

Press Release

June 9, 1982

THE MONTROSE CLINIC

The Montrose Clinic, located at 104 Westheimer, Houston, Texas, is a non-profit clinic whose primary purpose is to screen for, diagnose and treat sexually transmitted diseases (STD's). The Houston City Health Department (HHD) recognized the need to expand its program of combating STD's a few years ago and through the Medical Committee of the Houston GPC* initiated a program of screening for STD's in the Montrose community at several taverns and clubs. The screening program discovered that many individuals in the community were not going to either the city clinics or to private medical doctors for treatment of STD's (this being the most often heard comment from persons going through the mobile screening units). Ruth Ravas was the HHD coordinator for the project until 1981, and was adopted as a special friend of the Montrose Community.

Initial planning for The Montrose Clinic began over three years ago, when several health professionals met to discuss how best to serve the health needs of the Montrose Community. In assessing the health problems encountered, it was noted that there appeared to be a two-fold problem in treating STD's: (1) local and national health statistics continued to report an increase in the incidence of reportable STD's; and (2) the central clinic operated by the city health department was continuously overcrowded with an ever-increasing patient load. To best

*Gay Political Caucus

June 9, 1982

utilize the resources available, it was decided early on that a facility restricted to the treatment of STD's would be the best approach.

The individuals responsible for the initial development of the Clinic were guided under the auspices of the Medical Committee of the Houston GPC, and later transferred to a standing committee of LGPIM.* Over the course of the next two years, numerous planning sessions were held, during which persons noted for their expertise in various fields were asked to participate. From the outset, close liaison with the Houston Health Department was achieved by having one of their staff attend these planning sessions.

Once the need and the approach had been established, the major challenge was funding, for this clinic was to be a non-profit, non-governmental entity supported by the community it served. As an extension of her work with the HHD program, "Mother Ruth" took a special interest in the Clinic and with a team of hard workers of the Steering Committee, they raised sufficient funds to cover the capital equipment and operating expenses for the Clinic's first four months of operation.

October 6, 1981 marked the opening of The Montrose Clinic. Open Tuesday, Thursday and Friday evenings and Sunday afternoons, the Clinic interphased its hours of operation with those of the HHD's central clinic, thus making the availability of medical care for patients with known or suspected STD's more

*Lesbian and Gay People
in Medicine

June 9, 1982

convenient. But for one paid staff member (the Administrative Director), the clinic was staffed entirely by volunteer personnel. Physicians, nurses and members of other allied health professions worked tirelessly to develop and refine all areas of clinic operation.

Currently the Clinic Director's position is being filled (at no salary) by a Trustee while a formal search is underway. The one current Clinic employee is a medical student who is working part-time during the summer as an administrative assistant. The Medical Staff is composed of ten physicians. Over thirty nurses and allied health professionals work in the screening and laboratory activities. Additionally another thirty volunteers work in various registration, business and clerical duties. By working two to four Clinic sessions per month, the volunteers help keep the Clinic staffed without wearing themselves out individually. We do need additional nursing and allied health volunteers to help cover the schedule during the summer.

In November 1981, the clinic requested, and was granted, autonomy from LGPIM. This enabled the clinic to incorporate on its own as a non-profit corporation and to establish its own Board of Trustees. This was accomplished in January 1982, with the first meeting of the Board occurring the following March.

The Board is composed of four physicians, two nurses, a hospital

June 9, 1982

quality assurance director, a public health administration consultant, and a businessman. The Chair of the Board of Trustees and the Clinic Medical Director is an established local physician who has practiced in Houston for over twenty years and has a special interest in this medical area.

The purposes of the Clinic were limited in scope, by design, not accident. It was the intent of the organizing members to limit the functions of the Clinic, but to do them well.

The Montrose Clinic provides laboratory services in the form of RPR's (qualitative serologic tests for syphilis) and gram stains (to detect the presence or absence of gonorrhea). VDRL's and cultures are sent to the Houston Health Department for evaluation.

The VDRL blood test detects the level of the body's response to syphilis and is used to follow the progress of the disease and recovery. The RPR blood test will allow quick detection of any reactivity the body may have to a current or past infection. The gram stains allow detection of N.G.* bacteria in urethral, pelvic or rectal smears. The cultures are grown over a 48 to 72 hour period to detect N.G. bacteria colonies. The oral cavity is not a very hospitable site for the N.G. bacteria compared to the urethra or rectum but can still become infected.

Our examination section provides STD screening, both for

*Neisseria Gonorrhoeae

June 9, 1982

definitive diagnosis and for preventive medicine. When positive examination and/or test results are obtained, the physician can treat the patient with antibiotics (pills or injections), Kwell (for external parasites), or by writing prescriptions for medications not provided at the Clinic.

Patients with problems that are suspected or diagnosed at the Clinic and which are not included in the categories treated at this facility are referred to a private physician or health facility which can provide adequate treatment.

The Montrose Clinic opened with the expectation that there would be 6,000 to 8,000 patient visits during the first year of operation. Thus far, the actual patient visits have almost doubled the anticipated volume. The success of the Clinic to date has resulted in an overwhelming response by the community. However, in discussing our patient volume with representatives of the Health Department, it was found that the city clinics have not noticed any appreciable decrease in their patient volume. Thus, it has been inferred that the original premise of the Clinic organizers was correct - that the Clinic would be seeing patients who had not previously been seen at the Health Department or by private physicians. The six-month activity report (see Figure A) reflects the Clinic's activity to date. In the report a new patient visit is defined as a new health problem presentation, and a follow-up visit is a return visit for

June 9, 1982

test of cure. The Clinic is developing a returning clientele who are developing the habit of routine preventive check-ups.

Some difficulties in obtaining results from cultures were overcome when an incubator was loaned to the Clinic in January. This has brought about far greater correlation between culture results and gram stain results.

The Clinic also treats scabies, crabs and some external warts. Patients are referred as necessary to other physicians for conditions beyond the scope of our operations.

The Clinic has become a Type III (Ambulatory Care) member of the Texas Hospital Association. It is also a member of the National Coalition of Gay STD Services (NCGSTDS).

The initial funding for the Clinic has long been expended. The current source of operating funds continues to be those donated by patients and raised in various fund drives. Pledges from local businesses and organizations have been of invaluable assistance in meeting our operating expenses. As shown in the pie chart (Figure B) of the Clinic's 1981 income and expenses, it is readily apparent that, with added income, more activities sponsored by the Clinic can be launched - especially with regard to educational outreach programs in the Montrose community.

June 9, 1982

A future report will detail Clinic finances. The 1981 books are in a formal review process now. It cost approximately \$20,000.00 to capitalize the Clinic including all the utility, rent and insurance deposits, as well as repairs, remodeling and furnishings. Operational costs average about \$11.00 per patient visit. To date, the Clinic has operated on a voluntary donation basis. This may change depending on the patient response to our information, including a poster in the Clinic. A fee structure is being studied as an option.

The Clinic has filed to become an exempt organization under Section 501(c)(3) of the Internal Revenue Code. That application is pending. It has been granted provisional exemption from the Texas State franchise tax and its State Sales Tax exemption application is pending. It has also received a limited State Sales Tax permit to be used if we do such things as selling T-shirts (which is being investigated).

Our Corporate Counsel, who has skillfully helped us tread these legal waters, is Mr. M. Robert Schwab.

The Clinic is a serious project aimed at both curative and preventive medicine to combat STD's. It has been supported by many segments of the total Montrose community and desires to continue to serve and to continue to receive the support of all of Montrose/Houston. The Clinic does not

June 9, 1982

discriminate on the basis of sex, race, religion or sexual orientation.

The gay community can be proud of its special effort and support of a project that serves its special needs and is capable of servicing the STD problems of the total community.

Those of you who are past, present or potentially future patients - and that includes YOU, Please HELP US HELP YOU. We need a few more good volunteers - especially nurses, to work just two times a month. We need the patients to donate enough to cover costs to allow development of public outreach and educational programs. We need fundraising support to endow the Clinic for a long-term future. We will succeed with your help.