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Jeanette Lancaster interview for the Miami Valley College of Nursing and Health Oral History Project

Donna M. Curry

Wright State University - Main Campus, donna.curry@wright.edu

Jeanette Lancaster

Wright State University - Main Campus

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START OF TAPE 1, SIDE A

JEANETTE LANCASTER

OCTOBER 20, 2006

DONNA MILES-CURRY: One second as usual.

JEANETTE LANCASTER: Okay.

DMC: We are using this exciting eighty thousand, not eighty thousand dollars, eight hundred dollar digital audio recorder.

JL: Okay.

DMC: And of course it's like way beyond our technology for some of us to handle. You know, and then I have my good old fashion, traditional, there it is, now it's recording. Okay good, very good. Okay, today is October the twentieth, two thousand seven. This is the Wright State University Miami Valley College of Nursing and Health Oral History Project. Today we will be interviewing Dr. Jeanette Lancaster. The interviewer will be myself, Dr. Donna Miles Curry. Present for this interview we have graduate students; Jennifer Wilson Harding, Stacey Baldwin and Emily Pingrey. And hello Dr. Lancaster and thank you so much for allowing us to interview you.

JL: Well, I'm happy to do it.

DMC: And we'll start off with just asking you to tell us a little bit about your background, your personal background and how was it you came to work at Wright State?

JL: Well I have a bachelors from the University of Tennessee and a Masters in Psychiatric Mental Health Nursing from Case Western Reserve and a Doctorate in public health. And I remember quite clearly how I came to know about the possibilities at Wright State. A faculty member from one of the other schools at the university, Jeanne Ballantine, called me.

DMC: Oh cool.

JL: And it was in the wintertime and I was sitting in Birmingham and in the winter Birmingham is pretty pleasant and she asked if I would be interested. And I said does it still snow in Ohio? And she said not very much, not very much in Dayton.

EVERYONE: (Laughs)

JL: And unfortunately I believed her so applied for the position and learned that it really does snow quite a bit in Dayton in the wintertime. So that's how I became aware of the opening for the Deanship and what ultimately got me to come to Dayton.

DMC: Great. Very good. Now what can you share with us about your very first early experiences at Wright State.

JL: Well, I came at a time that I would characterize as a period for both the university and the School of Nursing as a time of change and growth.

DMC: Okay.

JL: When I came Dr. Kegerreis was the president and within a very brief period of time he decided he wanted to step out of that role which was a bit surprising I think to many people because we had assumed he'd be there for some time. And Dr. Michael Ferrari had just been recruited a year before I came as the provost and I had very much looked forward to working with both of them.

DMC: Sure.

JL: Dr. Kegerreis stepped out of the deanship and then Dr. Ferrari accepted the presidency of Drake University in Iowa. So, within about a year the entire administration that had recruited me was no longer there.

DMC: (Laughs)

JL: And so you know that was quite a bit of getting used to and at that time Dr. Paige

Mulhollan was chosen as the president and Dr. Charles Hathaway became the provost. And from my point of view that certainly worked fine for the School of Nursing because they both, I think, had an appreciation of the growth that the school needed to undergo and they were both very supportive, I think, of helping to move the school forward. So, you know, the early things that were very influential happened, really they began happening within almost a matter of weeks after I got there. The other major thing that was, I think, a factor in the school's life at that point was the agreement that was just in the stages of being finalized between the university and Miami Valley Hospital and during the part of my being recruited to the position I had the opportunity to be informed and to have input into the contractual nature of the relationship. But you never really know about institutions until you become a part of the institution.

DMC: Right.

JL: That was a very interesting time and I think much positive came from the deliberations and the ultimate relationship between the two. But basically Miami Valley was, wished to close their eighty-seven year old diploma program which from all indications had been well thought of in the community and had graduated many very capable people. So that was a huge step on their part and they determined that they would like to devote their resources both personnel and financial and other resources to the support of baccalaureate education. So, that's how we essentially became very closely affiliated with them. That turned out, in my opinion, to me a very good decision. I was always incredibly impressed with the quality of the people at Miami Valley Hospital that were working to make this a reality. They did many things very well and the thing that I think they did particularly well is they elevated the collaborative agreement between the school and the hospital to the highest level of their organization. And what I mean is a member of their Board of Trustees and the university's Board of Trustees, the, basically, provost and his counterpart at the hospital, the director for nursing and myself, it was fairly, a

very, a highly influential group of people that worked to make this happen. And we met quarterly which, you know, really helped us keep the pulse on how things were going and make sure we were on the right track. So, those were some of the very early things that, you know, where there to be dealt with. The other, you know, the other activity and I'm sure you've heard about this from people who were there during the time is there had been we might say tensions between the School of Nursing and the School of Medicine.

DMC: Sure.

JL: And by the time I had arrived all of the participants in the tension, you know, the dean of the medical school, the dean of the nursing school and the provost were no longer there. So, it was a new dean at the medical school, new that is following the difficulties so part of the early part of my time there was to stabilize and to change the relationship between the School of Nursing and the School of Medicine. So, you know, there was some pretty big things that needed to be done fairly quickly.

DMC: Sure. And so what kinds of things did you do to try and work on the relationship with the School of Medicine? What would you have described as to how you went about that?

JL: Well, first of all I got to know at that time the dean of the medical school, Bill Sawyer and, learned that we had many ideas in common.

DMC: Good.

JL: I remember it was probably one of the funniest things that happened was, you were there but I think in the area before me.

DMC: Uh-huh.

JL: So, I wasn't a privy to all that had been in the newspaper related to the difficulties but certainly I got all accounts of them. Within a few days of my arriving one of the reporters from the newspaper came and wanted to talk about how we were going to work with the School

of Medicine. And one of the things that I had learned from some media training is you always try to establish some sort of common bond. Well, like me this reporter was from the south so we established, you know, that we had grown up in sort of similar parts of the United States and things like that. And you know, she asked me what I thought about the dean of the medical school. Well, fortunately not long before that he had sent me a very lovely dish garden and it was sitting, you know, right between she and I. And I commented that, I commented on many things that I was looking forward to in terms of working with Dean Sawyer but I also commented that how could you not like someone who sends you such a lovely gift. And Dean Sawyer's wife, Jane Ann, is a nurse and when I got home that night Jane Anne called me and said you know, that was really quite nice what you said about Bill, you know this was the next day, I hardly recognized the man you described. (Laughs) And so, we blabbed about that over the years. In fact, I'm still very good friends with the Sawyer's and we keep in touch.

DMC: Oh, how nice. Great.

JL: So, you know, it was a matter of Bill and I weren't part of the history that led to the troubled times. We came from very different backgrounds, very different places and we just, it was our job, we thought, to move on.

DMC: Excellent. Great idea. So, I know you obviously clearly identified one major challenge that you faced. Were there other challenges you faced in fulfilling your role at Wright State?

JL: Well I think I talked a little bit about the joint, you know, the new relationship with Miami Valley.

DMC: Right.

JL: And I look back on that like as I've already said with great, great fondness. I'm actually still in touch with Sue Fitzsimmons who was the second Vice President of Nursing

during my time there and had been on the faculty at Wright State in an earlier time. Sue and I had always worked very well together. We began developing joint appointments. That was part of the collaborative agreement. And your own dean, Pat Martin, was one of our first joint appointees. And Pat was the nurse researcher at Miami Valley Hospital and then moved in as a shared faculty member to help us get research started. So, that was one of the things we needed to do is, we needed to take the school to a new level. And so, we began having people at Miami Valley more involved in our teaching programs. I remember over my period there both the Vice President for Finance and the Vice President for Nursing taught courses for us. We had a lot of the advanced practice nurses involved in our teaching programs. Many times we would talk about what were the needs for the hospital in terms of recruitment and, you know, we would then begin developing clinical electives particularly for our undergraduates in areas that would maybe if they really liked the specialty lead to their being able to stay and work in the institution. And we developed a critical care elective. We developed an elective related to gerontology and these were always co taught so the hospital whenever they wanted something done they always provided the resources to help us do it. So, those were all positive but they were time consuming to make those things happen.

DMC: Sure.

JL: I was actually talking to your dean about two days ago and we were kind of going down memory lane. It took Sue Fitzsimmons and I about six months to get around to figuring out when Pat and Celesta would take vacation. That didn't ever occur to Sue and I. And I went by and they brought the question to us and we said why didn't you ask earlier and Pat was reminding me of what they had said. Well, we knew you would treat us well and we knew you would do the right thing and we also knew it had never crossed your mind about whose salary we took vacation on.

DMC: Right.

JL: And you know, so it was, there was a lot, there was some casualness in the way we went about getting things done but we got a number of things done.

DMC: Yes.

JL: And you've probably seen the monograph that was written many years ago that was really a set of papers about the collaborative agreement. So that's, the real history is already in writing.

DMC: Yes.

JL: Part of the relationship with Miami Valley was a relationship in which they served as a primary clinical site for student education and faculty research but they also gave us a specified number of FTE's and financial support. And I think one of the things that I always thought was a real tribute to their broad view of the future and that is they gave us money to begin a nursing research program and to set up seed grants for collaborative grants. And how we designed the grants is our faculty could apply for a grant for research as long as it had a clinical partner. But the clinical partner could actually come from any of the hospitals in town.

DMC: How nice.

JL: And I thought, you know they really, they could have insisted since it was essentially their money, they could have insisted that it only be research that's conducted with their nurses in their institution. But it wasn't and I think that also helped the school relate to all of the hospitals even though everyone knew that we had a different relationship with Miami Valley than we did with the other, at the time, six big hospitals. We were able to still have clinical experiences for our students and the graduate students could certainly have clinical and preceptor experiences in any of the hospitals because we tried never to burn any bridges with the other hospitals even though we did, you know, were more closely aligned with one. So, you know, those were some

of the things that needed to be done. We needed to build faculty and at that time the vast majority of the faculty had the master's degree and the profession of nursing was changing right in front of our eyes and so it was important that faculty begin getting doctoral preparation. And I'm sure there's no comparison now to the percentage of faculty with doctoral preparation than the percentage who had doctoral preparation in nineteen eighty-four.

DMC: Right. Exactly. So, the collaborative process that you guys went through with Miami Valley, did, from your experience across the country was that unique or was that something you observed in other places in the country or was this something that you guys came up with, just kind of it evolved?

JL: I think there was some real unique characteristics of it and I think the unique part of it was probably, Miami Valley had such a capable administrative team and they were, in my opinion, such visionaries. That the way they crafted the binding agreements between the two was really, it allowed for so much creativity and innovation. So, the agreement in and of itself was, I thought, carefully and thoughtfully crafted but it was the people that made it work. And I really never worked with people and I worked with two VP's for nursing and two CEO's but very little turnover at that institution at that period in time but without exception they were some of the most capable people I've ever had the opportunity to work with. And so I think it was that. There was a great deal of trust and respect and actual just liking of one another that, I think, the people at the university, the provost and our board representative truly appreciated the relationship between the hospital. And I remember one time as we were probably, I was there for five years, and we were probably about at year three and the CEO who was there at that time was Rush Jordan. And Mr. Jordan was really a very well known legend in hospital administrator circles. He was very well thought of. And he asked to have a celebration. And so Dr., President Mulhollan had this lovely dinner at his home for those of us who were closely involved. And I

remember Mr. Jordan said there was so little in the management of a complex hospital that was going well that he wanted to just take time to celebrate the collaboration with Wright State because that was going incredibly well. And you know, you usually don't take time and have a lovely dinner and celebrate your successes. You usually think about all that's in front of you to get done. But I think that was sort of the spirit of the collaborative agreement, you know to celebrate the successes and to work very hard to make things work well. The hospital had done a lot of things right preparatory to even going into this relationship. For many years their diploma students had had all their general education primarily at Wright State but they had college credit for it. So for the diploma nurses to come into the RN or BSN program they came in bringing not only their nursing knowledge but they came in bringing actual credits that had already been earned which made the then attainment for baccalaureate degree less difficult and less complex for them. So, you know, I think it was one of the better agreements. I think over time, you know, I've seen a lot of institutions that have done some really good things but that was twenty- two years ago. It was a long time ago.

DMC: It was probably on the cutting edge.

JL: Yeah, I think it really was.

DMC: Great. So, in addition to those kinds of initiatives that you've already identified were there any other goals or things that you wanted to accomplish as an administrator in the, well then it was the School of Nursing at Wright State here?

JL: Um, well certainly the goal of implementing the collaborative agreement was a big goal.

DMC: Certainly.

JL: Then the development and the setting the environment up for the conduct of nursing research, the further educational opportunities for the faculty. We always had a very robust

student body issue. Remember?

DMC: Right.

JL: So there was no want for wanting more students. I mean we certainly had a lot of students and they were capable students. And I think the faculty delivered a very good curriculum. But many of the faculty when I first came were really junior in being a faculty member. So for many people there was just that normal development in the faculty role. There were not a large number of senior faculty. So, it was a matter of developing the faculty while we were still trying to educate at that time about seven hundred and forty students. So, it was a busy time because we didn't have a lot of faculty and so you know the goal always was to get more resources. You know, how can we get more resources. We had resources from Miami Valley but we needed a lot more resources from the university. And that was just, each year they had to be, well this is what is likely to be possible this year.

DMC: Great. I'd like to have you perhaps describe some of your interactions with different groups of perhaps participants and first I'd like to look at students. Did you have the opportunity to teach some classes? Do you have any special memories of any classes you taught or students that you worked with?

JL: Yes, I did teach. I primarily taught in the master's program and I remember at that time we offered two evening courses per night. And I remember, what I remember very clearly is I never like to teach the second one because it was getting close to when I liked to be getting ready to go to bed but the students were terrific. You know so many of those graduate students were at Wright, at the Air Force base and they were very conscientious students. And so we would have students who'd worked all day and then they would come to class and take the equivalent of nearly four hours of class after the workday. I remember we had some difficult decisions to make when I first got there about when to offer the classes because at least when I

first arrived the classes were offered in what seemed to be, to me, to be not the best time was the middle of the afternoon. And what it meant was that people who were working the day shift were off in time and people who were working the evening shift would have to go to work in the middle of the class. So that led us to moving the classes later in the afternoon so people could pick a shift that they could work because when I got there they were sort of like the two to four time frame. Well that was pretty much difficult for anybody who was working. And I think over the years our orientation and philosophy about educating the registered nurse became quite different. So we needed to make our programs available to people who wanted to increase their level of education. But I remember the students being very good.

DMC: What topics, what were the courses that you taught? Can you remember?

JL: I can't remember the courses but you know at that time our entire masters program was sort of a generalist community health masters.

DMC: Sure.

JL: And so I would teach more in the community health related areas.

DMC: Yeah, that would fit. Yeah. Very good.

JL: I remember a number of the students, you know at that time we had students that did honors projects and so students were really doing a lot of very clever things. I remember the faculty being very creative and one of my favorite clinicals to talk about is what and it was community health clinical and it was in the evening and that's very unusual. But the faculty lovingly called it Dayton After Dark and it was in the correctional institution. And you know there were captive audiences to receive nursing care after dark in a correctional institution.

DMC: (Laughs) Yeah.

JL: And one of the things that I've been committed to and I've really developed it much more complex here at the University of Virginia but we started it there and that is if people who

have the ability to influence your school don't really understand your discipline it's our obligation to educate them. And I know when Dr. Hathaway came as our provost you know he's a physicist and he didn't know a lot about nursing but I always told him he was smart, he could learn. And so I remember we always would take people like him on clinical experiences because the one thing I truly believe the public does not understand is how complex and sophisticated nursing education is. And the thing that's such a surprise to them is how we educate undergraduates and that is undergraduates typically do not go into a clinical area and just stand there looking around. The minute they arrive they are providing care to patients and I think that's so important for people who have an impact to see. (Pause) I was looking at the clock and thinking; hum, is it after ten o'clock?

DMC: Yeah.

JL: I had a conference, oh, I'm sorry my call is at eleven and they scheduled it on central time and I'm on Eastern Time. I thought oh, my gosh how have I done this.

DMC: You're okay.

JL: But I remember the faculty member took Dr. Hathaway to her Dayton After Dark clinical. And you know that was an experience he didn't forget for a very long time.

DMC: Excellent. Yeah.

JL: So, you know my recollection is we had to grow and develop the faculty. We had to recruit a lot of new faculty. But we had many people who were very committed both those who were there and those who came later to really further the mission of the school.

DMC: Uh-huh. Part of the recollections I had about at that time, did you initiate some special social functions for the students when you were there to get to meet them or to welcome them and things like that?

JL: Yeah, I can't remember.

DMC: A welcoming like an orientation week or something like that. You don't remember that?

JL: I can't remember. We had good people in student affairs and so we did a lot of things. Because at that time our whole school was on the fourth floor of Allyn Hall we saw the students quite a bit because everybody was sort of close together geographically.

DMC: Right.

JL: But that part I'm really very vague on.

DMC: It's been awhile I know.

JL: (Laughs)

DMC: Great. Let's see. How do you feel like your experiences at Wright State has affected your career? Like I know you've gone on to Virginia, do you think there's been anything about your time here at Wright State that has had any special impact on you?

JL: Oh, I think it did because before I went to Wright State I primarily was associated with either psychiatric nursing or public health nursing and then when I went to Wright State and we were in the midst of the new agreement with Miami Valley I became much more invested and involved and knowledgeable about how a complex acute care hospital works. And I just, you know, when I was at the University of Alabama in Birmingham I was in charge of public health nursing. So I had very little contact with our academic medical center. And then at Wright State I was in and out of the hospital very often and so many of the people who were the leaders at the hospital were also graduates of our program. So, you know the interaction, so that was one of the greatest learning experiences for me was to learn a lot more than I ever knew about acute care hospitals and how important they are in the education of our students. I learned a lot at Wright State about working with other deans. There were some excellent deans there and the way in which Wright State's deans work together is very different than what I've experienced at the

University of Virginia. I guess neither is good and neither is bad they're just very different. At Wright State and I think it's still this way because of something Dean Martin said the other day, the deans were all on the university promotion tenure committee.

DMC: Correct. Yeah.

JL: And the deans were all involved at that time in the budget allocation.

DMC: Correct. Yeah.

JL: And so we met twice a month. We saw a lot of each other and we had to learn to work together because particularly related to budget there was a finite [sic] amount of money and none of us could get our full appetite of how much we wanted. But it was a very collaborative group of deans. And deans who I thought were very giving of their time and talent to help new deans to understand the institution and understand really how to be a dean. So, and actually I'm still in contact, if you count Pat Martin, with four of the deans that were the deans, Pat wasn't a dean then but she you know is now the dean. But I'm still in pretty close contact with three of the other deans even though we're spread out all across the United States we try to see each other whenever we can.

DMC: Great. Yeah.

JL: And they were the three that were the most helpful; the Dean of Medicine, the Dean of Liberal Arts and the Dean of Science and Mathematics because you know when you think about it those were the three schools our students had the greatest involvement in and so on a professional basis it was important that I work well with those people. It just coincidentally we just became friends.

DMC: Great.

JL: The other thing that, and this is really not answering your question but one of the things that we had at Wright State that I've never been able to recreate much to my regret was

we had that series of interdisciplinary courses with the School of Medicine and the Theological Seminary. And they were in place when I got there in nineteen eighty-four. They were actually, it appeared, they were the idea of the person who chaired community medicine in the Medical School who was by training a philosopher. But I thought those courses were just incredible and I often participated in the one that dealt with ethics. And student feedback I remember the RN students, some of them told me you can't let this course be an elective. It's got to be a required course. This is so important. But you know the way I understood if the course is focused on those areas that were the most difficult emotionally to deal with like suicide prevention, death and dying, ethics, there were about four of them. And they would have ten students from each of the three schools and then faculty of each of the three schools but you know so many universities have never developed that opportunity for people who are going to work together for the rest of their lives to learn together while they are students. So, I've tried for years to recreate that with really marginal success.

DMC: Great. Interesting. Is there anything we haven't asked you that you would like to talk or share about before I turn to my graduate students?

JL: Just that, you know, those were some difficult years and because so much needed to be done to take the school to the next level. But I think people learn so much more from the challenges they face than when everything's just going great. So I have always been grateful for both the challenges that I faced there and the support that I was given in overcoming some of the challenges and obviously in five years I didn't overcome nearly all that needed to be dealt with and that's way people who follow have new opportunities.

DMC: Right. Exactly.

JL: Put I always look back with a great deal of fondness. Many of the faculty I remember with great affection. And you know we had a lot of, we worked very hard but I

remember a lot of things that were really a lot of fun.

DMC: Great. What kinds of fun things did we do?

JL: Well the most unusual thing was I always had the holiday party at my house.

DMC: I wanted you to tell us about your holiday party.

JL: Well, you may not have been there the year that when someone early in the party walked in the and unexpectantly [sic] the fire alarm went off.

DMC: No.

JL: And that really took awhile to stop that maceration. I think we had a fire in the fireplace and so you know it's kind of a real entrance when somebody walks in and you know the fire alarm's going off and you can't get it to turn off. But that was a lot of fun.

DMC: Yeah, we did.

JL: And people I think really pulled together to really do good work because we had at that time far too few faculty and far more students than we really could accommodate given our faculty resources. But you know I remember one of the difficulties but it was solved pretty expediently. About a day or two the classes started we had a faculty member resign. Well, you know, we had students scheduled to take courses and it happened to be an elective that the person said she couldn't teach after all. But you know I just called over to Miami Valley and said I need help and someone rose to the occasion and in about two days time taught an elective in gerontology for us.

DMC: Wow, fantastic.

JL: So you know there was a lot of partnership, comrade, you know good things.

DMC: Great. Okay, I will turn to my graduate students. Any questions that you guys would like to raise? Okay, this is Stacey Baldwin.

JL: Hi, Stacey.

STACEY BALDWIN: Hi, Dr. Lancaster. I was just wanting to ask what the relationship was like between the Miami Valley Diploma students and the baccalaureate students at the time of the merger. What did you observe?

JL: You know that was very interesting. It was very, in my opinion, it was very positive. And I think that particular, the decision to close the diploma program and to swing their alliance to the university that could have been just fraught with trouble. But I think the way the hospital handled it, they handled it so thoughtfully and so judiciously and they didn't move into this agreement hastily. I think it was in the works for a few years. So, I think they really, it was almost like a studied and planned change with you know they had done quite a bit of unfreezing and ground development of the forerunners for baccalaureate education because very little difficulty. And the other thing that I think everyone did and of course the hospital led the effort is they publicly valued those graduates of the diploma program. And so it was never made transparent, it was never stated that we're going to move to a different kind of education because it's better. You know, they never took away the fact that those diploma-educated graduates had a very good education. And that's I think very unusual. We have a, this university, and interestingly, ran a diploma program and a baccalaureate program for like ten or twelve years. And I've had occasion and I can say it wasn't a very pleasant occasion to be hosting the diploma class of a particular year it was actually at my home, they were there for dinner and they just lit into me as though you know, I was the one who had done all wrong to them. And of course I wasn't here at the time but you know they had such negative feelings about, they felt second best. And I never picked that up among the graduates of the diploma program at Miami Valley but I just think it was because of the very thoughtful way they went down that road.

DMC: Very good.

SB: Thank you.

JL: You're welcome.

DMC: And this is Emily Pingrey.

JL: Hi, Emily.

EMILY PINGREY: Hello. It's nice to talk to you. I, myself am new to Wright State so I'm kind of wondering you've been at many different universities what do you really feel distinguishes Wright State from other places you've been in a positive way?

JL: Well, you know, I came there when Wright State was twenty years old and it had such a pioneer spirit. You know it was sort of like you think about the gold rush and you know everybody moving west in their covered wagons kind of thing. So, there was so many possibilities and you know things are very different at a young university versus one like the University of Virginia which is by American standards an old university. So, I think the spirit of adventure, the spirit of change and I understand the new buildings, the whole development of the corridor that surrounds the university. But it was more of a cowboy attitude rather than a stayed; this is the way we've always done it kind of thing. And you know I was quite startled when I came here and it's certainly changed because I've been here seventeen years. You know when I first came people would present an idea and someone would say well what would Mr. Jefferson as in Thomas Jefferson, what would the Jefferson's think about that.

DMC: (Laughs)

JL: And you think my gosh, you know, how could we even imagine what he would think. The man was so much smarter than almost any of us that he would be thinking so far out but it was that unwillingness to change because you know this is Mr. Jefferson's university. And that's changed a lot over the years but that was particularly startling to me coming from Wright State where we were really in the twenty year mark really still building. And so that, and when I say some of the cowboy spirit that's in all respect to the cowboys.

DMC: Yeah. Excellent. Very good.

EP: Thank you.

DMC: Thank you very much. Do you have anything Jennifer? Great. I think that's all of our questions and we thank you so very much.

JL: Well great and good to talk with you.

DMC: Yes. Very good.

TAPE ENDS