

UNIVERSITY OF HOUSTON
ORAL HISTORY OF HOUSTON PROJECT

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

LKH: April 22, 2009, and this is Lauran Kerr-Heraly interviewing Tricia Elliott. Could you spell your name for the tape?

TE: Sure, TRICIA ELLIOTT.

LKH: O.K., great. Well, let's start with a little background. Where were you born?

TE: I was born in Kingston, Jamaica, on the Island of Jamaica.

LKH: How long did you stay there?

TE: Actually, I grew up in Jamaica, did my primary school there, so I was there until about 8-112 years old, then I moved to the United States with my folks back when I was about 8-112. We all came up here. We moved to New York. I lived there with some family for about 4 months and then from there, I moved to Minneapolis, Minnesota, was there for about 10 months and then came to Houston when I was about 9 years old, 9-112 years old.

LKH: O.K., so you have been in Houston since you were 9?

TE: Yes, about 9-112.

LKH: What brought your family to the United States?

TE: Actually at the time, what was kind of going on in the Caribbean at the time and with Jamaica, there was a little bit of political uncertainty at the time with the politics and social uncertainty. Socialism actually was being thought of at the time. It never actually happened but there were talks about that. So, I think my parents kind of started the

thought about migrating to the United States in the mid 1970s or so and then pretty soon thereafter making that decision, we got the word that we were able to kind of come on up here. We had a really good life down there and we were doing O.K., but they wanted a lot more for their kids and themselves and just having the opportunities and what those opportunities in the United States definitely gives us. So, those were the reasons why.

LKH: All right, and what year were you born?

TE: I was born in 1971.

LKH: O.K., so you moved here in ...

TE: 1979. We actually moved here in November 1979 and we moved to Houston in 1980.

LKH: Do you have siblings?

TE: Yes, I do. I have a younger sister.

LKH: Are you close?

TE: Very close. We are very close. It is just the two of actually. We are 5 years apart but we are very, very close.

LKH: Let's skip a little ahead to college. Did you always know that you wanted to be a physician and how did that dream come about?

TE: My dad likes to say that actually he planted the seed very early on because I got my first doctor's bag and stethoscope at age 6 and I loved it so he says he planted the seed then. But I actually felt like I really did know that I wanted to be in the healthcare field. It is funny - I actually enjoyed going to the dentist more than I did the doctor as a kid and I thought I was going to be a dentist. I kept saying that I think until about age 12 or 13, that maybe I will be a dentist or a doctor but maybe more so a dentist. Finally, when I

kind of got into more middle school, then definitely in high school, but in middle school, I loved life sciences. I always loved science and math. Those were my two favorite subjects along with also enjoying reading, too. And then when I got to high school, I actually went ahead and spent my Saturdays, every Saturday, at the hospital volunteering as a candy striper. And I did that all through high school for 4 years of high school. So, I knew pretty much then that I wanted to be a doctor.

LKH: And was your family supportive of this idea?

TE: Extremely supportive, yes. No doctors in the family.

LKH: O.K., you are the first?

TE: I am the first. Dad is an engineer and mom is an administrative assistant. My sister is a teacher.

LKH: So, you have kind of covered all the spectrum of careers in your family.

TE: Absolutely.

LKH: So, where did you go to college?

TE: I went to Rice University.

LKH: What was your major there?

TE: I actually started out shifting through my majors -- biology and religious studies -- but I really kind of finalized and really got gung-ho about religious studies and the study of medical ethics and the different religions and things like that. So, yes, that was my major- religious studies - by the time I graduated.

LKH: And that gave you enough science . . .

TE: Oh, absolutely. I was always in the science and I did all the biology courses and biochemistry and organic chemistry, all the mathematics, everything you did. So, I pretty much did the science route and did all of that, too.

LKH: Wow, that is impressive! So, you knew at the time you were entering college, you wanted to go on to be a physician?

TE: Yes, I did. We all went through our doubts about sophomore year but we all kind of came back to it junior year and said, yes, this is definitely what we want to do.

LKH: What science was it that killed you in sophomore year?

TE: You know, organic chemistry. That was the one that . . . because, you know, we were all pretty much high achievers from before and used to being kind of on top in high school. Then, you kind of hit that bump in the road sophomore year, and even those that were very competent in the __ __ , I remember seeing tears flow down their face as they were getting their grades, the first grades. I was like, wow, this is definitely going to be a trying ground.

LKH: It is real life! And where did you go to medical school?

TE: I went to University of Texas Medical Branch in Galveston, Texas.

LKH: My sister went to nursing school there.

TE: Oh, fantastic. It is a great school. We want it to come back. We want it to come back strong.

LKH: We hope so, too. And was that your first choice?

TE: Yes. I really loved the school. I loved when I did the interview down there, it was between that and Baylor which I liked, too. But I really liked UTMB. I grew up down in the League City area in Galveston County and it was perfect because I moved

back home with the folks and was able to commute and save money and just really enjoy it.

LKH: What about this school in particular attracted you besides the location?

TE: You know, I liked their commitment to diversity. I liked their commitment to community. I liked the fact that here is this small island and this great community that has all this need and that we could learn so much in pretty much the central focus of that community in terms of helping that community was UTMB, the hospital, the schools. And I liked the fact that we had PAs, nursing, all the allied health professionals plus our school. And it was just a nice complex. It was just your own little slice there. I think you were not competing with other things. The deans were great. I think the professors and the deans were great. It was kind of interesting. It was a large class and a very diverse class, too.

LKH: And what year did you start?

TE: 1992. I had to think about that.

LKH: Was the Minority Affairs office still operating at that time?

TE: Yes, I think at the time, it was. I remember, I think our associate dean might have been Billy Ballard who was actually African American. He was real dynamic in trying to kind of recruit and promote. I remember he actually was one of my interviewers when I interviewed, too. I do not think Dr. Ballard is there anymore but he was a really great guy.

LKH: I recognize that name.

TE: Yes, he is a great guy. I think he has probably signed one of those . . .

LKH: One of those diplomas has his signature.

TE: One of those signatures. But yes, I think they were there and we had other kind of organizations. Actually, if I recall, that year was like the largest African American class, medical class that was admitted and I think we were the most even of most Texas schools probably. I think they kind of led the way that year.

LKH: Do you know why they have this commitment to diversity?

TE: I think the community. I think you have to reflect your community, too, and the Galveston is a large Mexican American population. I mean, when I say that we had the largest class, it was only about 19 out of 200+ but they were really recruiting . . . they were looking for people that were really committed and could really do this. I think it was mostly women. Most of us we were woman and we had just maybe 3 guys, I think.

LKH: Did that surprise you, that there were more women than men?

TE: It did and I think it kind of is the challenge. We would talk about it and we would see that. We still kind of see that a bit. I think we are seeing it is getting better but it is kind of the black professional woman and seeing them more educated and kind of going through college and we had seen it through college but then it was kind of a little different as you got to kind of post college or graduate education, in the sciences in particular. I would be curious to see if you find out other people are talking about it.

LKH: Interesting. Well, we are definitely seeing that shift and even now, the numbers are small but there are definitely more black women going to medical school than black men.

TE: Yes.

LKH: In 1992, that is a little surprising. Were you involved in any student organizations while you were there?

TE: Yes. Let me see if I remember that far. It is a blur sometimes. I remember doing the SNMA which is the Student National Medical Association, and being involved with that throughout the different years and going even to some of the national conferences. That was a lot of fun. I remember doing work, well, not an organization but spending my Saturdays, a few Saturdays, at the St. Vincent Community Clinic which is the student-run volunteer clinic. So, I kind of got involved with that even as an upper level to kind of help staff that and do a little bit more with that. So, that was always a lot of fun to do that. Those were kind of my main things I remember. I had a lot of other interests outside of medicine, so I tried to keep those going a lot. I would also do things with the fundraising for St. Vincent, too, because I sing and I would perform. So, we usually did a student benefit, kind of talent show benefit every year. So, I was involved in organizing that and we would sing at the Grand Opera House and do that there.

LKH: Do you still sing?

TE: I do.

LKH: Is that for fun?

TE: Yes, it is my balance. I do part-time professional singing. It is a lot of fun. I have gotten some great opportunities to sing. I get called ... I will do everything from a wedding to I have gotten a chance to ... my latest thing was a couple of years ago, I got invited and got to go sing at the Sydney Opera House in Australia, so I got to go tour down there for 2 weeks. That was a lot of fun.

LKH: . Fantastic!

TE: Yes, so it is a balance. You've got to keep life balanced.

LKH: So, after medical school, where did you do your residency?

TE: After medical school, once I decided I wanted to go into family medicine and with that, I knew I wanted to do urban, underserved, inner-city medicine at that time.

LKH: And how did you arrive at that conclusion? You wanted to do family, you wanted to do urban and underserved.

TE: Well, I will kind of go step by step. So, going into medical school, I thought I was going to be a pediatrician. I think we all kind of go in thinking this is what we are going to go ahead and do. Once you kind of get to your clinical rotations, what I realized -- I pretty much liked everything -- did not particularly enjoy surgery as much but I liked actually doing procedures. I really loved OB/GYN so I then started considering obstetrics and gynecology, but realizing I really did not want to do the surgery. It just wasn't my thing. Psychiatry was O.K. I could not see myself doing psychiatry. I really need that hands-on and doing all of that. And so, when I did my family medicine rotation, I really enjoyed that a lot and that was with, I think, Dr. Oheren in Angleton, Texas. She was just great. And she did everything. She delivered babies. She did all of that. And I thought, well, my gosh, she could do everything out here. And this is like the family doc. This was the vision I had of a doctor: they are coming to you with everything and for me, I like diversity and I love variety and I do not like to see the same thing all the time. And I would get very bored if I did that. So, the choice of family medicine really worked for me. I loved the idea of community. I was working already doing kind of the St. Vincent Clinic, being in Galveston and kind of seeing underserved settings. I really wanted to work and do stuff for the community. And I wanted to kind of learn about advocacy and working on a social level to be, not only just a physician seeing patients but being a physician involved. So, that is my decision for family medicine. And

then, I realized, I am a city girl. I was not going to go to the rural areas. And so, I really wanted to get into inner-city kind of urban. So then, I narrowed it down to I was going to be in New York or Chicago. I said, they are 2 big cities. And I loved Austin because I spent 1 month on a rotation in Austin. They put us up for 1 month on a rotation in Austin. I thought, oh, this is a great place to be, too, even though it is not city/city. It is a smaller version. But anyway, I found a program that I started researching and learning about was the residency program in social medicine at Montefiore Hospital in Bronx, New York. It was basically the premier program of its kind, doing social medicine and really advocating and teaching you the biopsychosocial model of medicine and care, and really, they had a lot to show for what they were doing. They were very, very active and they produced a lot of leaders and people that were very active in the field of family medicine.

LKH: So, social medicine - that would kind of a more holistic approach?

TE: Yes, they had more ... I mean, it is a traditional family medicine board certified program for family medicine but they had this kind of other side of social medicine where it is more holistic, where you consider the psychosocial aspects of care and we were really taught and trained to do that. We thought about learning complementary therapies. You learned about what are the community resources? We had to go out and actually do projects in the community and develop things, not just sit behind a desk and see patients. You had to get out there and do things. And you learned about your community, you learned about the Bronx. So anyway, I found out about that program and I just absolutely wanted to go to that program. And I thought about Chicago. So, when I got to New York . . . actually, I had my mind set on that was my number one

choice and then the blizzard hit up there of 1996 for my interview and my flight got canceled while I was in the airport. I was like, this was not destined to be. But anyway, I got the first flight out, I got there, I trudged through the blizzard in the Bronx, did not know where I was going, took the subway and everything. Did not know where I was going. I loved it when I got there and I thought, gosh, this is a world of difference than Houston, so different and it is the Bronx. It was tough but it was really great and was an excellent experience. So, that is where I did my residency. It is the Albert Einstein College of Medicine but it is Montefiore Medical Center and it is in family medicine up there. In the Bronx, New York.

LKH: So, did that experience influence where you went for your internship?

TE: Well, that was where I did my internship. I did my internship and residency there. So, I spent 3 years there and I completed my residency there. And so, I was there from 1996 to 1999. They were so wonderful and nice and they were like, "You know, we would love to keep you on as a physician and be a faculty," so I stayed. I stayed for another 3-1/2 years and that was when I started my practicing medicine and also my career in academic medicine started right out of residency. So, I joined the faculty right out of that and stayed on there and saw patients and practiced in the same place that I was training, and started teaching. I always loved teaching. Teaching has always been one of these things I did a lot of it before. So, yes, that is kind of where I was.

LKH: Montefiore Medical Center, was that a diverse atmosphere like UTMB was?

TE: Oh, yes. The residency program was social medicine which was where the family medicine department came under at Montefiore. We had social internal medicine, social pediatrics and family medicine. They also had regular pediatrics and regular internal

medicine in the rest of the hospital, but we had this nice little kind of oasis, I guess, to be able to learn and practice and we became very, very close. I think the nature of the type of people they recruited that were socially-minded and advocacy-minded and power-to-the-people-minded kind of thing, just in itself lends to diversity because it was basically people coming from all walks of life that were interested in the same thing. So, for instance, my class, we had 10 people in my class, 10 residents - 9 women and 1 guy, believe it or not. We had 5 black women in my class which was unheard of before. We also had partnerships so we actually had a partner that we went through the whole 3 years with. So, we paired up from the very beginning. My partner was German and she was from Germany, Esther Schuman. I love her dearly. She actually trained in England and also came. But she was just a powerhouse. So, German. We had 5 white women. I had two Latinas - one that grew up in the Bronx, Dawn Garza who was core Bronx. I mean, just the Bronx - wonderful woman. And Diana Schmidt, a Latina also. And then Ariel Martinez was our one male who was Latino, a Hispanic guy, who was also really great. And the leadership represented everything from Asian to Caucasian to black to Caribbean to everything. They wanted it to reflect the community because the community we served was just as diverse with a large Hispanic population, too, from Puerto Rico, Dominican Republic, all the other Latin American areas, Caribbean, American and Caribbean descendants and origins. Irish. We had a large Vietnamese population I saw. We had a large Cambodian population. It was United Nations basically.

LKH: So, you were teaching there and do you continue to teach now?

TE: I do, in a big capacity actually. I am the program director for the residency program here actually. Our residency program is called the Baylor College of Medicine.

We are affiliated with Baylor. So, Baylor College of Medicine/Kelsey-Seybold Clinic Family Medicine Residency Program. I am the program director. I was the associate program director for 4 years prior to July 2008 when I took over the helm as program director in July 2008. So, always been teaching. I will be celebrating my 10 years of academic medicine come July.

LKH: Wow! So, you wear a lot of hats?

TE: I do. I still practice. I see patients right over here. This is where I practice over at Kelsey-Seybold, so I see patients. I also teach precept residents. Our residents work right alongside here with us. So, I manage the entire program there for that.

LKH: That is great.

TE: Yes, it is a lot of fun.

LKH: So, what brought you to Houston then after New York?

TE: Family. Come back home. Houston is home. After a while, I just kind of had an epiphany one evening and went home and said, yes, it is time to go home, wrote my letter of resignation and told them I would be gone in 3 months and left on great terms and still actually see them quite regularly and talk with everybody and have great relationships with people in New York still. They are my lifelong friends. I will be seeing some of them the end of this month, too, at a conference. So, yes, family brought me back home. I just wanted to be close. My parents are here. I thought it was really nice to come back home.

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

TE: Actually, I just started . . . I have not been extremely active, I will admit. I wish I was more active. When I moved back to Houston, I wanted to find out kind of what were

some of the organizations here and so I kind of found out a bit about it, stayed in contact that way through it. I think I probably need to be a little more active. It has been a little hard with the residency program kind of challenges and commitment that I have there. I moved back to Houston in December 2002. About 2003 is when I really started, got sworn in.

LKH: And what, in particular, attracted you to HMF as opposed to other organizations?

TE: You know, whatever race or ethnicity or background you have, I think my idea is that commitment to the community, serving your community while serving humanity well. I look for people of like mind that have that. And it does not matter where. So, that is why I can be with the TAFP, I can be with the Houston Medical Forum, I can work with the Harris County Academy. But those are the things I look for. I think there are people that have a sense of that and want to do well. And I think it has also been networking. I think, initially, too, I was trying to see ... I mean, I was back in Houston. I had never actually practiced in Houston -- I did all my schooling. I did everything like that but I never actually practiced. So, coming home, you kind of have to know, well, like, who are the physicians here? That kind of helped me to figure that out. And I ran into people that I went to school with, too, so that was kind of nice.

LKH: You said you were involved with the student MMA when you were in medical school, so you were exposed to the organization pretty early on, at least the national.

TE: The national, yes, absolutely.

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

TE: How so?

LKH: Just in general terms that you can think of about medical school or your career in general. What has been the hardest thing?

TE: For me, I try not to let obstacles really get in my way or get me down. I don't really focus on them that much. I was never taught to focus on them. My family and my dad and just the way we grew up, you just push on through, you trudge on through, you be yourself and you be the best that you can be and you just do it. So, I never focused on the obstacles. There is always opposition sometimes to what you are doing but you find a way around it. That is the way I look at it. You find a way around it. I think the biggest obstacles are within yourself, and within myself. I think maybe being a little bit hard on myself.

LKH: You are your own worst critic.

TE: Yes, I am, you know, and I think ... I am not a perfectionist but I definitely have high expectations for myself. I like to set a goal and accomplish it. It is kind of funny - I always think about my dad. My dad always says, "Shoot for the stars because even if you don't quite make it to that star, you will still be high above, you will still be high up in the heavens and you will be up there," something like that. You just kind of feel like, yes, you just kind of keep shooting for it, just keep going for it. It does not matter if you hit it exactly right but at least you are going on up and you are just doing that. So, I think the obstacle I face is just kind of giving myself a break at times and just kind of relax. With that being said, do you not have people who oppose you, do you not have people who question like why are you in this position, why did you get where you are, how did you do that, why is it not me? I have had people be verbal about that and go behind my back and try to do those things but, you know what? I also have a very, very strong faith. I

tell people my center of my life is my faith, my family and my friends in that order and that is the way it is. It has never failed me. God has never failed me in any of this and even when people come at me with whatever they have, I am still here. I am still here.

LKH: That is a very positive way to look at it. I like that. So, along the same lines, what do you think are some of your greatest achievements that you personally _____?

TE: If I break it up and kind of look at my life in segments, I am very proud before even just kind of . . . I kind of look at my life in these segments. If I go back to high school -- migrating here, being an immigrant, doing school here, being with my family and my parents, I am proud of the achievement and living that legacy of my grandparents and my parents. So, I graduated as valedictorian of my high school out of 700 or whatever. To stand up there and to be able to do that and to see my mom and dad, that was a great achievement at that point. My grandfather, who never went to school at all - probably he went to the 2nd grade or 3rd grade in Jamaica, and to hear those things and to know that he gave everything up so that my dad could have a college education and be the first college educated person -- so, for me, I was continuing the legacy going to Rice University and going on to college. So, graduating college. That was a big achievement for me, looking at that legacy that I was continuing and hearing my grandfather and seeing the sacrifices that were made and the sacrifices that my dad, and the inspiration from my dad that he gave me to accomplish that. So, that is an accomplishment. I can look at medical school. I am proud of that. I am proud of getting through med school and doing that and going on. I mean, it is a challenge. But it is a challenge you face and you just say, O.K., I did it. Hey, I did it. I am kind of proud of myself that I went off on my own to New York City just by myself and said, hey, I am going to do this and make a

life up there and stayed there for 6-1/2 years. I think I am proud of being a teacher. I am very proud of being . . . I try to strive to be as great a clinician as I can be. I love people and I love my patients very much. I am proud of my residents. If I look at 10 years and I see people that I have taught and when I run into them and I go, "Oh my gosh, I taught you!" Seeing them out there practicing and being good stewards of their profession and their gifts and giving back, and now teaching others even -- those are things even . . . I still consider myself pretty young but to see that happen in just a short period of time, being as young as I feel I am, I am proud of that. I am proud of my residents. I am proud of that. I am proud that I am of really kind of holding true to my beliefs and to being a Christian and walking that and coming in here and trying to be that light every day to my patients and to my nurses and to my staff and to my residents. Just being the person that I am, that God has granted me to do that. And my family. I mean, I am terribly proud of them, too, so a lot of things. I know it sounds like _____ but there are just good things.

LKH: Well, along the same lines, who have your role models been, particular people who have inspired you?

TE: I have to say my parents, number one. I mean, they are just awesome. They are just awesome people.

LKH: It makes a difference to have family support.

TE: Oh my gosh, absolutely. My mom and dad, they are probably like some of the most positive people and they are just so well-balanced for each other and for us. I am very much like my dad. I've got the spirit of my dad doing all that, but I've also got the joy of my mom, too, so I am really happy about that because she is just like the joyful, playful, loving one. You just never see her upset kind of person that brings just life to

everybody and everyone around her. So, I try to kind of bring that a little bit, with that smile and that joy. And the determination and the drive and the motivation and the giving nature of my dad. My dad is just an amazing giver. I mean, he will take the last shirt off his back and give it to anybody. With that kind of inspiration, I try -- I am not there yet -- I am striving to be that even more and do that and live on and do that. So, I am really inspired by them. They are positive, loving people. I had a stable family, thank God. My parents are still together. I grew up with them in a pretty regular household. So, they are like my number one inspirations, I have to say.

LKH: Were there any black women physicians that you looked up to?

TE: I will tell you a story that was inspiring actually for me, thinking about black physicians, because there is a black female physician organization here in Houston, too, that you know about, that I have been involved in a little bit of and going to some of the ..

LKH: Can you give me the name of that?

TE: They changed the name so I am trying to remember. They changed it to reflect a very prominent African American woman. I can get the name for you again because I have not been for a little while but they were ... before they were the name they are now, they were the Black Women's Physicians of Houston Society. And when I was a first year medical student at UTMB, I saw this flyer that there was a meeting of these black female physicians society and they were going to meet at Southshore Harbor Hotel in League City which is by my house where my folks live. And so, a good friend of mine, Dr. Sandra Carr - we weren't doctors then, we were just together - Sandra and I . . . "Sandra, let's go to this thing." So, Sandra and I dressed up. We were the only students I

think that showed up to this thing to meet these women. I think there were . . . I do not remember how many. Jameson was in there. Dr. Perry. There were just like all these amazingly beautiful, successful, dynamic, articulate black female physicians. And it was the first time we looked at each other going, that's what we want to be! That's where we want to go. It was just amazing. I may not remember everybody's name but I remember that experience. For both of us, it solidified why we were doing what we do and that there were people out there and there was a path already paved for us to follow. It was very inspirational. We spent the whole day there. I remember one of the physicians, she had like 10 kids or something. Her and her husband. She is a famous doctor. You probably know her. Dr. Perry. I actually met . . . Dr. Perry's daughter was a cardiologist at Montefiore when I was up there. She was actually practicing up there. So, it was like, "I know your mom. I met your mom." Anyway, all of her kids are like phenomenally blessed and accomplished. And here is a woman who raised 10 kids and did all this? I said, oh, this is great. This is really great. But I will never forget that experience. Going to that one meeting. Dr. Sandra Karnow (sp?) is also great. She is a program director also. She is in family medicine. We are both in family medicine. We are probably going to see each other at some conferences coming up. She is a leader, too, in our field and I am proud of her. We look at each other and we still talk and we call and we inspire each other. When we have to vent or we have to do whatever, we call each other because we are in similar positions, dealing with similar issues. But we both sometimes I think recall that day like yeah . . . it was just the kind of thing that said we can do it. You are a first year and, you know, you are like . . . we can do this. We can do this.

LKH: So, you definitely feel then that the way was paved for you by other . . .

TE: Oh, absolutely. I mean, I will tell you the other person that I always remember that inspired me tremendously during medical school was Dr. Edith Erbe Jones.

LKH: Right. She's a rock star!

TE: Oh, total rock star. I mean, my gosh! I remember I spent a day with her in the clinic and I met her, I think, at this actual thing. I think I met her there. That was the first time I met her and I kind of kept a little bit of relationship. Not so much . . . more now because then I left but in medical school. She was like, "Yes, why don't you come by and you can spend the day?" I went by her house and got to spend some time with her at her house and talk with her about it and go and see what she did in the clinic which was awesome. She saw everybody. I mean, she was the community doc. She is a total rock star. I remember inviting her to be our special speaker because I was with the SMMA and I organized a lot of the functions that we did. We did a Martin Luther King Day function and I said, "Dr. Jones, can you please come and give us a talk?" and she did and it was so inspirational. So, I mean, without her and all the others, I would not be here. We just would not be here. We know that they definitely paved a way. I mean, you have got to recognize . . . this is the way I look . . . I write poetry sometimes. There is a poem that I wrote that is called The Gifts. And it looks back on your ancestry and knowing your history and knowing your legacy. The one thing I like to always remember is that lifetimes culminate in me. So, remember that. And I always remember that. I think of the hundreds and thousands of lifetimes that now culminate in me at this very moment. What am I going to do with that?

LKH: That is great. Black women sometimes talk about the double burden of being a woman and being African American. You obviously had a very positive experience but

have you felt that double burden yourself throughout your career, throughout medical school?

TE: Oh, yes, you do. Either it is spoken among ourselves or unspoken outside of ourselves. It is there. You always think about that. You always feel like you have to do more.

LKH: So, it is something you are constantly aware of?

TE: Oh, yes. You are constantly aware of you are a little bit more under scrutiny. I have to say I feel extremely blessed because I am in this position and I have wonderful people around me and my chairman is phenomenally supportive and the people around me are supportive. This is the best place I think I have worked. I absolutely love it. So, the support for me and the fact that they have supported me to this position and through this position and wanted me here in this position -- with that, so I feel really great. I think you always feel like you are a little bit, under scrutiny a little bit; that you've got to kind of stay on your A game always. Stay on your A game. And you want to show that and try not to ... you worry that even things when you do fail because everybody will fail at certain parts of things or if that happens, that the criticism will be more. And you don't want that. You don't want that criticism to be greater. You worry that well, you know, you are a little bit more criticized. Will you be praised more? No. You just worry that maybe you may be a little ... are you sure you can really hang this, can she really do this? I don't look at myself to say ... I look at myself just as anybody who would be able to accomplish this and I know who I am -- I am black and I am a woman and I am all these things to me and all these things make me able to do what I can do today. Everything about it. From being born in Jamaica, my parents, being black, being a

female, doing this, doing that, having gone to this school -- everything contributes to me being able to do what I do and I am going to do it _____

LKH: So, your strong sense of identity has been a very big asset to you?

TE: Yes, absolutely. I think you have got to know who you are and be secure in that. And you cannot deny who you are. Gosh, of course I light up when I walk in a room and a patient sees me who has never seen me before and they did not realize it was a black woman that they were going to see - they just picked me out of a book or they heard about me or something and when I walk in . . . you know, having an African American patient look at you and just have to pause and say, "I am so proud of you. You are my doctor? Wow!" It is their accomplishment also. They feel it, too. The community feels it. You can't deny that. You can't just like blow that off. It is a cherished moment. It is a cherished thing. They are like, "Oh, you are a program director? Oh my gosh!" Or seeing a student. I am going to go do a tea next month to kind of talk with high school students, black high school students, and talk to them. "You are what? You do what?" I am like, "Yes, and you can do it, too." So, I think you have to give back. I think your identity -- you have got to acknowledge every part of yourself and be proud of it all. Be proud of it all.

LKH: Well, you have spoken to this a little bit but could you expound on how you think the medical field has changed for African American women over time?

TE: Sure. I think there are definitely more opportunities. I mean, my gosh, if you think about when Dr. Erbe Jones was the only one in the midst of the Civil Rights Movement and doing all this, the University of Arkansas, and you see that magazine picture, Life Magazine, I mean, there is this woman and just this isolation. I mean, we

don't experience anything close to that now at all. I think opportunities are there for us to have and to take. Your only limitations are the ones you put on yourself. I believe that. I think there are no excuses. You can't blame other people. You are not entitled to anything. I hate that. It is your work, your reward and your opportunity. So, I really think it has dramatically improved. Can we always continue to improve? Of course. Of course we can continue to improve. We want to do more. We want to serve more. We want to see more representation. I would love to see more representation of African American women in like these male dominated, white male dominated specialties in medicine. That is why you kind of have to be their cheerleaders and lend a back when you go and you see the one African American neurosurgeon . . . you are like, hey, all right, you can do it, or something. You want to be their cheerleaders. And I think what is important is that we all basically respect each other's specialties and respect each other in what we do in medicine, that we all have a role. I would love to see more growth within the African American male physician population. It was just very striking to me, even in medical school that none of the males that entered with us graduated with us. They took a little extra time. And so, they either had to take a little extra time or had some other challenges that came upon them. I think African American males face a lot of other challenges that we just do not know and they do not talk about it; that we need to help them do and I think it is important. That is why I have liked the Houston Medical Forum and seeing the networking in doing that is going to be important to reach out to them. But, you know, this year, I got to see the pool going in and it is a better pool.

LKH: For Baylor?

TE: Yes. We have done great in the match and doing all that. I have a wonderful young lady who is my intern who is an African American, who is an intern who is going to be dynamic. So, I look at that and just think, O.K., I am going to mentor you through this. She is going to be great. She is doing great. And I interviewed a young man, a young black man. I got to talk to him on the phone. I was like, gosh, this is just great. And I told him, I said, "Even if you don't match with us" . . . he didn't, he went elsewhere . . . I said, "I am going to be looking for you. You are going to do great." And I am so proud of him. And those are the things you want to just say . . . you know what, I may not be the one that helps you along this way but I am going to tell you -- spiritually, I am going to just be there and say, put a little bit of good thoughts to you and say, "I am proud of you. You can do this." So, it is changing. It is changing for the better. Oh, yes. Always, I think, maintain positivity and just say, we are going up, we are not going backwards. We are going ahead for sure.

LKH: Is there anything else you would like to add as we conclude?

TE: I know I probably talked a lot, too much. I would just like to say I think it is nice that you are doing this. I think it is great to kind of highlight that and to kind of, through so many wonderful female physicians, black female physicians . . .

LKH: Lots of good stories.

TE: . . . and they have great stories and everybody's story is very different, but we are all trying, I think, to accomplish the same things in terms of our communities and the health of our communities particularly, and I think that is the thing that we really are all striving to do is to affect the health of our communities. I think everybody can help but I think African American communities and patients, they look to us. They look to us in

our field to help and make a difference and I think we cannot ignore that. We have got to do something. So, that is why I love doing health cares -- whatever it is you need to do to get out there and doing those talks and being active in the community. That was kind of about it. I just enjoy what I do and I am blessed to do what I do and I thank God that I am able to do this each day and see how much longer he will allow me to do that.

LKH: All right. Well, thank you very much. This concludes the interview with Dr. Tricia Elliott.

