed president who spent an enormous amount of time with us, almost too much time, because I think his kids sometimes wondered where he was. But he spent an enormous amount of time and dedicated himself to this. And the continuity. The same people, the same philosophy.

Then came the time to develop a board. We were more stable, and the program was going okay. Now it was important to develop a board, to train board members, and to get new board members on who would then continue the legacy. In all honesty, I think we did a very good job. Dr. Gee then gave up his presidency but continued as a honorary president for life on the board. I think that was important. It was important for

him because he had dedicated so much time. I think if you don't honor your own elders, how can you honor other elders? So he had a role till the day he died.

But we did develop new talent, got new people involved. And it then was easier, when he died in '93--and shortly after he died, by the way, I retired. But when I look at it today, there is a good, solid board. There are some people who date back to the early days still, and there are new people. I think they have got the philosophy down.

It's very interesting. I just talked today to one of the board members. He is a financial man. Sometimes financial people have a hard time understanding the nonprofit philosophy? But I had a little discussion about some issue today. He has been on the board for a number of years and he's proud to be on the board, and he has bought the nonprofit philosophy of using your money on behalf of your constituency hook, line, and sinker. I mean, he feels we need to be careful with the money, we need to use it judiciously, but we need to use it, and we're not here to just accumulate funds.

I was real proud of him because when he first came, he didn't know. I mean, for a financial person, the balance sheet is very important. Well, in a nonprofit the balance sheet should just be even-Steven. Really. I mean, you have to have some reserves so that you can take care of the participants in case there is an emergency, that you do not have to drop them or something, which would be chaos for them. But beyond that, it should be even-Steven. We have no business to have big assets. Or you have to reinvest in new programs, or in staff or in better staffing or in better programs. But, really, it should be zero. And some financial people in the beginning are very proud when you make money. That [smiling] is not the purpose of a nonprofit.

McGarrigle: You had a lot of educating to do.

Ansak: Yes, right.

McGarrigle: Did the bylaws change, then, so that the board members started to have terms?

Ansak: Yes. We changed that, actually, even before this new corporate structure. I think when Dr. Gee resigned as the president, I think that's when we changed the bylaws. It's a three-year term, and you can be reelected twice. Now, the board can decide to waive that, and that has been helpful when I retired because there was a president there who had been there I think one term or something before, or two terms before. But he's a very strong community person. Sometimes it's not good to change the director and the board at the same time, so they did do some waiving of that while the transition went on.

I think the main thing is that if you basically have that rule I think you should never be that rigid. One of the things about On Lok is flexibility, and I think you should not abuse that flexibility, but when it's necessary, you have to use it.

McGarrigle: It takes good judgment.

Ansak: Yes.

McGarrigle: The president would have a three-year term and the same for the board?

Ansak: No, the board members have three-year terms and can be reelected for another three years. The officers have one-year terms.

### Volunteers

McGarrigle: Okay. I met a board member on Saturday night at the twenty-fifth anniversary program, who told me he's been a volunteer for sixteen years.

Ansak: Oh, yes, yes. Now, he is not just on the board. This is a man who came sixteen years ago to do volunteer work. He comes one day in the afternoon or two days. He used to come much more often.

McGarrigle: Three mornings a week, he said.

Ansak: Three mornings a week, initially. And he does programs with people. A lot of it--he has discussions with participants in which he plays a game or he plays checkers with them, or whatever. He has all kinds--on a one-to-one basis. And this is really invaluable. We have a rule at On Lok, and I don't know whether this is still so. That was partly because of the regulations from Sacramento while we were a day health center. A certain percentage of the board members have to be over fifty-five. We also had a rule that a certain percentage had to live or work in Chinatown. Now, you know, some of these things have changed, partly because On Lok has moved out of Chinatown, or is not only in Chinatown. But we also wanted to have some volunteers on the board, so that's why he got on the board.

We had volunteers, actually, from the beginning. Interestingly enough, we had mostly young people as volunteers in the beginning. I mean, kids like to work with the elderly. Of course, the elderly loved the children--not children, but the young people. And also we had always very young employees. I remember in the beginning, when we first opened the day health center, it was a fashion for the girls to have very short dresses. Why, these old men loved those girls in the short dresses!

I remember it was in the seventies, I think, that the deputy assistant secretary of Health, Education and Welfare was a woman. I can't remember her name. She came in. And she put me through the third degree about volunteers. She felt that we shouldn't have that many employees; we should have volunteers. I said a nursing home doesn't have volunteers to do the basic work. A staff member has to do many jobs which are very difficult, such as to toilet people, to clean people. This is a job--very few volunteers will do that. And I think it's unfair.

We used volunteers--and I told her that at the time, that we used volunteers for the supplementary kind of things, like to create a nice atmosphere, to have people who read letters to participants and play games and take them out for an outing or to take individuals out to do shopping. All these things, which both of the people get a real satisfaction out of, and not for the work that really should be paid for. It's not adequate to use volunteers for that. But this was kind of a person who felt everything should be done by volunteers. I mean, you can't have a volunteer hospital.

So actually, right from the beginning--I remember that when she came to visit us, she asked me how many volunteers we had. This must have been '74 or '75, and we had about forty volunteers, and at that time we had perhaps a hundred participants. So we always had a lot of volunteers, but it was always sort of haphazard. Young people, mostly students, would come in, and the day health center supervisor would then assign them to jobs. It was very informal.

As we moved, I guess we then hired a volunteer coordinator, and I think that was in the mid-eighties. I felt the program was going, and we had more interest, and I really started to feel that it was time to get somebody who put some emphasis on volunteers. Volunteers need to be worked with. They need to get attention, you need to be sure they are satisfied with what they are doing, you need to be sure that they're doing a good job. You need to choose the right volunteer for the right assignment. And that's a lot of work. You couldn't expect a person who had to take care of a whole center to do that. So we then hired a volunteer coordinator, and we have had a volunteer coordinator ever since, and of course the program has grown. I don't know how many volunteers they have today, but it's in the hundreds. There are lots of people who volunteer.

They do all kinds of things, the volunteers, depending on what they like to do. They work directly with the participants, like this man you have just mentioned, or they work in the office, or they do whatever needs to be done, or they work in fundraising. There's so many jobs that need to be done. There's no problem in finding the right assignment for them. But it needs somebody who explores what ability they have and then to assign them to the right position and to evaluate them, to have an ongoing relationship.

And then to honor them at certain times. They have their special award dinners and luncheons or teas or whatever, and they get their certificates. Because you need to recognize them. People don't want to do something and not be recognized.

McGarrigle: That's very comprehensive.

Ansak: Yes, very. So the organization grows and grows, and the more participants you get, the more volunteers you need. But you also need training. The other one was staff development, staff training. At first, it was sort of done by this one and that one or a supervisor. We always had training. And then you get so big that you really have to have a dedicated training staff.

### **Staff Training and the Work Environment**

McGarrigle: I was thinking about the training. What did the training staff consist of?

Ansak: At this point, it's one person who does it. Because On Lok is so complex--and I don't know whether they still do this--but when a new employee comes in, it's very important that they understand all of the components. So what we used to do, we had a week of training. New staff were assigned to different departments--for instance, a new driver came in. He had to spend a half a day with a social worker, a half a day with a nurse or

other specialties, all through the program so that they understood what was happening. I have my doubts that they still do this, but I think it was very valuable.

It became cumbersome, and I think they shortened it a little bit. Sometimes, when you shorten something, all of a sudden it disappears. And there were good reasons why we did that. I think it gave a good feeling, a good appreciation for everybody what the other one was doing, because it is so complex. It was really a good idea. But I don't know if they still do it.

McGarrigle: It introduced them to the whole program.

Ansak: Yes.

McGarrigle: Plus it introduced them to other staff members.

Ansak: Yes. Even accounting. They went to administration and accounting and the front desk. I mean, they really got a thorough understanding. Now, it was somewhat abbreviated for drivers or health workers. I mean, it was not much use in going into details in accounting for them. But they certainly were introduced to all the components that were pertinent to them.

McGarrigle: That has the advantage also of making each department accountable.

Ansak: Right.

McGarrigle: In the way that you mentioned earlier. You mentioned in the context of On Lok being open to the community twenty-four hours a day. So you have visibility; on the other hand, you also have accountability.

Ansak: It's very funny. Mao Tse Tung. There were lots of negatives to say about Mao Tse Tung. But there were some ideas that he promulgated that I think were excellent. Whether he even implemented [them] is another question. But I always heard that he advocated that every supervisor or everybody in a supervisory role should at least for a certain time, every month or I can't remember exactly how often, work at the lowest level. I wish we could all do that, because that has nothing to do with Mao Tse Tung but that's a very good idea.

It's interesting that since I retired, I happen to work more--I have been helping out with this and that and the other thing, and I did some grunt work, [chuckling] you know. And I got to know the conditions of some of the people who work there, and I was flabbergasted. Here was the director, and I thought I was a pretty alert director. I knew what people were doing because I have grown up with the organization. It's kind of different than when you come in.

I mean, I used to deliver meals in the early days. Dr. Gee and I would take the van on a holiday and go deliver the portable meals. It was a big joke. I would assist with the driving sometimes, and sometimes I would sweep the streets in front of Broadway. But don't forget, we were nothing. I mean, we had seventy participants and a budget of \$200,000, and it wouldn't harm me to do it. I had time. Or even if I didn't have time. But I was close enough to the program. So I kind of knew much better what was happening

than towards the end, when I was very involved with the national replication and traveled--I was more in the air than on the ground, and essentially that's not very good.

It's necessary and you can't avoid it, and I don't know how you can solve the problem, but it is interesting how much better insight I got into some of the problems on the levels of people who work every day either in janitorial work or the kitchen. Since I have done some of that work, since I'm no longer director, it's amazing what you learn. And sometimes I was horrified. Did we do that when I was here? I can't believe it [chuckling].

But I wish that we would find a good way to do this. It's really crucial. But it's difficult, you see, because the staff treats me now much differently. I'm just one of the--I'm sort of the former director, but you don't have to be scared of me, because I can't fire them and hire them, so it's a much different situation. I think they feel much more comfortable. I was always told there were some people [who] were really scared of me, and I know they're not scared now [laughing]. No way! I mean, you know, I come in in jeans and tennis shoes and sweatshirt, and there's nothing to be scared about. And I feel that.

McGarrigle: It's a different role.

Ansak: It's a different role. But I wish I could have done it when I was a director. Of course, it's probably not possible, but it would be really good if one could do it. One could learn so much.

McGarrigle: You know, sometimes you see a photograph or read about a role reversal where all of a sudden the director of a corporation or upper management is serving the holiday meal at the holiday function or that kind of thing.

Ansak: We do that, yes. I mean, I don't know whether they still do it, but one of the things was that administrative staff would serve holiday meals. There's a lot of resentment of administration by the people who are on the line, workers who work with the participants. What they see is essentially people sitting in front of their desk very comfortably. They don't have to deal with toileting and doing some really tough jobs. And they know that basically they are probably lower paid than the person in administration. It's a fact of life.

We always had joint parties. We had outings. The nicest thing we had was sort of until about probably '84, '85, perhaps even a little earlier. Once a year we would close the organization. We would see that people were taken care of. And we have outings. We would go to a park and have a picnic and swim and play ball. And that was just excellent. The last one that I remember we went to Angel Island. And we had really a good time, really a good time. You were away from it. You could be yourself. And everybody just was there and intermingled. Very important, very important. And there is resentment between the two groups, even when they work very closely, like at the Dr. Gee Center. They go upstairs. They never go to the day health center. So we always on holidays, on Thanksgiving everybody from administration goes into the day health center and serves a meal. And it's good for them. It's good on both sides. They should just do it more often. The problem is that the reality is very difficult. If you have a very lean administration, you are so busy all day, it's very hard to exchange--and you can't

exchange. I mean, you can't send the health worker upstairs to do the payroll [chuckling], so it's difficult.

### **Ideas About Growth**

Ansak: Now, it gets more and more difficult for me to relate. There are so many problems. My ideal is not to have a large organization. My ideal would be if one could have it--On Lok could stay On Lok in Chinatown. And really concentrate on that. People asked me, by the way, early on and said, "How many participants do you think you can serve at a maximum?" And I said, "Four hundred." And you know, I absolutely believe in that, even today, because with 400 participants you might have 300 or so employees, and that's a lot. It's a large organization. It's already not so cozy.

But once it goes beyond that, you cannot have the oversight. Now we have 550, and we have another center on 30th Street. It's a whole different organization. It's a corporation. I don't know how to solve that problem because on the one hand, the society now and the developments in health care almost force On Lok to do that. The economy of scale and all that comes into it, but you almost have to do that. And yet something very valuable gets lost.

Perhaps the way to do it is to separate, to say Chinatown is under one director who is really responsible--then we have sort of one super-administration that deals with accounting and all the stuff where it doesn't matter that much whether there are 300 employees or 1,000 employees. This gets done anyway. But you really have the concentration of the services under one person in Chinatown, so that it remains--and even though they're under the same rules in terms of personnel practices and all that, that's for the whole organization, whether it's administrative or local. You get the local support because you have to have contact with the community. You are community-based.

And then the administration, it doesn't matter where they are. You know what I mean?

McGarrigle: Yes.

Ansak: They can be anyplace. They can be downtown. It doesn't matter. But what that demands is very strong management on the local level as well as on top. I do think it's very hard to get good managers. I think this is true for On Lok as well as for the federal government, or for private corporations, for the money-making corporations. The biggest problem is always to find imaginative, good, committed managers.

The president of the United States should be a manager.

McGarrigle: Hah, hah.

Ansak: [chuckling] No, isn't it true?

McGarrigle: No, it's absolutely true.

Ansak: And it's very difficult.

McGarrigle: If you had a director for each specific location, then you would have to find that person over and over and over again.

Ansak: Yes.

McGarrigle: Not just once or twice but for each location.

Ansak: Yes. Or for a group of locations. Like, I can see that the Dr. Gee Center and Powell Street and Montgomery really serves the Chinatown, our original area. By the way, originally we started in Chinatown, but our idea was sort of to serve the Chinese, Filipino, and Italians. We didn't think about this. We didn't think we would just serve Chinatown. We thought we would serve all the Chinese in San Francisco, all the Filipinos in San Francisco, all Italians in San Francisco. That was originally sort of the idea.

Well, what got us away from that is [chuckling] when we found that we had to pick up a Filipino in the outer Mission. It took our van two hours, usually, to pick him up and deliver him. It was an enormous cost. Finally, I said, "We can't do that." We were a very small program. We had very limited funds. We just couldn't do that. It was impossible.

We then decided to imitate the Northeast Medical Services--the community health center, they served a specific area. They went from Bush to Van Ness down to the bay, up Market Street, back to Bush. That area was their district. We then expanded that to Sutter Street, when we moved them to Bush Street because it was too close. But basically that was our same district. And that remained our district until the early nineties.

McGarrigle: About twenty years.

Ansak: Yes. Then, as we grew--or perhaps late eighties. But as we grew and we felt we needed more participants, because, you know, 300 participants for that district is just about fine, when you look at the number of people and what have you, and as we needed to grow, it was difficult to get more people in that district. And so we started to be looser about residence--we went all the way down to City Hall. And then it kind of grew. We went over on the other side of Van Ness, and of course now it's the whole city. I think they tend to attract more people from certain areas. It's still primarily Chinatown. But it becomes much more difficult.

McGarrigle: Do you have new immigrant groups now that you didn't have in the beginning? I mean, has your composition changed?

Ansak: Well, yes, Vietnamese. And, of course, you know, On Lok was in Chinatown primarily, but now it is in the Mission, 30th Street, and at Mt. Zion Hospital. It's not Mt. Zion Hospital; it's the Institute on Aging. The Institute on Aging deals with mostly Russian refugees. So indirectly On Lok is also involved with Russians. And Spanish-speaking. So the constituency has changed.

McGarrigle: And then your staffing, your language skills have to change.

Ansak: Yes, have to change, too.

[tape interruption]

Ansak: On Lok was kind of lucky when we got started because we had no turf wars with anybody. There was no other provider that was anxious to provide services to this group, so we didn't waste the time on petty warfares between agencies. This to me is the most disgusting part. It's okay in the for-profit world. When two companies make a piece of soap and one is better than the other, you compete with each other. That's the capitalist system. I don't care. But in the field of health care and nonprofit organizations, it's wasteful. It's absolutely a waste of time, when we compete with another social agency to serve the client. There's a big emphasis now on competition, and I just think it's a waste, a real, utter waste. We're spending all the time and money on publicity.

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Ansak: Competition was always there, but for On Lok it wasn't there because there was no other provider. I think as we moved into other territory, as we moved to the Mission, as we moved to other places, needless to say, some of this will occur. I'm talking about other agencies, other fields. I see it among nonprofits that they cut each other's throat, and who gets really hurt is the client.

## XIV REFLECTIONS ON THE CHANGING HEALTH CARE ENVIRONMENT

### The Local Context and Sacramento

[Interview 7: May 2, 1997] ##

McGarrigle: What about involvement at the local level, in terms of the city of San Francisco?

Ansak: Well, very locally, in the Chinatown area. Actually, we grew out of a local movement in the Chinatown area to develop new programs for the immigrants that came after '65. There was an enormous explosion of the population in Chinatown from Hong Kong. Chinese who were able to immigrate because of the Immigration Reform Act of '65. Agencies got together and developed a so-called District Council, and in that District Council many of the social problems were discussed. But this was very local. This was in Chinatown-North Beach basically. We grew out of that. It was the health committee and the education committee that kind of generated the interest in services for the elderly.

As far as the city is concerned, we had early on, because our primary board members were members of the San Francisco health department, we were kind of tied into the health department. My first office was in the Health Center Number 4 on top of the Broadway tunnel. My office was a little closet in there. We were given that by Dr. Curry, the then public health director. So we were kind of under the auspices of the health department, in some ways, but were independent. But they contributed.

Now, interestingly enough, because I perceived the need to be more healthy, medical, high-cost services that were needed for the frail elderly, I always felt that we should get the funding from Medicare and Medicaid, that that was our primary source. These are the organizations that pay for nursing homes, and since we wanted to either start a nursing home or an alternative to nursing home, it made sense to get the money from there, and not from the discretionary social service monies, like Administration of Aging, the various titles and all that, or the city money.

In fact, I had a big argument with somebody who started another program in the north of Market area, and he wanted to encourage me to go to the city and said, "You should go to the city." And I said, "No. We really need to look at Medicare and Medicaid." So politically we didn't get so tied in to the city. We never competed for money in the city.

I think in those first years, when we started the day health center, we got some money from the state Agency on Aging for our transportation system, and we also got some money locally for the meals. So we kind of scratched it together initially, until we got the Medicaid reimbursement. We got some money under the Older Americans Act, either through the state or through the city.

But beyond that we really did not have to compete for funds in the city. We kind of grew independently. We were very little involved in local city politics. Once in a while

there were issues that came up because of the elderly or so, but I thought our independence contributed a great deal to our success, because we did not have to compete locally for money. So people kind of left us alone in the city, and were later able to sort of look at it as an example. It wasn't a threat. And it wasn't a threat to other agencies. We didn't compete.

There was only one other service provider for the elderly, Self Help for the Elderly. But initially they didn't do anything for the very frail elderly. We cooperated. We had even a joint project in the mid-seventies between On Lok and Self Help. We created a day center under the second Administration on Aging grant in '75, where people could go when they were no longer eligible for adult day health services under Medi-Cal reimbursement because Medi-Cal was pretty strict that only nursing home-eligible people could be served.

But sometimes a ninety-year-old would get better, was no longer eligible for On Lok. And then, of course, would go back and get worse again. So it was sort of a revolving door situation. So we opened that other center so that we could transfer them to that center and keep an eye on them.

McGarrigle: That was Self Help for the Elderly.

Ansak: Well, that was together with Self Help for the Elderly. So there were some rivalries between Self Help for the Elderly and On Lok, but otherwise, there was really no significant other provider, so we had no turf wars.

Similarly, in the city. I can't remember real issues where we had to fight for our survival or where it was very crucial what happened in the city. Even with licensing. When we needed licensing, it came out of Sacramento, except for the public health department's environmental people who came to look at our kitchen. But we had very little connection with the city. We got a lot of support from the city in terms of emotional support, and of course we also got financial support for housing. The city gave us some money out of the city funds for housing. Dianne Feinstein was very supportive. Dianne Feinstein was always a friend and was very supportive all along.

Mayor Moscone was very supportive. But it's easy to be supportive when you're not threatening anybody. They could just take credit but not have to worry that they had to see that our budget was covered for the next year at the expense of somebody else. So I think the development of On Lok in the San Francisco area was pretty peaceful. It was no big hassle.

Sacramento. Sacramento was different. It was not a hassle, but--it was a hassle in terms of getting the contract. I think I mentioned that after we started the adult day health center, one of our goals was to get Medi-Cal reimbursement, so we had to go to Sacramento and start to negotiate with the Department of Health. That went around and around for a year, and we really got nowhere fast. That was under Governor Reagan, who was not very liberal [chuckling] in his expenditures and his feelings for health care or social services.

Soon afterwards, some others joined us in this, and we then formed the association, and we then worked on including others. Then I think it was '76 or '77 that we got

permanent legislation for adult day health center reimbursement. By that time, though, we were almost ready to go into our next stage. And we left that and went to Washington again.

It seems to me when it got tricky with politics we would think of something else.

The other thing with Sacramento was we were very conscious of--I mean, we gave good services. I know that. Good services at a reasonable price. And we usually did more than the average. A community-based program is much more flexible than some programs that are either sponsored by hospitals or other [care?] organizations because they're much more restricted in what they can do in their own institutions. So we, from the beginning on, included some home services in our package of day health, which the others didn't. So we were always kind of the darling of our project officers because we provided, essentially, more than was expected.

Another thing which really paid off over the years--this happened in the eighties but also some in the seventies. We would never accept money unless it was really coming to us. I remember in the early eighties, after we got the Medi-Cal reimbursement for our comprehensive services, a mistake was made in Sacramento. They paid us too much. It was over the year perhaps two, three hundred thousand dollars. It was a substantial amount.

Our project officer there said, "Oh, well. You're lucky. Just forget it. Next year you won't get that much." I said, "No way. This is money that does not belong to us." We were actually double paid. Sacramento paid us and the federal government paid us for the same thing. It was something that was overlooked with the different eligibilities. I said, "No, we're going to send that money back. I don't want that money. This is not ethical."

And, ah! You wouldn't believe what a hassle I had to send that money back. But finally we prevailed, and we sent the money back. And I tell you, they still remember it. And so we created an atmosphere of trust that lasted, that really gave us a lot and a lot of mileage. So the Department of Health could tell the legislators that we were really above board and they could try it with us when it came to having a demonstration project. I think it was helpful.

McGarrigle: Now, what was your first connection to Willie Brown that you were able to go to Sacramento and work with him?

Ansak: How did we--well, really, Brown was from San Francisco, for one thing. And I think it was--I can't remember. I think it was Tom Porter, who was then working for the Joint Committee on Aging, the assembly Joint Committee on Aging. He suggested that we talk to a Mr. Thompson, who was then the administrative assistant for Willie Brown. And somehow they were friends. That's how we got into Willie Brown's office. It was something like that. I can't remember exactly who sent us to Thompson, but somebody did, and that's how we then got started.

McGarrigle: And Willie Brown remained active in it.

Ansak: Ah! He's been active. He just was honored the other day. He came to On Lok. He came to On Lok when we were a small center, he came to On Lok when we had the house, he has been very supportive all along, as much as he can. And I think still today--you know, the nice thing about it is we never have to ask the local people for any favors, very rarely. I mean, we asked them once for some money. They almost offered it themselves because we had never asked. We were never in the budget. We're independent. We're taking care of people.

At this point, On Lok serves about half the population of Laguna Honda Hospital. Laguna Honda has 1,200, and On Lok is close to 600. So 600 elderly are taken care of by On Lok. A thousand two hundred I think or so elderly and severely disabled are taken care of by Laguna Honda. So it's a large group of people without really burdening the city.

I think, actually, if anything this was a smart move, the smartest move--a few smart moves that we made. But one of the smartest ones was that we never went to the local politicians and the local establishment to get money. We didn't have to. In some other instances you have to, but we didn't have to, and that was very helpful.

### **Medicare and Medi-Cal Reimbursement, Social Security, and SSI**

McGarrigle: You had the intuition to pursue Medicare and Medicaid reimbursement.

Ansak: Partly that was our goal. That was the charge we had when we applied for that grant, the first grant. The goal of that first experimentation was to look at day health--what did they call it? Day care centers and day hospitals as alternatives to nursing home care. And with another goal of getting Medicare and Medi-Cal to start to pay for these services.

So it was very clear, as soon as we got that funding, where we had to head for. Now, many, many others relied heavily on local monies for transportation or meals, and we felt, well, if we are truly an alternative to nursing home, we have to have everything in our budget. The nursing home assumes total care. I mean, they don't have any other expenses except the \$25 or \$30 that the individual gets as spending money.

So that's the cost to the government. So we were always anxious to have everything included. But we really take care of everything we say we do. It is interesting. Because of HUD we have housing subsidies on Powell Street. Of course, all of our participants also still get SSI. And when you really look at the total package, we always looked very carefully at the fact that we needed to include the housing, because if you look at total public sector costs, you have to include the housing subsidy and the SSI.

Now, as long as I was there, I know that even considering this, even adding this, we were cost-effective. I think what has happened towards the end of my stay and now is that the government has always been reluctant to include those costs. In Sacramento I had the biggest fights with our project officers because I wanted them to think about that, in the allocation of our reimbursement that they need to consider that. But since it

doesn't come out of their pockets, the department of health pockets, they couldn't care less.

They just totally did not want to consider that. If they do it long enough and they kind of ignore it, then of course the organizations also feel, Well, let's just forget it. But ultimately one has to consider those things.

McGarrigle: I don't think I understand how it all fit together.

Ansak: You mean--

McGarrigle: The different costs.

Ansak: Okay. An elderly person is on SSI and therefore on Medi-Cal and Medicare. If he or she has worked long enough, they get Medicare A and Medicare B. Medicare B (for medical services) is paid by the state because it's cheaper for them than to assume the medical costs themselves, so they pay for the premium of Medicare B for people to have Medicare A.

But anyway, so that's one point. That's the medical care. In our case, it includes meals and all kinds of things. But at the same time, these people are also eligible for SSI (welfare support for living expenses). So what do they get? They get their Social Security. It might be \$200, \$300. And then they get supplemented by SSI up to \$600--I don't know the figures now, but they were about \$650 in my time. I understand they have gone down. A person would have \$650 a month, and that would be made up by Social Security and by SSI.

Now, Social Security is not a welfare payment. That's essentially an insurance, which we all pay into. And so you can't count that. But the SSI is a welfare payment. It comes out of general funds, basically. Or the trust. I don't want to go into details. But anyway, it's public funds.

The other one is the housing. That comes through HUD. This is a whole different department. SSI is one department; the health dollars come--Medicare comes out of one part, Medi-Cal comes out of another part, and then, on the other side, is HUD and its subsidies. So in On Lok House, the market value of the unit is \$700, but the person only pays 30 percent of his income, which if it's \$600, it's 30 percent of that, so that doesn't make up the market value. So between the \$200 he pays and the \$700 that it costs is another subsidy.

So you have to put all this together, because a nursing home let's say is paid \$4,000 a month from Medi-Cal and the participant gets \$30 pocket money a month. Now, all our costs, the payment to On Lok, the subsidy from HUD, the SSI, the Medi-Cal and Medicare--all have to be less than \$4,030 in order for us to be cost-effective. Do you understand?

McGarrigle: Yes. Now it makes sense. And what kind of accounting procedure is there to accommodate with funds coming from so many sources?

Ansak: I don't know how they do it now. We had, of course, research projects that helped us to account for all this money. It was averaged out. One person might cost the government much more, but we averaged it out with the total population.

McGarrigle: It's very complicated.

Ansak: Very complicated. You know, I think our bureaucracies cost us so much money. The mere fact that you have two federal programs for health care. Actually three, four. I mean, you have quite a few. But we were mostly affected by two. But then there are the veterans. We had some veterans. This is an interesting thing. We had some veterans, but the veterans have a real allegiance to the Veterans Administration, but the Veterans Administration has no adult day health care in San Francisco, so they will come to us for that part, particularly now that we are getting fully reimbursed for everything. And they would use our facility as an outpatient facility, but then, when they had to go to the hospital, they went to the Veterans Administration. So we got the full reimbursement from those people, from Medicare and Medicaid. But in addition to that, the guy would go to the hospital of the Veterans Administration. It was totally defeating the whole purpose.

Now, there weren't many, but that was certainly an issue. We never accounted--there were so few that we couldn't really keep track of it. And we often didn't know that they went because, you see, Medicare and Medicaid automatically know when a person goes to another provider and they'll send us the bill. It's then up to us to pay that bill and to deal with the individual and say you can't do that.

With the Veterans Administration we were never notified, so we didn't know who went to the hospital and what kinds of surgeries and care they got. Then they came back to us again. But each one has a different bureaucracy. It's crazy. It's absolutely crazy. And then, not only the paperwork is enormous for all these agencies, but it's expensive to run them. I think a national health insurance that covers everybody I'm sure would be cheaper if it were well set up.

### **Health Care Delivery and Insurance**

Ansak: But I'm pessimistic that we have the will in the United States to set up a decent system that would really cover everybody. I think there are too many different interests. And we subterfuge before we even get started. You know, we always say the government can't do things. Well, the government is us. And if we really want to, we can run as efficient a program as anybody else, through the government. But we, the Americans don't like government and don't trust it, and they don't commit ourselves to good government.

McGarrigle: Americans who have had good insurance are accustomed to having total control over their choices, for better or for worse, and they don't want to abdicate control.

Ansak: It's interesting. I have total choice. What does this mean? How do I know when I'm really sick to whom I should go? It puts a burden upon me. I have no idea. So I trust my

doctor. Perhaps he's okay as a neurologist, but he's not good as a whatever, something else. But people don't get good care very often, partly because it's such a disjointed system.

McGarrigle: How do you feel working in countries like Switzerland?

Ansak: Switzerland is the same as the United States, so that's not a good example. I've been in England myself, and both myself and my kids have gotten emergency medical care in England, and it's excellent. In addition to that, it didn't cost us anything, even though we were visitors. But, you see, I think what the objection is to the English system is the lack of free choice. Unless you want to pay, you can go outside of the system.

It's the lack of free choice, and it is sometimes the waiting periods. When you are seriously ill in England, they take you immediately, and you are totally taken care of. That's not a problem. What the problem is if you have, for instance, elective surgery and you'll have to wait six months, and people can't tolerate that. Or they have to wait for an appointment. They have to make an appointment for their routine exams "x" number of months ahead of time.

I must admit I'm very impatient, myself. When I have to wait at Kaiser for six months to go and see a doctor when I finally decide I need to see a doctor, I don't like it, either. So I understand that. But it seems to me there are still ways of dealing with it. And Kaiser has dealt with this, drop-in clinics for things which are not life-threatening but very uncomfortable. And I think in England they have started to do that, to keep the consumer satisfaction a little higher. But to abandon it and just go back to the old system is no solution. They know that.

But those physicians would not want to work in the United States. I know many who have come here for internships or for post-graduate work. They have worked in various hospitals in the U.S. "No, we want to be physicians. We don't want to be financiers." And they're perfectly happy with their salaries. I mean, they might not feel it's enough or something, but the system they like. They have much more freedom to really concentrate on patients, instead of paperwork. You know, the only place where you hear a lot of dissatisfaction about national health insurance is in the United States, who doesn't have it. They complain about Canada, they complain about Britain, but when you go to Britain--for instance, physicians and patients are not unhappy. We have had many physicians at On Lok who came from Britain visiting. Interestingly enough, because we adopted a British system and then we got better at it than the British, and so now they're coming to look at us and take it back.

The same thing in Canada. The Canadians do not want to change their system. They like their system. They realize that they get a good deal. Now, there are excesses and there are problems, but in the United States they only concentrate on the excesses, problems and tell you, "Look how bad it is." It is not that bad. I lived in Canada. It was fantastic. We had a primary care physician, and he was the gatekeeper, the first--and they didn't call it a gatekeeper, because that means money. But he was the first contact. He was the person you would go to for everything.

I didn't have to decide whether I needed to see a surgeon or whatever, which is really inappropriate because I don't know what I need. I need to know what my illness is. And

the general physician decides which direction the care needs to take. Then he goes and gets specialists involved, and then I come back to the primary care physician. Same as at On Lok.

The primary care physician is the key person. So when you go, it's so much more comfortable when you have a confidant. So you have to go for this crazy operation, and you don't feel comfortable. Well, the surgeon doesn't have that much time and doesn't know you that well. He might be busy or what have you. You can go to your primary care physician, and he will then interpret, will even talk to the surgeon and will then interpret to you what needs to be done.

McGarrigle: It's a kind of a guidance.

Ansak: Yes, it's a guidance.

McGarrigle: That we don't have. I think that job satisfaction among physicians is really decreasing as the pressure from insurance companies goes up--so they're not so much practicing medicine because of the financial arrangement and the pressure that insurance companies are placing.

##

Ansak: This is sort of the precursor to national health insurance, in some ways. And it could be a very good thing. I think Kaiser is very good. I think since we tried to reform health care in the United States in 1993, I think it has gone from bad to worse, which I think is funny. Yes, we have controls. We are starting to control the costs more. But let me tell you, [speaking slowly for emphasis] everything is dollars and cents now. It was bad before. It is much worse now.

### **Current Issues in Health Care**

Ansak: What distresses me, what I even see it at On Lok, and it's not even that the people there want to do it, but they're forced into this so-called competition against I don't know who in On Lok's case. But the potential is of HMOs taking over and taking away your clients or making it look cheaper. Everything is money.

It's very interesting that at On Lok, from the beginning on, I was always adamant that the staff never talk about money. I always felt that the best care is the cheapest care, that the most humane care is the best for the person. It is usually the cheapest. Because if you know the person and if you know that in order to walk, the person needs a pair of shoes it is better to pay for that. It gets him involved in walking, it makes him healthier. That's the best thing to do for that person. Instead of waiting till he falls apart and has to have operations and God knows what.

So it's sort of simplified, but there's a lot to that. So we never discussed money. The teams, the intake and assessment teams at On Lok, which is the multidisciplinary team, never discussed money.

Also, I never discussed the budget with the staff because I think that's inhibiting. I hear lots of talk about money now. But it's not necessarily just the leadership at On Lok. It's the whole emphasis. I mean everybody who is in health care talks about money these days, even more so than before. And mostly saving money. Is it cost-effective? So even if perhaps the administration doesn't want to push it, people bring it in.

McGarrigle: It's everywhere.

Ansak: It's everywhere. I think it's a real mistake.

McGarrigle: Did you have visitors over the years who came from other countries as well as from England to study the program?

Ansak: All over. Japan, Philippines, China, Europe, Holland. A lot of them from Holland, a lot of them from Germany, some from Switzerland, some from Italy, France. Really. Even Sweden. From most places.

McGarrigle: You really had programs that they were studying? That they were trying to arrange to replicate?

Ansak: In England a foundation started a, quote unquote, "On Lok Program." The limitation they had or the frustration they had was that some programs are much stronger in England and they're based in a public agency. I mean, these are public programs, like welfare and home care and all that, and they have their own little empires. They're not bad, but so when you start an On Lok you cannot provide home care out of On Lok. You have to use the existing agency. And that created great problems for them because each one had its own ideas on how things should be done. So they had difficulties. They're doing it, but they have difficulties.

It's the same when we took the ideas of Dr. Cousins in England to the United States, to San Francisco. We had to adapt those to our particular conditions, to our reimbursement, to the requests of the people, to the cultural practice in Chinatown, et cetera, et cetera, et cetera. We had to adapt those. So now, when they come to On Lok, they take it back, but they have to re-adapt it to their environment.

McGarrigle: Do they give you feedback so that you see?

Ansak: England did, yes. I don't know how it is now. Some you never hear from again. And some, all of a sudden, when you go there or later you hear that they have taken it to heart what they saw at On Lok and they want to replicate or adapt their programs.

McGarrigle: What kind of things do participants say to you about the program?

Ansak: It's interesting. Satisfaction is so difficult to measure. Don't forget that many of our participants are somewhat demented, so [chuckling] some of them don't even know they're coming to On Lok. Some of them, it's very difficult. They're dissatisfied because they're dissatisfied with their lives. Now, this is the negative.

But then there are many, many participants who really like to be at On Lok and enjoy it very much. You know, I think the biggest support we get is from families.

McGarrigle: Yes. I noticed that in the newsletter.

Ansak: It's the families that tell us what a good job we do. Families and friends and people who know the individuals. When I came back now from my trip, I must have seen at least three or four people--that's in only three weeks--that I met by accident. They told me, "Oh, my mother" or "My sister" or what have you "is at On Lok, and I tell you, we are so happy. They're really doing a good job." So that's how you find out how things are going.

I will not say that participants never comment, there's a wide variety of participants. Some really love it, and they feel much like in a family. I think, particularly in the smaller centers, where the same people go there, the same staff is there, so that's very much of a family affair, a family feeling. When it gets bigger, it gets more difficult.

You know, it's interesting. I look back. Certainly, the Dr. Gee Center is the nicest center we have. It's the biggest. It's the largest. It's probably the most institutional, though it is beautiful when you go in there. Everything is just perfect. But it doesn't have the same feeling as when you go to Montgomery Street, which is smaller. It can only handle a certain amount of people.

This is where I have the real problem. We are all pushing for growth, growth, growth. Whether this is an HMO or hospital--look at how the HMOs eat each other up. They have millions of clients or participants or whatever they call them. They don't get any better. I'm not even sure, they say it's more cost-effective. I have my doubts about that. When you really, really look at it. There are certain things which are certainly cheaper. If you can buy food at wholesale prices and distribute it all over, it's cheaper than if you have to buy in the local corner grocery store, but is it good?

But that move toward large-size organizations and economy of size and all that stuff, well, I don't think it really works that well.

[tape interruption]

McGarrigle: Now I want to know what your travel plans are.

Ansak: Now? From now on?

McGarrigle: Yes.

Ansak: Well, now I am in Venezuela. I'm going to go to Trinidad and Tobago in May and June and then back to Venezuela because some friends are coming to Venezuela and want to visit me there. And then about the middle or end of October I head for the Dutch Antilles, Bonaire, Curacao, Aruba. And then to Cartagena in Colombia. Then to the San Blas Islands in Panama. And then back through the Panama Canal. And then I'll have to make the decision whether I come back to San Francisco, which I don't think I'll do. I'll be heading to the Galápagos and to the South Seas.

McGarrigle: Well, I'm going to catch you on e-mail.

Ansak: [laughing]

McGarrigle: On all your adventures. We'll end right here for today.

Ansak: Okay.



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