UNIVERSITY OF HOUSTON
ORAL HISTORY OF HOUSTON PROJECT

Interview with: Latisha Smith, M.D.
Interviewed by: Lauran-Kerr Heraly
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Transcribed by: Suzanne Mascola

LKH: April 1, 2009, interviewing Dr. Latisha Smith. Could you spell your name for the tape, please?

LS: LATISHA SMITH.

LKH: O.K., great. And can you talk a little bit about your background? First of all, state where you were born.

LS: I was born in Detroit, Michigan, and grew up there. I spent all my childhood there but I went away to college at Michigan State. When I graduated college, I went to Philadelphia, mostly because it wasn't Michigan, and 4 years of med school there. I then came back to Michigan for a residency. After I finished all my training, then I went into the public health service. And then, I moved from there I have not actually lived in Michigan since I finished my residency training.

LKH: What was your undergraduate degree in?

LS: Medical technology was my fallback career.

LKH: So, did you know that you wanted to be a doctor when you went to college?

LS: Yes.

LKH: Could you talk a little bit about your inspiration for wanting to be a doctor?

LS: My mother. First off, I was always just real good in math and science. It excited me. It was actually kind of easy. My mother worked in the hospital pharmacy and she would take me to the pharmacy at the hospital. They had to work nights and weekends.

So, I would go there and help her count pills when I was in elementary school. I mean, she would sit the bowl in front of me and she would say, "O.K., I need 20 pills in that bottle." This is way before we had the unit dose. So, I started hanging out at the hospital with her and then she introduced me to the doctors. I thought it was really cool to be able to help people, to just get up every day and go to the hospital and help people. And I thought that is what I would like to do. And then, she told me that she got into pharmacy because she had not been allowed to go to medical school. She left home to go to college and was admitted to pharmacy school after college. So, that was also my inspiration.

LKH: Was anyone in your family a physician or anyone that you knew?

LS: No.

LKH: It was just something you wanted to do?

LS: It was just something I wanted to do.

LKH: O.K., great. And where did you go to medical school?

LS: Hahnemann University.

LKH: And that is in Philadelphia?

LS: Yes.

LKH: Could you spell that for the tape?

LS: HAHNEMANN UNIVERSITY.

LKH: And did you apply to other schools?

LS: I did and I actually got accepted. I got accepted to the University of Michigan which broke my parents' heart because in Michigan, the University of Michigan is like Yale is or Harvard to the East Coast. I mean, it just does not get any better. And it was like ... but it was Michigan!

LKH: You were ready to leave.

LS: So, I got accepted to Michigan State where I did my _____. I got accepted to University of Michigan. I also got accepted to Wayne State in Detroit. But it was kind of this wanderlust thing. I was going to have to be in school for 4 more years. Just on a lark, my guidance counselor, my advisor had said, "Well, you know, plug some of these out of state schools. You never know." And I got accepted. So, I thought, well, that is cool. I get to go someplace different.

LKH: Did you have any funding for Hahnemann?

LS: I did not have any from the school. I did wind up joining the National Health Service Corps where they give you scholarship in exchange for work. So, when I got accepted and I accepted the position, I found out that that tuition alone . . . it was a private school and they accepted no federal funding. Just the tuition was $10,000 a year. This was back in 1979. That was a lot of money for a poor kid from Detroit. So, having known that information, I may not have made the same decision but I went, I signed up, I got the money.

LKH: Do you have any siblings?

LS: There were 6 children so I have 6 siblings.

LKH: Did they choose to go to college?

LS: Yes. My older sister actually followed m my mother's footsteps. She is a pharmacist. She just finished her ... she is 4 years older than I am ... she got a master's after she went to pharmacy school and has been working in pharmacy for all of these years, she has got a master's in public health and now a doctor of science in public health.

LKH: Could you talk a little bit about your experience at Hahnemann? Were there many women?

LS: Probably fewer than other schools. Hahnemann being a private school had a lot of students, or my impression was that a lot of students were there because their parents were there and their grandparents were there and their great-grandparents were there. It did not have a lot of women. It probably had maybe 15% or less and that was probably generous.

LKH: I think it is a little smaller now.

LS: Yes.

LKH: What about other African Americans?

LS: My class had 10, and the class size was 260 when I was there.

LKH: Did that number surprise you?

LS: No, and again, because Hahnemann was what it was, it was the last of the old-time private schools, and they just did not need to keep up with the times because they did not accept federal money. What they were doing though which is how I got in there, because I was really wondering about that -- they decided that they were going to try to recruit minorities, that they were going to move into the 20th century, try to get women, try to get African Americans, Hispanic students, to come there because historically, they did not - one reason being it was about your family that got you into Hahnemann mostly. So, they had an active program to go out into the community and all on the East Coast and whoever wanted to apply, they had a minority recruitment program that was very active, and that is actually how I got in there because they were trying to change the class makeup.

LKH: O.K., and you started there in 1979?

LS: Yes.

LKH: O.K., and what year did you finish medical school?

LS: 1983. I took 1 year off, I think it was between 1980 and 1981 but I am not sure. I did 2 years or 3 years and then took 1 year off, something like that.

LKH: And besides the National Health Service Corps, did you work during medical school?

LS: Yes.

LKH: You did? O.K.

LS: Yes, I worked the stick team. So, I would go to school during the day and then I would be the person to go and start IVs and draw blood in the middle of the night.

LKH: The stick team?

LS: Yes, they called it the stick team because that is all we did all night, was we drew blood and started IVs in the hospital. So, I could work all night. I was not always on my feet all night but I could make money and not interrupt my school schedule in any way.

LKH: So, after you graduated, you did a residency? Could you talk a little bit about that?

LS: Yes. I went back to Michigan to do my residency. I found that the experience on the East Coast was wonderful and it was very much different from my own experience, but then I just decided I just want to be closer to home. It was fun and I had a great time but, been there, done that. And so, I went back to Michigan. I actually went to a very small community outside of Detroit called Grand Rapids because I just felt like it was a little less distracting to be in a smaller community. I did apply and get offered positions

in hospitals in Detroit where my family lived but there were a lot of distractions and I felt like that was going to be 3 years of intense labor that I just need to focus on and be done. So, I did that in Grand Rapids.

LKH: And had you chosen a specialty at this point?

LS: Yes and no. My leaning at the time was that I wanted to do some kind of surgical subspecialty, or even general surgery. I was very much interested in surgery, orthopedics, but I had committed to the public health service, the National Health Service Corps. The NHS requires you to do primary care. You can do anything you want after your obligation is fulfilled but if you do a primary care residency, they will let you go all the way through the residency before you have to serve. So, while I had the inclination that I wanted to do something with surgery, I felt let's just do the internal medicine residency and then I do not have to worry about what anybody else wants me to do. So, I chose internal medicine as kind of a default sort of thing.

LKH: Interesting. O.K., so why do you think the NHS wanted the recipients of their program to focus on primary care?

LS: Their goal was to get doctors in to underserved areas and typically, underserved areas need generalists. They need people who can see anything and everything. So, if they were going to be able to send you out to an Indian reservation or to an urban clinic, you have got to be able to do a lot of different things and you cannot just be ear, nose and throat, or you cannot just be a radiologist. They need plain old doctors. And they explain that to you when you go in. I mean, you have the choice to say, O.K., if I have to be a generalist, I am going to do 1 year of internship, which is how medicine works -- you do a general internship and then you can go out and work as a licensed physician in a

general practice without any residency training, without any specialty training -- and they say, you are welcome to do that, and then you can go back and do whatever else you want to do but you have to do your obligation in primary care first.

LKH: So, were you interested in working in underserved areas or is that something that came about from NHS?

LS: I was raised in Detroit and working in an underserved area kind of excited me because I lived in an underserved area! It is just that once I had gotten out to Philadelphia and I was rubbing elbows with high fallootin' fancy doctors, you know, I lost all interest. I am going to be a surgeon. But then, when I got done ... so now I am back in Michigan doing residency, I am very happy to be doing general medicine because, you know, I am getting with the people. I was assigned to an urban clinic which was my request. I wanted to be heart of ghetto; I mean, these are my people down here and I am going to take care of them, so since I had decided I was really going to do the public health service thing, I just said, I am going to do a full internal medicine residency. So, whatever else happens, I am a certified internal medicine specialist -- whatever comes along in the next 30, 40 years.

LKH: O.K., so how then did you choose your current specialty?

LS: Well, so I am working in this urban clinic, it was in East Oakland, and I do not know if you have ever heard stories about it but at the time ... this was back in the early 1980s ... I got out of school in 1983. So, 1984, 1985, did residency. I am trying to think of the timeframe. I got my board certification in 1986, so yes, about 1986, I am in an urban war zone. So, mid 1980s, there are lots of gang wars, there are lots of drugs, and this was an underserved area because frankly, it was just dangerous. And so, I am

working in this clinic and it is hard work, I have had to juggle my practice around ... a patient comes in and says, "I've been on vacation for 6 months," and I am thinking I don't get 6 months vacation, where are you ... jail. They are in and out of jail. So, I have to figure out how to get them enough medicine; are you on parole; having to call the cops when they want to bring their weapons into the clinic. I mean, it was a war zone. Again, on the one hand, it was kind of rough but on the other hand, it was a good feeling that I was performing a service because nobody else was taking care of these people. We had a lot of undocumented Mexican immigrants who had come to work in California, the agricultural industry, and, again, people who did not have a traditional lifestyle - a lot of those kinds of things in the clinic. And when I got done with that, I had a good feeling but it was like, I just need a break. I just need to hang out for a while. I still want to work but I cannot really commit to a full-time practice. I am going to take a breather here. And so, I decided to do locum tenens which is just traveling docs, traveling nurses. You sign up with an agency and I think my first agency was Jackson Coker, and you sign a contract and they will call you up and say, "O.K., can you go to California in March and be there for" ... "No problem." They send you a plane ticket, pack your bag and you are off to California. And so, I was doing this locum. That was fun. I was traveling all over California. I even went back to Michigan. I was working up in the Upper Peninsula. I happened upon a locum in Hawaii. I was like, oh yeah! So, I packed my bag, I get on a plane and I am in a sugar plantation in Hawaii for what was told to me was 6 weeks, 8 weeks. I think it was 6 weeks. A standard locum is usually a few weeks, less than 1 month. Got a suitcase. And I am just chillin'. This is fun. It is great weather. Again, it is just general medicine - no war zone - it was just hard-working people, all the

plantation workers. It was kind of funny because they are such hard-working people, these sugar plantation workers - they would not even come to clinic unless they were really sick.

LKH: They never stopped working.

LS: Yes. They would show up in the ER and the ER doc said to me, "We just call for a bed in the hospital. When your patients show up, we know they are sick." These are people that want to work, they are not trying to get out of work, they are just like patch me up so I can go back to work! Anyway, so I was in Hawaii and the Gulf War breaks out and they said, the doctor that you are on vacation for has been called to active duty. He was in the Reserves. So, he was taking a vacation, the war breaks out, the Reserve calls him and makes him active duty. Now, he cannot go back to his job. And so, they said, "We will double your salary if you stay." I am like, "Do you mean stay here in Hawaii? Nice cush job?" They go, "Yes!" So, here I am in Hawaii now until the Gulf War ends about 1 year later. And then, the doctors that I worked with there ... I was doing general medicine. The lady that I sent my OB/GYN patients to, she was telling me one day that her husband was a dive instructor, so he had taught me to dive over this year that I was there. So now, the war is over, the other doctor is coming back, I am ready to go back. I said, I am going to see if there is anything around here that I can do for awhile. So, I open a newspaper and in the classified ads ... doctors don't get jobs out of the classified ads ... well, what the heck, you know? I have no ties, no children, nobody to go home to - I am just going to hang out a while. You can see I am real motivated. A 2-line ad said, "scuba certified physician wanted." I am like, well, that is bizarre! So, I call them up and what it was ... the University of Hawaii has a fellowship to train the

physicians who treat scuba divers but they want someone who is physically capable of scuba diving because they have got to do a lot of stuff inside the decompression chamber. Like, the chamber sits at the water's edge and the scuba divers come up on the boat, they pull them out of the water, they've got the bins, they throw them in the chamber and you go in the chamber and do your workup and everything inside the decompression chamber with the scuba divers. So, they needed someone who was physically able to do that kind of work and the only way they could describe that was to say "scuba certified" because the Americans With Disabilities Act says you cannot tell someone they are not fit for a job. You can't advertise for a certain level of fitness. So, that was their way of getting around that.

So, I spent that year . . . so I finished up with my locum job for the sugar plantation and then spent about 9 months actually training to be a decompression doctor- a doctor treating scuba divers. And so, then that was my subspecialty. Now, I am an internist but I have specialty training in working with scuba divers and using the decompression chamber for other things like chronic wounds. And I proceeded to do that for a while. The position here came open. The University of Texas had been hiring fellows to train but the chief here decided that she wanted an assistant, someone who did not need training -- a doctor who would come on and work in the field that she would not have to train. So, that is why I was hired here. So, I wound up in Houston solely because I had the training and it was time to leave Hawaii. I mean, at that point, I had been there 7 years.

LKH: So you came from Hawaii to Houston - what year was that?

LS: 1997, I started working in Houston.

LKH: So, could you describe the exact position that you had when you first came?

LS: Well, I was an employee of the University of Texas as an assistant professor. At the time, the Department of Anesthesia -- I was medical school faculty in the Anesthesia Department -- staffed the physicians for the chamber, for the hyperbaric chamber. And so, I was brought as the assistant medical director and basically helped run the facility. We have a multiplace chamber so it is a large chamber and we are a trauma center so anybody who has carbon monoxide poisoning from smoke inhalation, house fires, would get brought here. And scuba divers from all over the region because we are the only 24/7 service for a decompression injury. We get people from way out in the Gulf, from other countries, people coming back from Belize and they are passing through the airport, through Intercontinental. Basically what I do is I assess the patients and I put some in the chamber, some of them I just treat their wounds. We see patients in the hospital; that is, if their injuries or illnesses warrant their being in the hospital, so we are doing outpatient and inpatients and referrals from other hospitals.

LKH: Could you describe your position now and how you came to what you are doing now?

LS: O.K. Right now, I am essentially doing the same things. Clinically, I have been able to branch out and do some more administrative things so I am the medical director now, partly by default but still, I have a lot more administrative responsibilities because I am the only one who can do it, and I am involved in some research at the University as well now. I am doing some clinical research, both on the wound care side and with chronic swelling for lymphedema. So, a little more research, a lot more administrative and to the same clinical activities that I was doing.

LKH: How long have you been a member of the Houston Medical Forum?

LS: I joined about 6 years ago.

LKH: And why did you join?

LS: I was treating a patient, another member, and we started talking about this patient that we were both treating, and he was very emphatic that I should join the Houston Medical Forum. And I said, "Yes, I'll get around to it." He says, "No, you need to come now. You need to be a part of our organization." He was just very persuasive. And it was not like I had not thought about it. It was just not something I ever had any encouragement to do.

LKH: How has the organization supported your work?

LS: Networking. When I go to the meetings and I see other doctors who have specialties that my patients need and vice-versa. So, it really helps for, at least me as a physician, when I am sending a patient for a particular service to know the doctor that I am sending them to. So, it really helps to have that networking organization. And it is not a huge group so it is easy to get to know a lot of people. Compared to our other medical societies, it is not a very big organization so, it is easy to get to know people.

LKH: And before you joined HMF, were you were part of the National Medical Association?

LS: No.

LKH: So, you did not have any affiliation before then?

LS: No.

LKH: What is the biggest obstacle you have faced along the way?

LS: Without a doubt, that would be financial. I mean, I was a poor kid from hard-working parents but when I got sent off to college, it was all coming out of my pocket or it wasn't happening. That burden just carried me farther and farther into my career. And, you know, the choice of going into the public health service was a choice of that or the military because I needed money. Once I set foot out of the door of my parents' home to go off to get an education, it was all on me. Undergraduate, graduate, residency. And so, that, for me, was what I really struggled with because I went to school with kids who did not have that burden at all. And yet, we were required to maintain the same kind of academic level despite our backgrounds being so radically different.

LKH: Did you know many other students who worked at all or did most of them have their school paid for?

LS: I knew a few students who worked. Particularly in medical school, there wasn't a lot of time to work. It was very difficult to work in medical school. It was interesting . . . to myself, I was always feeling like this was just so unfair that I am up running around in the middle of the night sticking people when my buddies are home cracking the books which is what I should be doing. And then, when I got to fellowship, my mentor during my hyperbaric training, he grew up on a farm in Iowa and he said to me out of the clear blue one day, he said, "I always thought it was so unfair that I grew up poor as a church mouse on an Iowa pig farm and I have to compete with kids who have backgrounds that allow them not to have to worry about that." It was interesting that our lives had brought us through very different paths, that here he is . . . now, we are on the same level with the same kind of issues like, yes, we have done well but gosh, wasn't it hard and didn't that seem unfair? It was just interesting.

LKH: Could you talk specifically about your experience as an African American woman in medicine?

LS: I would say, for the most part, I have had good experiences. There have been a few occasions when I was challenged because of my race, because of being a woman or both -- actually, I had one patient look up at me and say, "Oh, not only a woman physician but a black woman physician." I mean, the first words out of his mouth. I moonlighted in ERs at various times and points and, of course, when you come in to an ER, you take whoever is standing there or you don't get seen. And people would have issue with that. "I want another doctor." Hey, I am all you got so you can go home! And, again, I would have to say that in my experience, I did not have a lot of those negative experiences there but each one reminded me that, you know, though I may have worked as hard or harder than others, the challenge for me is not over. It continues on a daily basis. And I am not even working in the South. I am in Michigan. I am in Northern California, in Oakland. And people are still challenging me about - - - you know, I don't even have to say anything. They walk in the door and go, "I want another doctor."

LKH: What contributions do you think African American physicians have made to the Houston community as a whole? I am particularly thinking about the Texas Medical Center where you work and the wide variety of physicians who work in here.

LS: I think the African American physicians bring to the table a wealth of experience that cannot be gained except by the way we were brought up. Most of us were brought up in hard-working families. I mean, there may have been the occasional African American who had a comfortable upbringing and never had to work but the majority of

them had to work through school, got through schools with loans and hard work and struggle, and you bring that to the table and you say to the patient, "I understand." You work in a community where people struggle and life is hard and you come to the table with an understanding. Whether you are a man or a woman, there is an understanding, there is an immediate connection with patients because those are the kinds of patients that we are treating here in the center of Houston -- people who work hard, do the best they can and they still just get by.

LKH: Do you do any teaching now?

LS: I am on the faculty and I have students and residents who rotate through the clinic.

LKH: You are on the faculty of what?

LS: The University of Texas Medical School. So, the medical students from the school, the residents from the hospital doing their clinical training through the University of Texas, will spend a month or two rotating through here. And so, I don't have formal lectures as a faculty member teaching the undergraduates or the medical students but I do clinical teaching.

LKH: Do you have children?

LS: I have one.

LKH: And how old is she?

LS: She is 11.

LKH: What challenges have the demands of this job presented in being a mother?

LS: Well, as with any doctor, it is a time-consuming occupation. You don't get 9 to 5. I mean, sometimes you do but you always have to be prepared for the other times. So,

those are the challenges for me, is being able to be a good physician and not dash out of here leaving stuff undone for my patients because I've got to go home and be a mom but you have to balance that. And I am a single mom so I have to balance that with, what time is the sitter coming or am I late because the sitter was late, child care issues versus .. . I am the only one who can go to the plays and the recitals and those kinds of things. Again, can't be there at 7 o'clock at night at the office when there is a recital at 6:30. So, I think the challenges that any good parent has is that you always have to juggle and you have to make choices all the time. Sometimes, I am not doing the work at my office that I would do because I really need to go home and do this for my daughter. Again, they are not good choices but they are ones that have to be made.

LKH: How has the medical field changed for African American women over time from your perspective?

LS: I think in general, as the numbers of African American women become a larger group, that patients become more used to seeing African American women and their experiences become more varied and they are positive. The colleagues that I work with have learned to respect me as an individual and again, there are a number of African American women on the faculty at the school, all of whom are well-respected by their peers. Again, I graduated 25 years ago and that was not the case. We were in a very small minority of the medical school classes nationwide. And so, when we got out and practiced, people did not know how to treat us. And the level of trust that a male colleague has with their male colleague is a different one when you go to women. You know, men/women relationships are always going to be different. And then, we talk about professional relationships - there is an added strain. And then, a racial professional

man/woman relationship, there is just another strain. So, my experience has been that it takes longer; in the past, it has taken me longer to gamer the respect of my colleagues. Another faculty member could come on and start working and be immediately accepted. It takes me a little longer to do that. Part of it is my choice of careers. As a hyperbaric doc, that has its own issues but in general, as I have been here, I have watched the changes in the attitudes with the male colleagues in the area and seen other African American women come in to the faculty and be respected, be promoted, and I think that the field has actually opened up a bit just from the persistence of having ... you know, black women are here to stay and if you want to come to the party, you are going to have to play with us! And so, I think my own experience has been that, that over the years, I have felt less challenged by my colleagues as well as by my patients. And, again, I think it is just because there are more numbers now, that it is not unusual to go into the ER and see a black woman, or to go into the pediatrician's office because that is accepted now.

LKH: Do you think part of that is because we are in a large diverse city or do you think that is overall?

LS: No, I think that is overall and, again, I mean, look at President Obama? I think as a society, racial difficulties, while they are not gone, they have improved over the last 20+ years. We live in a culture that appreciates and cultivates diversity.

LKH: So, you have high hopes for a black woman entering medical school now?

LS: I do. Again, we have programs that are actively seeking African Americans. As a matter of fact, one of my other aunts is on the admissions committee and we have 3 or 4 African Americans on the admissions committee for the medical school, with one of the goals, not because we are black but because we agreed to do it -- they want to increase

the African American presence in the medical school class at the University of Texas. They have a hard time doing that - they don't know why. And, again, it is not for lack of trying. So, again, the institution has said, we need to do better with this. They have a lot of Asian applicants and students and a lot of Hispanic applicants and students, but they do not have the African American numbers of students that reflect the population around the school. So, we are working on it.

LKH: Do you meet many other African Americans in your administrative-type position that are doing the same kinds of positions you have? You mentioned off the tape going through a training.

LS: No. I meet an occasional African American woman who is in an administrative capacity and, again, doing administration is really a choice. It is actually kind of extra work. And so, you know, it actually was not my choice to have that . . . I was asked to take on this role, this committee chair which I actually refused at first because it is more work. It is more meetings and it is more paperwork. So, when you look at one of the difficulties we are already facing is balancing work life and home life, it becomes even more challenging to add stuff to the work life side. So, I would not say I run into as many administrative individuals as I do clinically.

LKH: What achievements do you feel like you have made? What do you think are your greatest achievements as a physician?

LS: I think that just stayed the course. I have to tell you there were so many times I thought, I'm not going to make it, the struggles are too big, the challenges are too hard and, as much as I am good at what I am going to do, I just don't think I am going to make it. And, you know, I never gave up and I got where I am and I am an associate professor

so I am one rung below a full professor. I was talking to someone today, I was like, "I hope it doesn't take me another 10 years to get to a full professor," but, I mean, that is the pinnacle of academic life, is to do the research and the clinical and whatever it takes to get to be a full professor and I think I am on track for that. So, I think, having stayed the course for me was a big one because I just was not sure it was going to happen. Now, I mentioned to you that I took 1 year off in medical school because, again, it was just such a struggle and there were always financial issues and there was always the competition, and I put myself in an extremely competitive field because it was on the East Coast. When I was in Hahnemann, there were 6 different medical schools in Philadelphia proper. You talk about competition? It wasn't just between the students and the school, it was between the schools themselves. Again, it was a choice that I made and probably would not make again but I got through it. And, to me, you know, I took 1 year off, I decided, O.K., I started this, I am going to finish it, I am going back, I am going to finish the school, I am going to do what it takes to achieve these things so for me, that is the biggest one. But I think my biggest accomplishment really is that I have been able to be successful in all these different hats: that I am successful as an administrator of our facility here; I am successful as a clinician; and I am successful as a mom, I think - my daughter made straight A's last year - I take a little credit for that; but that despite the difficulties, again, and they pop up regularly, but I have been able to stay the course and become successful and I am able to bring others into that as well. Having students come through and doing what I can to help African American students participate in the grand scheme.

LKH: And what has encouraged you throughout the years to keep going? What kind of support systems did you have?

LS: I have a very supportive family. My parents and my 5 siblings, we are all very close. We are a very close family. I think their support and my siblings' support has just got me through it. And when I thought I just wasn't going to be able to take another step, there was someone saying, "But it is O.K. If you need to rest, that is O.K. I am here for you. What do I need to do to help you through this?" I would not have been able to do it without family and I do not know how people do it when they do not have family. But that was my only support system. I have never been married and I have never felt like I lacked for that particular statistic because I had such a very supportive family.

LKH: What about professors and colleagues?

LS: Well, the mentor that I had when I was in fellowship training - did I mention the pig farm guy, the guy that grew up on the pig farm?

LKH: Yes.

LS: It was interesting in that . . . Edward Beckman . . . he was a very interesting guy who was retired from the U.S. Navy and he spent most of his Navy days doing research for decompression sickness and diving. He was an old retired Navy guy, you know, and here I am, this scrawny chick from Detroit and he just takes me under his wing. He teaches me all he knows and, I mean, it is amazing - he treated me like his daughter. Even his wife said, "He really likes you, and the thing is he doesn't like anybody!" We would go to meetings and people would ask me, "How do you get along with him? He doesn't like anybody!" And, again, it was just we somehow developed this rapport that I had not had with an instructor or with a colleague and again, by this time, I had been

through medical school, through residency, I was in a fellowship a couple of years after residency, that we connected in a way that I had never connected. And I think part of my continuing this work is because of his inspiration. I mean, what I am is a legacy to him. He was very well-known in the field and published a lot, well respected, but he was kind of a curmudgeon. But when we worked together, we were like peanut butter and jelly. We were just two as a whole. So, that was very exciting. It was a great loss. He died a couple of years after I finished fellowship. But he will remain an inspiration to me because I do not think I would have been in this job. He interviewed me when I showed up with this little classified ad and I remember think I did not even have a suit to wear. I was in Hawaii. And so, I had this big Hawaiian flowered shirt on and the nicest blouse I could find, and he mentioned to me in the interview, he said, "That is a very pretty skirt you have on." And I thought, well, that is real nice of him to notice. It is not a suit but it is real pretty. And, again, from that point on, we just became best friends. It just worked.

LKH: Was he a native Hawaiian?

LS: No. He was from Iowa. And he spent his whole adult life in the Navy so he is traveling all over, wound up settling in Seattle or Portland or on the West Coast someplace. Yes, when he retired from the Navy, he had worked in Pearl Harbor for years and years, stayed in Hawaii and then retired from the civilian chamber work. He settled in Seattle. Even then, he would call and we were still working on papers and doing stuff long distance while I was living in Hawaii.

LKH: So, what is next for you besides full professor?

LS: I don't know. I have actually thought about that a lot because while I like what I am doing, I think there may be another step. And so, I have been thinking about that. I

have always been very interested in anthropology and communications and I am not sure if I want to make a career of that or a hobby or what but I think I would like to branch out educationally into a sort of related field; again, like anthropology to me is very exciting and I am not sure what that means. It is just I have been sort of throwing that up and seeing what comes down. But I think there is more.

LKH: So, it seems that throughout your career, you have always felt you had a wide variety of choices?

LS: I have. I have felt that way but I also know that I was fortunate in that my parents' number one edict was, "You will go to school. You can do anything you want with your life but you will go to college. You can go to any college, you can do whatever kind of degree you want but that is what you have to do. And then, we will be happy." Without that impetus, I do not think I would have made it this far. I mean, I grew up in a part of Detroit, half of it burned down during the riots in 1965 or 1967; kids I played with are dead from dmg overdoses and walking the streets. I had a very eye-opening existence in that I knew that my parents' impetus on education was not what the other kids' parents were telling them, and I thought, so I think I am going to stick with this because, you know, the next door neighbor is already dead from a drug overdose. My dad was saying how he picked up one of my friends that I played with because she was hooking on the corner and he did not want her street walking so he gave her some money and sent her home. This is the neighborhood I lived in. So, I felt that I had a good supportive environment, even though the changes for me not to be here were probably great.

LKH: Anything else you would like to add?

LS: I think the only thing I would add is as much as I complain about the struggles, that it has made me a better physician and not that someone who comes up in a comfortable life cannot be a good physician -- I know that for certain, it has made me a better one because when I empathize with patients, it is from the heart because I have been there. I have seen the difficulties and lived the struggles and my ability to reach through that, I'm the doctor, you are the patient chasm, and connect with them is greater because I really have been there.

LKH: All right. Well, thank you very much. This concludes our interview with Dr. Latisha Smith.