

1-22-2013

MS171: Interview with Lu Ann Aday

Lu Ann Aday Ph.D.

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Recommended Citation

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TEXAS MEDICAL CENTER
WOMEN'S HISTORY PROJECT

Dr. Lu Ann Aday

Interviewed by: Natalie Garza
Date: January 22, 2013
Transcribed by: Michelle Kokes
Location: Dr. Aday's home

NG: This is Natalie Garza. It is January 22, 2013 and I am interviewing Lu Ann Aday in her home. Can you begin by telling me your full name?

LA: Lu Ann Aday.

NG: And have you ever been married?

LA: No.

NG: So there's no maiden name?

LA: No.

NG: Okay. When were you born?

LA: August 19, 1946.

NG: And where were you born?

LA: Waxahachie, Texas, south of Dallas.

NG: Did you grow up there?

LA: Yes I did.

NG: Can you tell me a little bit about Waxahachie? What was it like growing up there?

LA: Waxahachie was a town of around 11,000 to 12,000 people at that time, now it's probably 30,000 to 35,000. It is about thirty-five miles south of Dallas. I lived on a farm about four miles out of town. Prior to that actually I lived with my parents on a small farm that was in a small community of Howard. After my dad came back from the war I

was born and lived on that farm but I spent from around age 6 until I went off to college at a farm that was about four miles from Waxahachie. So I attended all the public schools in Waxahachie. I think it was a good community to grow up in and I enjoyed being on the farm, being a farm kid and being outdoors a lot. So I loved to wander a lot outside and grew to love nature through that. So in the last number of years I've become more reconnected with some of the people I went to school with there and I still own some property that I inherited from my family there. So I'm doing some work on the historical and natural preservation of property in that area to kind of connect with those rural roots.

NG: That's nice. So were your parents farmers?

LA: Yes my dad was a farmer and my mom grew up in a family that lived in town. My grandfather, her father, was a small businessman in town. But they were married in 1942 just as the war was getting underway. They made a home and a life for us there. My mother did not work outside the home. My father as I said farmed and he did what farmers do and made a success of it. He worked hard but he did well and supported our family, sent my sister and myself to college.

NG: What did he grow?

LA: He grew cotton, grain sorghum and wheat, and also raised some cattle.

NG: Okay and did you ever work on the farm?

LA: Not per se, I would sometimes help my dad out but I wouldn't say I was a serious worker. I loved to be out with him and accompany him and occasionally I would help with some of the farm tasks but I wasn't involved in daily chores as many farm kids would have been.

NG: Were there expectations of you and your sister growing up of what you would do following high school?

LA: I think there was always the expectation that we would go to college. My parents valued education. They both went to college for a period of time but neither of them finished college, but they valued that and always supported us in our educational pursuits. It wasn't dictated so much what field we went into but we were certainly supported in going forth with our college education.

NG: And was that unusual for other people living in your town?

LA: Actually as I look back on it, it wasn't in Waxahachie. When I look back at the kids I graduated from high school with it seems unusual but a lot of them went off to college. So I think there was the mindset that people were given those opportunities. So it wasn't like maybe many small towns where that doesn't seem to be encouraged because a lot of the kids as I said did go off to college. Various colleges: University of Texas, Baylor, Texas Tech all over.

NG: So how did you decide on Texas Tech?

LA: Well that's kind of an interesting story because when I was in high school I read about the Peace Corps which I don't know if you are familiar with. It was a program to encourage people to go and make contributions to economic development or education or other opportunities internationally and I was intrigued with that. So when I started looking for educational programs I thought that perhaps I could train in an area that would assist with economic development activities, the kind that I saw the Peace Corps doing. So I wanted to apply to programs that might encourage that. Actually because of my rural background I applied for programs in agricultural economics; the two best

schools in the state which I considered going to within state were at Texas Tech and Texas A & M. However at Texas A & M at that time which was the early 1960's (I graduated from high school in 1964) did not admit women in general. They admitted women who were wives or daughters of faculty persons or others affiliated with the school so I applied to Texas Tech as well and got admission there.

I enrolled in agricultural economics with a minor in sociology and felt when I was at Texas Tech that I really was supported as a woman pursuing that program because it was unusual; there weren't many of us, maybe another women or so at that time. The classes and the teachers and the mentors were supportive and granted me I think some unique opportunities while I was there that I was able to pursue. One of them interestingly when I was a sophomore--it was after my sophomore year--and there was a faculty person who was doing a research project interviewing farmers in the area about their use of agricultural chemicals and he wanted to hire interviewers for the summer. So he approached me and some of the other male students and I was hired, as were some of the male students, but I was the only female on that team. I felt like somehow I'd approach this differently. I felt a woman calling and saying, "I want to come out and interview," would be a little weird. So I thought if I show up in person and introduce myself and the study that maybe it would seem a little less strange and actually it worked very well. The farmers were very cooperative.

I found my way around a lot of rural roads and counties in West Texas. But I would stop and ask directions and I was earning \$10 an interview which I thought was pretty good at that time. That worked out well and then at the end of the summer when the professor was going to process the data he asked if I would stay on and help him with

processing the data. At that time there were key punch cards, literally, physically pieces of card board that you could punch the data into and then read them. I learned how to key punch and that was my first introduction actually to survey research which I eventually ended up doing as a career focus. Then there were other opportunities that were granted. There was a debate team that they were wanting to form and they asked me if I would be a member of the debate team. I was a little intimidated by that but I decided to pursue that and we actually went to Canada for a debate competition. That was another kind of opening of the world to me.

When I was graduating from Texas Tech this was also the era of, “Ask not what your country could do for you but what you could do for your country?” So this sense of public service was quite strong in that generation. I did apply to the Peace Corps and I also applied to several graduate schools because at that time I was thinking I wanted to switch emphasis a bit more on sociology, still having this background interest in development issues but wanting to pursue the sociology aspect more so. So one of the places I applied to was Purdue University (among others) but they offered me a very nice fellowship to come there and study. So I did also get acceptance to go into the Peace Corps to serve in the Maharashtra Province of India. I debated about what to do and I decided to go ahead and pursue my Master’s in Sociology at Purdue.

Then when I finished I still had that sort of notion that I wanted to be of service. So at that time I elected, rather than going to reapply to the Peace Corps I applied to VISTA, Volunteers in Service to America, which is sort of like a domestic Peace Corps and served for a year in rural Georgia, two other volunteers and myself, and that was really quite a wonderful experience and I was introduced to issues of rural health care

there. For young children who had had no dental care, we worked with some of the home health nurses, a kind of group of extension nurses, to develop a public health dental clinic where a dentist would come and work on the kids. We developed a day care and helped work with people on an elderly program as well as a youth program and a community co op. So I met a lot of wonderful people through that. Then what I found was that programs were being designed sometimes without necessarily consulting people and not asking them how best to do them.

NG: You mean people within the community?

LA: Yes, exactly. And so I thought well perhaps I could pursue my advanced studies, my doctorate with training in sociology, and see how I might better affect programs and policies. So I reapplied to Purdue as well as some other places. It wasn't like I felt compelled to go back to Purdue but that was certainly one of the places I was willing to apply. And I got a call from a faculty person who had been in Washington D.C. at the time I was there as a Master's student. His name was Dr. Robert Eichhorn and he had been in Washington as I mentioned starting what was then a new agency--the National Center for Health Services Research and Development. It was the first federal agency in health services research. He had read my application and I think he was drawn to the fact that I was interested in how one could apply research methods and data gathering techniques to addressing policy problems and real world kinds of issues. So he said, "I'm coming back to Purdue and I'm going to have a training program in health services research and I can offer you a 3 year public health fellowship if you are interested." I said, "Well that sounds great but I don't know that much about health services research."

So I said, “Could I get an opportunity if I assume I do accept this to learn more about health services research?”

He created an opportunity for me when I finished my term of service with VISTA to work for a summer at Johns Hopkins University with some researchers there, some well-regarded health services researchers, to learn more about that and did some secondary analysis of data that had been collected in an international study of health care utilization and access. So then I came back to Purdue after that and pursued my doctoral studies and Dr. Eichhorn was a tremendous mentor and gave me an opportunity to publish an annotated bibliography on health services utilization research while I was in graduate school and that gave me a great benefit then when I went out to job interview having done this work.

I learned a lot when I was doing this utilization research about a couple of researchers at the University of Chicago who were very well regarded in the field, Odin Anderson and Ron Andersen (they weren't related they just wound up with the same-sounding name). And it turned out when I was interviewing that they had a position at the University of Chicago to be study director for a national survey of access to medical care and that survey was to be funded by the Robert Wood Johnson Foundation which was just beginning in 1973 or so. They wanted to do a national survey to find out what the issues were in health care, particularly in respect to people getting access to care. So they knew the work of the Center for Health Administration Studies and came there and asked Ron Andersen and Odin Anderson if they would conduct this study and I was fortunate enough to be hired to work with them and to do that survey. So that's kind of the circuitous path that got me into health services research and ultimately public health.

So that's going beyond what I did at Texas Tech but that kind of brings you to that point at least.

NG: No I mean those were some of my questions, is I was wondering how you got into, you know as a sociology major got into wanting to focus on health services and it sounds like maybe your experience in Georgia...

LA: Yes.

NG: ...really was a turning point for that.

LA: Yes I think it was.

NG: I want to go back a little bit.

LA: Certainly.

NG: At 18 what was it do you think through your experience in life up to that point that made you interested in the Peace Corps and service and things like that?

LA: I think it was as I said something of the climate of the times with respect to the focus of John F. Kennedy's exhortation to the young. I think it was also just some of my upbringing I took seriously. I grew up in a church tradition and I think I sort of learned through that that service was an important thing to do to try to make the world a little better for others and I don't know that my folks preached that a lot per se but I think it's a message I took in. We are given talents and we are asked to use them to hopefully make the world a little better place. So that was the youthful optimism in hoping that with the training that I got and that the work that I did that I could contribute to programs and policies that would result hopefully in an improvement of people's lives and it wound up on focusing on issues of access to care and a lot of the methodology of how one goes about gathering data to understand people's health and healthcare needs.

NG: Also going on in the world at that time it's kind of the height of many social movements including the Women's Rights Movement and the Vietnam War were you very conscious of all of those other things going on in the world?

LA: That's very interesting because when I was at Texas Tech probably and growing up I was not so much; it was more when I got to Purdue and Texas Tech is pretty remote and it was pretty quiescent compared to many campuses. Oh the other experience I had which I think also was an awakening in this regard was before I went to Purdue for the first time I got in an inner city program to work with youth in Indianapolis. I worked with kids that were from all over the country, so that was another exposure I think to a wider world and a wider group of people and beginning to understand those issues. So I think I became more aware because I still yet remember a young woman I think she was from Arkansas a young African American woman and I was bunked here and she was bunked there and we were chatting and something came up about you know race relations and I mentioned something about "colored" because that was the respectful word I learned and she said, "We don't want to be called colored; we want to be called black." So it was kind of like raising of consciousness and so I think that I became more and more aware of the Civil Rights Movement.

I think that I became more and more aware of the Women's Movement actually when I moved to Chicago and became involved with friends who were very active in the feminist movement and in consciousness raising sessions. So that was a broader geographic exposure and a broader community I think to be made aware of. It sat very naturally on my shoulders because I felt that those things that people were working for and the women were working for were just like absolutely, "Yes those are the things that

we should be". I'm a strong believer in equality, egalitarianism, that every person matters, every person's life and potential matters and that no one should be held back for whatever characteristic or reason. So being exposed then to the Women's Movement, to the Civil Rights Movement, and to people who were very engaged in those it began to widen my experience and understanding and commitment to those issues.

NG: And did you become involved personally in activism?

LA: Not so much I would say. I wasn't joining those organizations probably so much as having friends who were active in them. I have I think through my work tried to address some of those issues but I myself was not joining organizations that were active in that. I don't tend to do that as much in general so I haven't done that.

NG: Okay and why did you decide sociology, what was the pull there?

LA: I think there's a deep fascination which maybe I have come to understand more with time about how people become who they are. What are the influences on them that shape them to be the people they are? Also how ideas emerge from society, how do they come about? There was a field of study within sociology, sociology of knowledge, that looked to how a particular idea would emerge in a given era and what gave rise to it. So that sort of always fascinated me. I think this notion too of the opportunity structures that are available or not available for people and what are the kinds of policy levers that one might introduce that can be successful in trying to create more opportunities for people. So that was another underlying value. Then the notion that we need to have equality of opportunity, we need to know that every person's potential is valued.

I think as a professor and as I became more involved in teaching women and working with women as an advisor to realize that there are lots of constraints on women's

lives often, either in terms of the expectations that are set upon them or that they are not the priority necessarily in how decisions are made within the family or whatever. I mean that's not universally the case but when I ran across those situations it's like, it was important for me to try to encourage and mentor the women within their goals. You know, wonderful young women from all over the world and I always hope when they go back that they can find the opportunities within their own countries too to really make a difference, because they are very talented, very bright, and have all the potential to make a difference.

NG: How did Purdue come on your radar?

LA: Well one of my professors had someone he knew at Purdue and he thought Purdue would be a good segue for me because it is (you may or may not know) a land grant college. In other words it's like Texas A&M in a sense that it started from the Morrill Act, M-O-R-R-I-L-L in 1862 or so to encourage states to develop universities that would be oriented toward agriculture and commerce, and train people, particularly that work in that area though all of those have expanded much beyond that. So, it was essentially that it had that orientation and so I think in addition to knowing a faculty person in the sociology department I was told that by this person that did the referring that I might find it as a university that also had those kinds of compatibilities. Because I was straight off the farm in some ways so I thought when I was going to the Midwest that I was going to the Northeast. So to me it was, "Wow I'm going East." And then later I learned, "No I'm in the Midwest."

NG: So initially did you think you were going to do your sociological studies on something agriculture related?

LA: Yeah I think initially I did. I was very drawn to rural sociology I mean I was very interested in that course of study. Then when I was in VISTA that was definitely a rural setting in Georgia, so even my interests in the health care areas have had some element of interest in rural health. I took a sabbatical in the Spring of 2001 and went to Texas Tech and looked at rural health and development issues, because the rural health issues are significant in many of those small communities. They lose their hospital or it's very difficult for doctors there and there's a lot of poverty too in rural Texas. I don't know if it's well known or not but there is a lot of poverty. There is a high concentration of elderly in those small towns. There's a big concentration of minorities in a lot of those communities. There are in high risk industries like the dairy industry, the livestock feeding industry, and chicken processing. These are not high paying jobs. They have their own health and occupational risks with them. And then also there is what is called a multiplier effect when a hospital closes or when you don't have those kinds of resources in an area that means that jobs are lost and it has ramifications throughout the community. So I spent a semester at Texas Tech looking at that.

When I came back it was interesting in kind of returning full circle to these originating goals and looking at economic development because I became enmeshed in questions of the social determinants of health, the social and economic factors that contribute to health, and you can see this sociological underlay in asking, "Well how did this person's health come to be as it is through socio economic circumstances?" So when I came back I had an interest in pursuing more of how it is human development and economic development, sustainable development and community development might contribute to health and how we could use those fields of study and policy emphases as a

way to try to improve health and healthcare outcomes. So I collaborated with some colleagues at the University of Texas School of Public Health and we worked for a year or so on an edited book which was one of the last books I did before I retired, looking particularly at how public health could embrace these other fields of study in the service of trying to improve health and health care. So that was sort of a return to some of my originating interest in understanding how that plays out in the microcosm of rural communities where you can see those things happening very directly. They are another venue where one can see microscopically what's also happening in larger urban areas or even internationally, looking at different countries.

NG: Did you feel that there was a lot of support for you to pursue a graduate degree?

LA: Yes there was. Interestingly when I was going through maybe it was the routes I took. There weren't many female mentors, they just weren't there. But I did have some good male mentors, the faculty person that gave me those opportunities when I was at Texas Tech to interview and then to learn how to do the research and then also it was the same person who got me on the debate team. So Dr. Hong Yong Lee was his name and he gave me those opportunities. Dr. Eichhorn was key; he gave me opportunities as well through my graduate studies. And then Ron Andersen and Odin Anderson were terrific role models. They were supportive but they set high standards. I was the assigned study director of this project and I had a staff to manage and you know sometimes things would come up with the staff and they were always right there being supportive of me and trying to work out the situation. So that was my experience. I was very fortunate to have those particular mentors and as I said to be honest with you there just weren't the women around at that time that were in positions I think to provide the kind of mentoring. When

I came to the School of Public Health here I worked mainly with some male colleagues. They became good colleagues and professional friends in working on courses together and you know, in those immediate working environments, I did not run into the sexism working with them directly and working on the projects that we worked on.

NG: You mentioned when you were doing your Ph.D. that you were contacted by somebody who was working on public health research but your Ph.D. was still in sociology?

LA: It was a Ph.D. in sociology and then the particular dissertation that I did and some of the courses that I took were focusing on health services research kind of emphases.

NG: When you were working at the University of Chicago you started off in the business school?

LA: I did.

NG: How did that work out?

LA: The Center for Health Administration Studies, it turned out, was housed in the business school. And there was a program in hospital administration; it was actually the originating program in hospital administration in the country which started at the University of Chicago. So the person who started the program in health and hospital administration (his name is George Bugbee) began to see some of the research needs in the field so he recruited a colleague Odin Anderson who was then in New York to come and start this research arm, this Center for Health Administration Studies--that's what Odin Anderson then began.

Odin was really one of the founders of this field of health services research, and he built this very successful center. Then in 1963 he recruited Ron Andersen who was

another graduate of Dr. Robert Eichhorn's. Dr. Eichhorn really took pride in mentoring students and so Ron Andersen went to the Center for Health Administration Studies and got his dissertation through a 1963 national survey that was done and then I think they did another survey in 1967 and then this invitation came from the Robert Wood Johnson Foundation to do a survey in 1973. So both Ron Andersen who had done the '63 survey and Odin Anderson who had gotten the Center going were kind of the senior leaders on that 1973 survey that I was involved with. So the program was housed in the business school because it was associated with the hospital administration program.

I largely worked within the Center for Health Administration Studies and that was almost like a world to itself because we had a research program, we had these solid guys at the top and we worked collaboratively, and had good professional working relationships. I wasn't so much involved in the sort of daily workings of the business school that much. When I did some teaching I actually did it in the School of Social Services Administration with essentially social worker students. But then the business school environment began to impact on me sometime oh probably in 1983 or so. I had been at the Center about 10 years and had found it a good and supportive environment. But a new Dean came into the business school and he was not convinced that he wanted to have health dedicated programs in the business school. Even though this was one of the most prestigious and longest running health administration programs he essentially wasn't sure he wanted to continue to support that. He wasn't sure how much support he wanted to continue to be for the Center for Health Administration Studies. So that was kind of like an epiphany for me because I had put my heart and soul into this organization. So when the environment began to change and I thought because I was

from Texas originally that I would look back to Texas and see if there were opportunities here.

I actually had gone to graduate school with a faculty member who worked at the University of Texas School of Public Health and I knew the work of another faculty member there. So I made contacts with them. I also made contacts at the University of Texas Austin Sociology Department and the University of Texas Medical Branch. There was a program there that was actually headed at that time by Guy Parcel who subsequently moved from UTMB some years later and ultimately was on the faculty of the University of Texas School of Public Health and served for a while as Dean there. But that was before he made the move. So the School of Public Health here in Houston came through with a nice offer and I really enjoyed that sort of segue to public health. I remember walking around just marveling at all the seminars that were available, speakers that were coming in or talks that were being given that were in such interesting areas. So that blend of kind of the community oriented perspective, that public health has, as well as an underlying social justice aspect to public health I think in many of its manifestations I found to be a very compatible segue at that point in my career.

NG: Did you find the culture of working at the UT Public Health very different from that of University of Chicago?

LA: Yes it was to some extent because, as I said, I worked in what was really a dedicated health services research environment so it was really more of a research center environment. The University of Texas School of Public Health was more of a traditional academic environment in some sense in that you kind of had expectations of teaching and advising responsibilities which I could do voluntarily if I wanted (and that was fine it was

a new added dimension). And at that point I was ready and interested in doing more teaching and advising and I found that ultimately to be a very rewarding part of it. I think the other element was that you kind of had to create your research nexus within the school, which I did with colleagues that I began to work with. But it wasn't like working in a center where you had "these are the projects we are going to do" and we worked dedicatedly on getting those projects together. So you had to kind of create more of your own. But that was fine. I loved the interdisciplinary aspect of the School of Public Health and that was an element in my work with the University of Chicago within the Center. So that was a nice aspect. It was a different culture.

I remember just a little anecdote. In the Center for Health Administration Studies we all went by first names. You didn't know whether, you knew maybe but you didn't care, if you had a doctorate or you just called everybody Lu Ann or Susie or whatever and I remember starting at the School of Public Health and someone said because I was addressing someone in too familiar fashion I guess or was being addressed in too familiar fashion, "Oh well you should go by Dr. Aday." I was like, "Oh okay I didn't know." So it was more you know those kinds of academic hierarchies I guess, but it was no big deal. Still in some sense you still got to work with adults, a lot of whom were returning students. They had been out in the work force, they were mature so you were talking with people with wonderful experience in the field and you can learn from them too. Obviously you can learn a lot from their experiences, what they bring.

NG: So were you doing, I mean you were doing more teaching at UT?

LA: Yes.

NG: Did that mean you were doing less research or were just working much more overall?

LA: I think it's really that I took that kind of research orientation to the class room because what I wound up doing as you can probably see from the vitae, I love to write as it turns out and so a lot of my writing was tied in with the courses that I taught. I developed and taught a course on designing and conducting health surveys. I was approached by an editor at Jossey-Bass before I ever assumed the position here about doing a textbook perhaps. So I began working on that but then I came here and I developed a course around it. So I began to develop this textbook on how to do surveys. I was very interested in the issue of equity as I mentioned earlier, equity and fairness in healthcare. Some colleagues at the school when I first came had been teaching a course that dealt with effectiveness, efficiency and equity concepts and so we got to talking about the prospect of doing a book in that area, which we did. So I kind of combined my teaching with that.

Another book which really didn't come out of my teaching (though I did offer a course around it) was about vulnerable populations. I just became, as I said, fascinated with all these different topics that were embraced within public health and I was concerned about the numbers of people in different categories that seemed to be emerging (this was in the late '80's, early '90's) that were slipping through the cracks of the system. We had the homeless, mentally ill; HIV AIDS was coming into the forefront there. You know family abuse and neglect issues. I said, "What is the common ground here that's from kind of a sociological point of view? What is giving rise to this? What are the commonalities across this and can we develop some policies that are cross cutting

and trying to address these issues?” And so that really was a self motivated look I think prompted by being in a school of public health.

I began to identify about I'd say gosh 9 or so groups, 12 groups to research. I began to ask myself a series of questions about those groups and trying to understand how they came about and what the prevalence of the problems was and what were the access, cost and quality issues and policy issues and program issues and developed a book called “At Risk in America: the Health and Healthcare Needs of Vulnerable Populations.” And when the first edition of that book came out it was really interesting. I had not expected this but nursing schools became very interested in it because they tend to have a focus in the curriculum on vulnerable populations. I was asked to a number of conferences to speak to nursing students about that. Then I was asked to do another edition which I did in 2003 which is a while ago now. That book is still very popular and when I get royalties most of them are coming from the e-book sales of that particular book. So that was I think motivated from being in this public health context and my curiosity about how we might frame or look at that in a more integrative fashion. So a lot of the work that I did, a lot of what I'd call “my research”, was around these writings.

Interruption

NG: Go ahead.

LA: So I think that's how I say I made my initial contributions to the field in a way, whereas I worked on a large scale national community survey projects in the Center [at University of Chicago]. I think when I came here I found more of my own voice in terms of a lot of the writing that I did.

NG: Can you tell me a little bit about the classes you were teaching here?

LA: Yes I taught a course in health survey research in which I used that text as I mentioned. So that course was oriented toward students developing their thesis proposals around a survey. So what I found when I came here was that there was no course that really guided students very directly into developing their thesis proposals. So I developed this course to provide a structure for them to do that. Another course that I developed was a doctoral seminar in health services research and once again the format for that was to have them develop a dissertation research proposal and have them do it in the context of a grant response, a solicitation of grants from the Agency for Health Care Research and Policy. They had a program where doctoral students could apply for dissertation grants. So I had several students apply and several of them got it really. So that was nice but apart from that it gave them an opportunity to develop their dissertations.

I enjoyed both of those courses a lot because it really was providing a kind of structure for students to develop their ideas. I said, "I don't care what your topic is. You are going to be working with public health in some fashion. But what I want you to learn in here is the structure and the discipline and the way of thinking from the point of view of developing a research protocol and the standards that one might have for that." So I learned a lot because people would come from you know different areas and so I might not be working in addiction research but a student would and I'd learn from that, etc. And I think it was beneficial for them to have that formalized opportunity to develop and advance their dissertation or their thesis proposals.

Then the other course that I primarily was involved with was with the colleagues looking at the effectiveness, efficiency and equity issues and that was a course on

basically the health care system. It was called Health Services Delivery and Performance. So we looked at the overall health care system and then we looked at these three criteria which translate broadly into access, cost, and quality and then learn the methods within those and how to apply them to evaluating particular policy. So that was another course. Then I developed some topical courses in connection with some of this research I was doing. I developed a topical course to try out this vulnerable populations book, and used it as a text and then got feedback. And then I was a contributing lecturer to other courses on the social determinants of health and that sort of thing. But those were the three principal courses that I was involved with.

NG: Have you found that your work has had an effect on policy?

LA: One could hope! I remember when I was working on the national survey for access to care and we got some direct inquiries from Health and Human Services about some of the data that we had because they were particularly interested in some of the rural health issues. So they were very directly interested in some of that data from that point of view. What I think that I would say and which I believe is: I do believe in the power of ideas. And I think one of my contributions I hope I've been able to make is to frame a way of looking at some of these issues or how to carry out means for looking at them. And whether I have had a direct impact or whether I've had an impact on people in the field who are out there doing that kind of work, you know I get feedback from students saying, maybe I don't even remember their names I'm embarrassed to say, but they've said that they've found some perspective that I presented helpful to them in the work that they are doing.

I feel that by training these generations of people who have become acquainted with these concepts of equity, efficiency and effectiveness that there is a way of framing of thinking about it. I was interested when I was listening to the Presidential Inaugural address yesterday and some commentaries on it in the perspective of this tension between individual and community, between what well Obama called the liberty versus the liberty and opportunity perspective. And this framing of looking at individual versus community perspective was central to this book I did on vulnerable populations. Because effectively what I argued, mirrored in some of the things he was saying yesterday, was that we've had such a focus on individual and behavioral oriented actions and we don't look necessarily of the social context. We don't look at the social influences that come into play in society and in people's lives that also shape or limit the opportunities that are there. We've almost gone too much to this side of the equation that we haven't balanced it with the other. So I think that echoing of "let's look at these underlying social conditions or economic conditions" that very directly influence people's lives and opportunities and the economy that we need to balance and look at that.

I think that, that book maybe has reinforced for some, that this is a perspective to look at. As I said it's still being used by classes. This perspective on developing a healthy republic is looked at in the last book on how to reinvent public health. Once again I'm hoping that perspective grounded in the social determinants literature has helped at least provide an assembling of what's known. It's a pretty synthetic integrative work in that taking kind of what we know out there and looking at it from the point of view of how these factors influence health and well-being, that once again it provides a synthetic integrative look, I think that has been my strength. My work in this area to think

integratively and synthetically and across fields in trying to bring these disparate facts and bodies of knowledge together and give it some focus and to put that into training students and into books that are hopefully read by others can shape in ways I don't even know. I'm content with that. I remember actually sending a copy of my "Vulnerable Populations" book when it first came out to then President Bill Clinton but I never heard back so I don't know if he even looked at it. So I think it's more from that point of view.

NG: What do you think about the health care reform that has taken place?

LA: Well it was interesting about the elements that I'm aware of in it, it's almost like I think the program, the particular policy, the Affordable Care Act, was designed almost with a lot of health services research findings in mind because I think that a lot of the focus is on effectiveness research. There is a focus on understanding what works or doesn't work in medical care. I think you can look at each of these points that I know have been demonized in some fashion as being cook book medicine. On the other hand there is also concern with all the resources that are spent and the variations across the country. From a health services research point of view, the more you know about what works and what doesn't the better.

We do have state experiments like Massachusetts and others where you have had in effect this notion that everyone needs to be covered in some fashion. It's not like it hasn't been looked at and researched before because if we leave somebody out of the system then somebody's still got to assume that responsibility, to pay for it. How you save medical care costs, the focus on the electronic medical record that's been of concern, gosh, since I was still training in this area; there is a focus on how you can make more things electronically available, which is one of the efficiencies. They tried to introduce

the element about the percent of insurers' resources that actually go to pay benefits versus administrative costs. There was a lot of research done on that and like in Canada they are showing--maybe these numbers may not be accurate--but proportionally something like maybe 3 to 4% of their outlays from an insurance program goes to administrative costs versus 12% - 15%, 20% even more for the insurers in the United States, meaning that it's not going so much to actually rendering care as it is to covering administrative costs or profits or a lot of things.

To me a lot of the elements were grounded very directly in health services research. Somebody had been studying the health service research to put a lot of those pieces together. And I don't know exactly who crafted it all. That's just one point of view of the policy itself. The issue of the uninsured 45, 50 million people uninsured. We know from the data who a lot of those are. We know the industries they are in. We know that a lot of employers are cutting back hours so that they don't have to pay for insurance. The law tries to make provisions to have support for small businesses and to have pooling arrangements because that's one of the things that's happened with time. In order to maximize profitability insurers get a healthier and healthier pool so that you don't spread the risk as much. So you know from another point of view it would be, "Well I don't want to pay for that person's care" and so "get them over here." But meanwhile all the healthy people are here and so you have lower premiums and you're not spreading the risks so that it's a shared responsibility because one doesn't know over here if God forbid you know you step off the curb in the wrong place and you could be in that same situation. So I think it is a really a bold move politically.

I know that when Obama first came in, in his first year or so he said that's what he was going to do and it pretty much I think only had uni-partisan support at that point. So they could have laid more groundwork, but I don't know that the atmosphere would have permitted it. I think probably 10 years down the road as more things sort of slip into place and you kind of get used to it, It's like, "Oh that was a good idea." It could become like Medicare or something else, "No I don't want to get rid of that." So whether the savings that have been hoped for will come that's yet to be seen. But it's not like without some rationale for how you go about it to try to effect it. As I said with the effectiveness research, you are now looking at what the providers are paying, looking at different forms of Medicare, such as capitation plans which in effect assign provider responsibility to staying within a budget. I mean with the capitation rates they were paying awhile back the companies were making money on it and so that became an issue. They were doing very well, better than fee for service docs. So I think the issue is not going to go away in terms of the uninsured unless we do something proactive and recognize we are all kind of in, could be in, the same boat with it. I mean I feel very privileged to have Medicare and a nice policy through the School of Public Health but I have friends who were in that window from whenever they retired and hoping they didn't get sick until Medicare came along.

NG: It's interesting to me and also to see what kind of perhaps inequalities from state to state take place with those that are refusing to expand Medicare and things of that nature.

LA: Yes exactly, in our own state, our governor has said that he doesn't want to take those funds and I think there are many proponents of taking it that are emerging within

the hospital industry and other providers here that say that's not the thing to do: It's kind of shooting yourself in the foot.

NG: You mentioned that you didn't really feel in your kind of direct work with people that you faced any kind of discrimination being a woman. I don't know if that meant more broadly within the Texas Medical Center, did you feel that there were any prejudices?

LA: I think there were prejudices toward women and I don't know that I experienced it directly but I know students who did and I know colleagues who did. I remember a young woman who was a surgery resident who was from India I think it was and she was telling me about this surgeon who in the middle of this operation she was attending just launched into her about all these awful stereotypes about people from India and women from India and all of this and it's like she was just shaken. So I think that's an example.

I remember a female colleague talking about when she went to one of the higher level administrators and she was in effect the P.I of this project and she was offering forth whatever the response or comment on it was and he turned to someone else (a male) who was on the project but not in her administrative role and just sort of ignored her. I know there was an issue at our school about pay equity for women and that was brought forward. I don't know how much of it was kind of leveled but I think that was an issue at one point, especially women who had been there a long time that would receive less money than colleagues, male colleagues who had been there for equal periods of time. I think by the time I came on board there was a growing awareness of that and some effort to deal with it.

In terms of my own interaction, I know there was a situation where a student who was married to one of my male colleagues whom I never had any issue with but she experienced terrible abuse from this man, it was like, “What?” I mean emotional abuse mainly. That obviously was a different role and relationship with him and I was shocked but things could be going on that if you don’t have your eyes attuned to it you wouldn’t necessarily see it. I think for myself I mean I’m not a girly girl. I’m not the kind of woman that men are drawn to in terms of I think sexual sort of innuendos and so I think women who are more kind of feminine in presentation are more at risk quite frankly.

NG: Did you find any questioning of your authority within the classroom or anything like that?

LA: Because I was a woman? No I don’t think so. There were a couple of students, one student I think he really was convinced that his point was accurate. He was a good student so I don’t think there was anything going on there other than we disagreed. And another student I think he just was trying to work his way around the system. But being made less than in the classroom because of being a woman, no I don’t think so. I didn’t feel that.

NG: How do you think the Texas Medical Center has changed since you got here?

LA: It’s grown... well there are a lot more buildings. It’s grown tremendously. It’s just grown so much; MD Anderson in particular. I think the fact that we have a woman Dean now is a very positive thing. She is the first female Dean. I think she’s doing a very effective job. I think she is doing quite well. Of course we’ve had Dean Starck in that capacity for many years in the School of Nursing. I’m sure if you interviewed her you would find that she’s seen lots of decades of change and probably confronted many

immediate challenges. So she has been kind of steady there. There's been I think well a lot of changing leadership at the top. I think those high level administrative jobs-- goodness you wonder why anyone wants them--are just fraught in many ways between dealing with the Texas politics and then the internal matters that you have to deal with. So there have been changes in leadership and therefore a little bit different imprint I think on what directions the Health Science Center might take depend upon what that era might be.

Within our school there's been a lot more growth in the systems of accountability because when I first came there, there was essentially no kind of formal administrative structure. The founding Dean established what he called modules which were essentially meant to be interdisciplinary sort of teaching units. There was a lot of emphasis on interdisciplinary teamwork, very informal in terms of working relationships and that changed probably about 10 to 12 years ago when they organized the school into divisions, which are more like traditional departments. So there's much more formality in terms of the organizational structure, there's much more systemization of the requirements on the part of faculty.

When I first came you could pretty much teach what you wanted, tell your convener who was just like your rep. Everyone tried to back away from that role because they didn't want it. But you just voted them in and said, "Oh yeah I'm going to teach this" or whatever. There wasn't much formality in terms of the requirements. I think there's been much more of a formalization of the requirements for tenure and promotion and much more formal deadlines about when you get your thesis in and approved and all of that. So I see a lot of change within our school of just formalization of those systems.

And some of it could be that it's grown and also I think the accountability systems that attend from the outside are also become more present, such as having to account to the Health Science Center and the Legislature.

So for me I think it was... I really enjoyed the environment I was in because when I first came here I could do my writing and I didn't have to have a lot of money for that. I just had an idea, go in my office and do it. Now there's much more emphasis on faculty getting in research dollars and just to keep the doors of the university open I think because the Legislature has cut back on what they provide (not just here but many, many places). So I think there's much more of a kind of formula for how one goes about your academic pursuits and what the expectations are. It's much more formalistic.

NG: Can you talk about what you are most proud of, of your work while here at UT?

LA: Well I think they are probably equal in some fashion but I think that the writing that I've done and the books that I've published have been beneficial. But I also think that the work with the students has been very rewarding. So I've enjoyed working with the students. It's a lot of work for them. It's a lot of work for me but it's also (the students I'm working with) you know they are graduate students, they are mature. It's not like they are forced to be there. So that's been very rewarding as well. I mean I've received honors for teaching and also I think it was unusual probably for a woman and a non medical type to be inducted into the Institute of Medicine a few years ago and I think that recognizes my work in a larger sense to get that kind of national recognition. So I guess if you use those externalities to judge your contributions, then with Purdue honoring me with an honorary doctorate, those are reflecting kind of on the corpus of my work as someone in the field of health services research. So I would say probably my

writing has had the largest impact broadly in the field but I take pride in the students I've worked with and with what they are doing too.

NG: Were there many other women faculty when you started?

LA: Yeah there were some and one woman, Pat Buffler, who was really one of the senior female faculty and even though I didn't work with her directly she was very kind to me when I first came there and I would say was a supportive female colleague. I didn't, as I said, work with her that directly. Another female faculty person who I remember--I was just new on the block here--and the Committee on the Status of Women was having their dinner and she said, "Oh Lu Ann, come let's go to that." Well I didn't know anything about it but we went and I enjoyed that. I would say there was a good handful of women faculty early on but that's grown with time as well which is a good thing.

NG: You've been involved in all sorts of committees while at UT. Professional associations and I saw some editorial boards as well so we can't go through all of them. But is there anything that stands out to you as having particular meaning or you were proud of the work that was accomplished while you were doing it?

LA: Well I served on a study section for several years and I think that was very interesting and there were some occasions on that study section when I stood up for some things that I think were important to stand up for where there was an issue of some grants that had gotten kind of a summary review which I and others, as a matter of fact another female colleague on the committee and myself said, "Uh that's not the way to do business." So we did, we stood up and in effect lodged what I think was a reasonable concern about that. I don't know if it ever got satisfactorily resolved or not but anyway I

felt like we were able to represent the principles that were needed on that. As I said it was another female colleague who said, “That’s not the way it should go.” So we were able to do that.

In some of the committees that I served on in an advisory capacity for some centers that were doing work in health disparities, I was able to present some of the perspective from this “Vulnerable Populations” and development points of view. I remember also a meeting at NIH, it was the National Cancer Institute, and I think I do this, I think I do it in the classroom, I think I do it with students working on proposals, and I do it with my work. As I said I do try to think synthetically and integratively and I was chairing this particular meeting and I was really able to pull it together. I mean there were so many different points of views but I just go to the board and draw a graph that says, “This is kind of where we are coming from” and “how do we put this together” and after that I was asked by organizers for this meeting at NCI, “Could you please write this up or do a paper on it because you really pulled it together?” So I think that’s the way my mind works, that’s the way I enjoy thinking and so I think that’s a sort of defining of the way I have made contributions in those respective areas--as the synthesizer. Not one to argue this point or that but to say, “Let’s see how can we put these disparate points of view together and come up with a consensus that does indeed reflect some new way of looking at this hopefully.”

NG: You mentioned a study section.

LA: Uh-huh (in the affirmative).

NG: Was that university based or was that an outside committee?

LA: That was outside. That went through the Agency for Healthcare Research and Quality.

NG: Okay and as you were talking, you mentioned again the “Vulnerable Populations”, did you then do a lot of surveys or a lot of research in the community as you were writing that book?

LA: No that was basically a lot of pulling together extant research on these different populations. So once again it was a synthetic effort. I had cabinets full of articles I had pulled and as I said addressing these various aspects and data sources that were available. So it was essentially writing in the different fields that I was pulling together. So in that context, no I didn't do active interviewing with that.

NG: Did you continue that kind of research of survey's in the community in interviewing throughout your career?

LA: No I got away from that more so when I came to the School of Public Health. I did some work in that area and I collaborated with some colleagues on it. But I wasn't as actively engaged in conducting so many of the surveys myself once I came here.

NG: What do you see as the role of women in public health?

LA: Everything.

NG: Can you explain?

LA: [laughter] Well I think that it's interesting because the enrollment at our school is disproportionately women and probably if you looked at a lot of people that are working and especially in the field and in the departments that it's women. Basically women should have the opportunity to participate at all levels and I think that the perspective that they can bring to it out of lived experience, as would be true for anyone in terms of their

lived experience, can add some other dimensions to how you look at problems which may not be seen if we kind of ground it in a traditional particularly white male patriarchal point of view. And especially when you are looking at issues of underserved populations and the ways that many women may be involved in those populations.

Also, to kind of see through the sexism that might well exist and the misogyny that might well exist in some of those situations because of their own experiences. I think this is the rhetoric of the '70s but I think is still true that patriarchy is alive and we see it, well we've seen it enacted recently in India with all the horrific-ness that's gone on there. We see it and can consult the headlines in our own papers about how women are abused and children are abused so those are real issues and I really think there is something to people who are affected by situations having their voices heard.

One of the writers I was really drawn to which I drew upon a lot in some of my work was a fellow named Jürgen Habermas who was a German philosopher and he had this notion of a deliberative democracy. This notion that when one is making a decision that you have around the table people contributing whose lives are directly affected by the decision such as this whole debate now that's going on about abortion and it's not easily reconcilable; there really are lots of conflicts of values. Today is the 40th anniversary of Roe versus Wade. How are women's voices being heard in all of that? I mean our own state withdrawing funds from Planned Parenthood where Planned Parenthood points out, "We provide lots of services. We provide services such that women don't have to necessarily move to the point of abortions." So I think it's really important that women's voices be heard and that women be in positions of research, teaching, administration, and service that will lend that unique lived experience to

defining problems and to coming up with alternative solutions and that those voices should be heard and respected. It's just like you know, how could we design a program for an Alaskan native woman from living in D.C. and never step into her shoes or something? We have to know something about the lived experience and how to work with people.

One of the kinds of interesting things that emerged the last number of years is this kind of conflict between what they call the positivistic scientific paradigm where we are very objective when we go do a study. This is how I was trained. It's like... yeah this is kind of how you do it. I remember one of the qualifying exam questions I had as a doctoral student. It's the only one they really nailed me on. In this question they were bringing down solid waste or something from Chicago to these farmer's fields in Indiana and so they wanted to know how you'd go about gathering information to try to address this policy issue. So I basically said, "Well you had to understand the perspectives of the people that bring it down, the farmers, the townspeople, try to understand these different points of view." Now that was represented as an inadequate answer to that question at that time, "No you have a theory that will guide you on what to look at whether it's conflict theory or whatever." Now when I look at how my colleagues in public policy analysis will approach that problem they will say, "You have to gather data from the farmers, from the people up in the Chicago area, from the community..." In other words look at the stakeholders' points of view on it. You can't develop a good policy unless you understand where the stakeholders are coming from in dealing with it.

It's interesting kind of to see that arc of change within the field. I believe in theory--I'm not dismissing that--that paradigm of saying we have a theory and we're

going to go out and test it and gather data and that the answers will drive that. And we have, through our theory, what to look for versus a notion you have to understand where people are coming from and maybe we have to design and develop our policies with those voices in mind. This has its own kind of objectivity whereas this was sort of dismissed as total subjectivity at one point. Now it's saying, that's another way of knowing the people's lived experiences, the way of knowing. Habermas' notion was you have to have that input when you are making decisions; deliberative democracy requires having those different voices.

NG: You mentioned earlier people from other countries that quite a few are maybe I'm attributing that quite a few?

LA: At the school?

NG: At the school yes.

LA: Oh yes, yes there's a large international population at the school which is just wonderful. I think that's grown in the last number of years. I mean from all over India, Pakistan, Bangladesh, various African countries, Mexico, Spain... it's from all over.

NG: And do you find that many of these people are returning to their homes?

LA: Most, a lot are. Yes a lot are but some have settled in the United States. Korea is another country, Taiwan, China. So some will seek opportunities here but some also are committed to going back. I've got a brilliant, brilliant student from India and he worked here in the United States for a few years but now he's back in India and doing some very exciting things.

NG: It's interesting that you know we have people being trained here in Houston in the Texas Medical Center and potentially taking that to other parts of the world.

LA: Exactly, uh-huh (in the affirmative). I remember one of these, one of these students in my survey class was actually interested as a project, let's see he was from Kenya I think. He was a physician and of course he was here but he was quite concerned with the brain drain from Kenya that came to the United States or to Western Europe and stayed and that meant then that there wasn't the adequate physician personnel or healthcare providers back in his country and that is a huge issue, because the opportunities need to be there for people. And of course you don't know what political turmoil is going on as well with respect to who is deciding who is welcome or not. Yeah I think that that is great when that can happen that we hopefully provide the opportunity for people and if they are doing good there that's going to be better for all of us I believe.

NG: Did you ever find any difficulty balancing your professional life with your personal life?

LA: I probably didn't balance it. It's interesting I'd get totally consumed in my work and my projects, totally, and so it was interesting when I retired it wasn't like I thought about, "Oh I'm going to retire tomorrow." I segued into how I was able to balance my life with other projects. But yes I think that's always a challenge and when I take on a project or I take on a commitment like I'm going to do it 101%, I'm going to make sure it gets done. So that's what I do. Often at great costs, yes. There was a time in Chicago when I was working on a project and we had a deadline and I was going with a friend to Italy at a given time and man I'd go and work all day and then I'd go in on Saturday and then I'd go maybe on noon on Sunday I'd go in. It was a seven day a week thing and then the eve of the departure I was still in the office trying to get stuff done. So I think actually when I came here I balanced a little better but toward the end when I was

thinking about retiring I was working on oh about three books at once. I would get up at 4:00 in the morning and go in because the best hours were before the day started and then I was lucky to get away by 6:00 p.m. and have a long day. So I don't know if that's uncommon though. I think people work very hard and probably too hard and lose the balance with other things.

NG: Do you think that that balance is something that preoccupies women more than men?

LA: Of necessity it probably must occupy them. Now I've not had children and I think about that sometimes especially if one were a single parent, how in the world do you get it all done? So I think for women, that is one of the issues. They do still (either themselves or their situations expect) do it all. And there have been studies of that, (though I think it's changing thank goodness) that sometimes the partner doesn't take over certain roles and responsibilities even though the woman may be going back to work or whatever. I think that's not universally true but I think it's a huge issue. Because the expectation that women will do more of the child centered care or more of keeping the house together or shopping or whatever. But I think hopefully there are more and more liberated males being raised by liberated mothers that are learning those skills as well.

NG: And kind of lastly, are there things that you hope to work on now that you are retired or what do you see yourself doing from here on out?

LA: Well I've gotten very absorbed in some of these in terms of outside of my profession, in terms of history and natural conservation projects. I inherited some property from my folks and I've been involved with some local historic groups both around Waxahachie and out in West Texas. I recently had a 1913 farm house restored

and I hope to develop that as a museum and a park, a county park. I've begun to work with some people on that. So that's a whole area of interest and it's still tied to some of my agrarian roots but also this larger notion of trying to contribute in some fashion.

I'm still very intrigued with this notion of how we look at some of these issues differently and how we frame a different look. There's a field of study called ecological economics which in contrast to classical economics tries to understand more the impact that we have environmentally on a lot of our practices and how there is this common ground of the environment and how we are using it, or nurturing it from the point of view of maintaining a sustainable and productive society. There is also ecological ethics which is related to looking more at some of these issues of how we in effect value the earth. I have trouble with the rights perspective when they say, "Animals have rights." Or "Trees have rights." It think it's more fundamental than that. It's still slipping into that individualist paradigm; it's almost something more fundamental than that. It's about interdependence and reciprocity. It's a way that we rely on in effect the environment in ways that are so essential to all of our well being.

Those areas interest me and the idea stirs of spending some time studying those, seeing the kind of the things that have emerged from it and maybe seeing how those ideas could be brought more into public health which might result in a book of some sort. So that area still is of intellectual interest and I could continue to do some research and writing in that area. And I have an emerita appointment. They have been very gracious to me in terms of having an office and access to internet. I'm going in tomorrow to meet with a student on, she is a former student, who's out in the field but she is interested in

doing some articles that are around some of these areas and so I will continue to be involved with my students and some consulting and stay in the field in that way.

NG: Is there anything else that you were hoping to talk about or that you feel that I've missed?

LA: No you've done a great job I think of drawing out the main ideas. I do think that mentoring is really important. I see that as my students go out into their fields of study or work. I think it's not done very well. I think it's often that students can wind up in a system of exploitation just because everybody is so busy trying to make their career. So that saddens me because I was just talking with a student recently who is interviewing and she was talking about that she still needs somebody to mentor her on how to write papers. So I think that that investment needs to be made when people go out in the field and it's not gender linked whether there's male or female but I think that mentoring is really key.

I hope that we can continue to figure out how to do that within our institutions and not just in a formal throw away way. Because we had a mentoring system and I think it was more or less successful depending upon how much the mentor was really engaged directly with the person. I think it works best if there's someone you are working with very closely and they just naturally want to make it a success because it's their success too as they move through a project or whatever. So I think I would just echo that mentoring is really key to the extent that we encourage that and perhaps particularly on the part of women faculty to support young women or even middle aged women or women who are returning to pursue their dreams because that talent is there. It just makes me heart sick to think you know there are places and situations where women are not

encouraged simply because they are women or they are suppressed. A young woman was shot in the neck because she wanted to go to school and that makes your heart sick. So we need to continue to encourage those kinds of educational possibilities and the mentoring especially.

NG: Okay well thank you.

LA: Well thank you! End of Interview