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Interview with Kathryn Stream

Kathryn Stream Ph.D.

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TEXAS MEDICAL CENTER
WOMAN'S HISTORY PROJECT

Dr. Kathryn Stream

Interviewed by: Natalie Garza
Date: December 19, 2013, February 26, 2014
Transcribed by: Michelle Kokes
Location: phone interview

NG: This is Natalie Garza. It is Thursday December 19, 2013 and I am interviewing Dr. Kathryn Stream over the phone. Can you begin by telling me what your full name is?

KS: My full name is Kathryn Knox Sheaffer Stream.

NG: Okay and is any one of those your maiden name?

KS: Sheaffer is my maiden name and I usually sign Kathryn S. Stream.

NG: Okay.

KS: Kathryn Schaefer Stream is my legal signature I would say.

NG: Okay. And when where you born?

KS: November 10, 1939.

NG: Where were you born?

KS: I was born in a rural town in Mississippi and the name of it is Pittsdoro. P-i-t-t-s-d-o-r-o.

NG: Okay.

KS: Had about 250 people in it.

NG: I'm sorry about how many?

KS: 250.

NG: Oh okay small town.

KS: Small town not too far from Tupelo, Mississippi where I grew up.

NG: Can you tell me about Tupelo what was that like?

KS: Let's see when I grew up in Tupelo it had about 18,000 there. My father owned a furniture store. I love growing up in Tupelo. Everybody cared about everybody it seemed and it was a very pleasant experience. My high school years were spent with activities. I was the first woman president of our student body when I graduated and I held several state offices as a high school senior.

NG: Was that a big deal to everyone that you were the first woman president of the class?

KS: Of the student body not just the class. Yes it kind of seemed to shock everybody (including me) that I was elected.

NG: Why did you decide to run?

KS: Well, this is a little bit of a long story that you may not care about, but I will go ahead and tell it as briefly as I can. I was also president of the Y Teens which is just a teenage part of the YWCA that meets in public schools. But the Y Teens had a state wide election in my junior year to send two people from our state to an international convention in New York and my Y Teen group nominated me and I won and went to New York to the international meeting. While I was there the principal of my high school called me and said that I had been nominated for president of the student body and that I would be expected to do my address to the assembly the next day after I got home from New York on the train. So he was calling to let me know if I wanted to prepare any remarks I should probably do it on the way home. So that's what I did and I made the speech and the election was held and I won.

NG: That's exciting.

KS: It was. I was very young. You may not care about this either but I will tell you. My mother was a school teacher in this small little town where I was born before we moved to Tupelo and the town was so small there weren't nursery programs there. So when I was 3 my mother went to the kindergarten teacher and asked if I could come and sit in the class of kindergarten kids. So this teacher said, well she didn't see anything wrong with that if I'd be quiet and stay out of the way. So that happened. When I was 4, I went in and sat in on the first grade. When I was 5, I went in and sat in on the second grade. By the time I was 6, I was in the third grade and I was a legal student at that point. We moved to Tupelo when I was 8 and was in the fifth grade but that principal was very reluctant to let me be in his middle school at 8 years old. He sent my mother out of the room and we had some kind of conversation, (of course I don't remember it) but when she came back he said that if he could find any fifth grade teacher that would be willing to take an 8 year old I could come. So we waited while he went around the school and he found one and so I was enrolled in the fifth grade when I was 8. So of course I was barely 15 when I graduated from high school and served as this president of the student body that I have already described.

NG: So this was a big deal not only being the first woman but that you were so young and people were wanting to give you that responsibility.

KS: Yes I assume so. That makes it sound a bigger deal than it was but yes what you said is true.

NG: So graduating that young did you go to college right away?

KS: Yes.

NG: You did?

KS: I went to a small college in Mississippi for two years, Millsaps College, a small liberal arts school in Jackson. I think it's the most academic of the Mississippi universities and I was there when I was 15 and that November I became 16. I was there two years and then transferred to Vanderbilt and I graduated from Vanderbilt two years later in 1960.

NG: Growing up were there expectations that you would go to college after you graduated high school?

KS: Absolutely.

NG: Okay and was it unusual to have a mother that was working outside of the home at that time in your town?

KS: Yes I suppose it was although I never thought too much about it. My mother was executive secretary to the highway commissioner for the state of Mississippi and she worked in that position for 20 years. After that time she was able to retire and she did. She had a wonderful job and a good bit of responsibility and it was good for her to do that and as an only child there just wasn't a whole ton of stuff to take up her time at home. No younger sibs running around.

NG: Right. How did you decide on Vanderbilt?

KS: Well at that point I wanted to become an audiologist and Vanderbilt had a wonderful program in audiology. I learned that when I went to Vanderbilt I would have to major and minor in something else but I could take enough electives to be able to go on and get my Masters in audiology. So that's what I did. I majored in psychology and minored in English and took all these speech and hearing courses and in my senior year at Vanderbilt we did internships in speech and hearing. The head of the Bill Wilkerson

Speech and Hearing Center (where I did my internship) called me in, which is a little bit scary I thought maybe he found out I was parking in the wrong space or something. But anyway I kept the appointment and when I got in there he had three pieces of paper on his desk facing me and he said, "Sign these." I said, "What is it?" He said, "Well I'm going to get you a full scholarship to Northwestern University to get your Masters in Audiology." I said, "Where do I sign?" So I went straight from Vanderbilt then to Northwestern and got my Masters in audiology and was a clinical audiologist for about 15 years.

NG: So you knew then very early on that you would get a Master's degree?

KS: Well the basic level for practice of clinical audiology is a Master's degree. So if I wanted to work in that field, I had to get the Master's which I did.

NG: Can you describe a little bit about your experience at Vanderbilt in terms of the social make-up of the student body and support that you got as a female student?

KS: Yes I will try. I found Vanderbilt academically very challenging. I got a letter early on that said if I managed to equal the grades I transferred in with, then they had decided those grades would apply toward graduating with honors. I didn't pay a whole lot of attention to that because it was academically quite challenging to manage, not just psychology and English, but the junior/senior speech pathology and audiology was very challenging. Plus I had a fairly responsible office in my sorority, pledge trainer, which meant I listened to a lot of issues and problems. But insofar as the faculty, particularly those teaching in the upper levels for speech language pathology they were enormously supportive academically and allowed me to do some small research projects along with other students and I thought trained me well for the work that I would need to do in my

Master's program. With regard to the mixture of the student body the one interesting thing for me is out of those 4,000 students or something only 5 women transfers were accepted to Vanderbilt the year I was accepted (which is an extremely low percentage). However the population of the student body as I recall was probably 30 or 40% women and most class offices held at least one woman in some position or other. I found it was not an issue, it was not a gender issue. At that time it was not a heavily attended school internationally, not a lot of opportunities to know people from foreign lands. So I have traveled extensively to try to make up for that.

NG: What prompted the interest in audiology in the first place?

KS: I'm really not sure I just decided that I wanted to do a health related program but I didn't want to be a doctor. So that led me to search for academic degrees that would allow me to do that. I was more interested in audiology than speech language pathology because audiology is a diagnostic area that I enjoyed and I thought I was better at than a long term therapeutic relationship.

NG: How did you learn about audiology was it just through researching different programs?

KS: Yes, yes it was. I didn't know any audiologists and I had never seen one, you know professionally and I just decided to look into it. The two years that I was at Vanderbilt convinced me that I wanted to go ahead with audiology. I could have done something with Psychology and I could have done something with English but by that time I had enough experience to think that I wanted to go ahead with audiology and I'm very glad I did.

An audiology Master's degree is a clinical degree. I spent most of my professional audiology life as a pediatric audiologist. In that case, my role was to rule out hearing loss when a child for whatever reason was not speaking well. So the situation was that most parents didn't want to hear that their child had a severe hearing loss. But that diagnostically would be more acceptable than some of the other diagnosis for the reasons children did not develop their speech normally. So I spent a good bit of time in the diagnosis of very young children, and helped devise testing. In a sound chamber I utilized various sounds and matched them with lights on speakers in corners and conditioned children to turn toward the sound by flashing lights of different animals. In the long run it turned out to be a very good way to assess the level of a child's hearing for speech. Not hearing across all frequencies, but the idea at that time with the age of those children, was to determine whether or not they could hear speech sounds well enough to begin to mimic the speech and learn to produce the sound. Not the exact intensity that was the softest thing they could hear.

NG: What made you want to go into the health field in the first place?

KS: I thought from my perspective it had advantages for women that would allow them to do other things besides teaching and nursing and secretarial work. I didn't want to do any of those so I looked for other things. I could have been a tech but I didn't think I would be able to obtain a high enough level to do individual diagnosis and recommendation to physicians as some kind of tech. So gradually I scratched off the other options.

NG: Why did you rule out medical school?

KS: I ruled out medical school fairly early on because I selfishly didn't want to give the time. Not to the study but in my professional life I wanted to have some time for myself and I didn't think that probably would happen very much if I were in medicine.

NG: Did you have the support of your family in continuing your education beyond the undergraduate degree or did they have other expectations of you?

KS: They had the expectation that I would keep climbing and keep going. Yes they were not only supportive they wanted me to continue my education.

NG: Did you have many peers, women peers that were going on to continue their education as well?

KS: Well that's a good question. It seemed to me at Vanderbilt there were probably out of a class we'll say 30 students probably 6 or 7 or 8 of us were women.

NG: I've talked to different people who have said that around this time women were expected after they graduated to get married and did you feel any of those pressures or hear people commenting those things to you?

KS: No, no one ever said, "Why don't you stop your education and try to get married?"

NG: Okay.

KS: No one.

NG: How was it moving to Northwestern University?

KS: Well the campus was beautiful but it was colder than heck up there and the wind blows like crazy and the snow piles up from November to April. I had about 8 blocks to walk from my apartment to the campus and my southern blood ran very thin. I was cold a lot of time that I was at Northwestern. But it was academically the most challenging

program in the country for audiologists at that time and I also did a good bit of work in language pathologies. I was very pleased to be there and delighted when I graduated and it was over and time to go to work.

NG: So I was looking at your CV and saw that you worked as an audiologist in a few different places in Chicago, Los Angeles and then coming to UT Galveston.

KS: Yes. Shall I take up some time and briefly talk about those years?

NG: Yes please.

KS: My first position was at Michael Reese Medical Center in Chicago whose director had been a doctoral student at Northwestern. I had run into him several times. So it was while I was there under his tutelage that I began my interest in pediatrics. After I began work in September, I married in December of that year of that first professional year to Richard who was working on his Ph.D. in the area of audiology at Northwestern. I worked there at Michael Reese until Richard finished his doctoral studies and then we went back to Nashville where Richard was on the faculty at Vanderbilt at the same program from which I had graduated. He had obtained his Masters there. Our two daughters were both born in Nashville. While we were in Nashville I did not work.

When our daughters were 4, 5, something like that Richard received a NIH fellowship for two years to do research in any program in the country he chose. He picked UCLA. So we went to Los Angeles for Richard to do his post doc there. Our children were in pre-school: one was in a program 3 mornings a week and one was in a kindergarten program. So at the time I went back to work, I did it on a part time basis in California so that I would be working while they were in school. I wanted to be home when they were not in school themselves. So as the younger child got older and went to

school 5 mornings a week I worked 5 mornings a week. For those, all of those years and during the Galveston years I only worked part time. I was home with the children when I thought I should be, when I wanted to be.

So after 2 years of working on the NIH funded research, Richard chose to work in a position at UTMB Galveston. He was on the faculty of otolaryngology where he taught hearing science to residents in ear, nose and throat at the medical school. While there I worked half time as a clinical audiologist for the hearing and speech center at the medical school. Almost all of those years my appointments were heavily skewed (intentionally) toward children. It was not unusual for people to fly to Houston and drive to Galveston to have me evaluate their child. I love the work that I did. While we were there in Galveston Richard one night brought home a packet of information and put it at my place at the dinner table and I said, "Well what's this?" He said, "Well they have this Ph.D. program in preventative medicine in the graduate school at UTMB and I think you should enroll and I think you should get your doctorate now." I said, "Well I don't want to get my doctorate yours was too hard. I saw all that. I don't want to go through that." He said, "Well you don't have to but you do have to go talk to the Dean because I've made an appointment for you to go by so you can understand this program."

So I went over there and talked to the Dean and he said, "Well, we require a Master's degree in a health related field which you have we need this and we need that and we need for you to take the GRE." It was so early when I went to graduate school myself I didn't have to take the GRE then but did have to take it to get into the graduate school of the medical school. Well it had been 20 years since I cared anything at all about the area of a cube.

Before I made the decision to go back to school, I asked Richard to visit with the children. They were 7 and 9 at the time because somebody was going to have to take part of my chores. I was still working half time and somebody was going to have to take some of my stuff at home, like the grocery store and the laundry. Everybody was going to have to cook a little and chop a lot and it was just going to take on a whole other facet of what everybody did at home. I told him I didn't want to make a decision until I heard from the children. So he took them off at some point over the next two or three days and that night the packet of information was at my place again and he said, "The children and I have discussed it and we want you to go back to school." So I made the menu but the three of them went to the grocery store and put all that stuff away. They did all the laundry and took out the trash and changed their sheets and all that business and I worked half time all morning, picked them up at school and went back to class. At night I helped them with their homework, made dinner and we visited until about 8 or 8:30 when they got ready for bed. After putting them to bed around 9:00, I would begin to study and I studied until about 1:00 every morning and then I would get up at 6:00 and do the same thing again. But everybody pitched in and I finished my academic work in 3 years which was a good thing because Richard had decided he would like some doctoral students that were interested in what he wanted to study in audiology not just not to have medical students who needed the information but that wasn't their passion. So Richard accepted a position as Chairman of the Department at the University of North Texas in Denton.

The department at UNT was named the Department of Communication Sciences and Disorders. He and the children moved to Denton because I had another month in

Galveston where I needed to write my qualifying exam. So I kept a card table and a cot and a lamp and a few things like that and stayed in Galveston in our home and wrote my qualifying exam. I had it typed, signed off on it, rented a U-Haul and took my little stuff to Denton where Richard and the children were, they had been enrolled in school and had rented a house that we wanted to buy but since I really hadn't seen it very well they chose to rent it until I got there and we all could make a decision together. So that's how the move worked to Denton, but that meant I had to write my dissertation long distance. And my dissertation committee was five professors, one from outside UTMB, I chose a doctoral person that was administrative head of a speech and hearing clinic in Houston to be my 5th faculty advisor. The way they had the dissertation set up was each chapter had to be approved by each advisor. So over the course of the chapters, one advisor would put it on the back of his/her desk and not get to it. Another advisor who wanted to get through it quickly would be on chapter 3. So I had to go back and forth to Galveston a good bit to try and keep everybody on the same page.

I had done the dissertation research during that third year as a student. So I had the data and it was with the statistician at UTMB when I moved to Denton. But that one year of course was not sufficient because I had to be up and down the road all the time going back to Galveston and making changes each time an advisor wanted a certain chapter changed and then getting those changes recognized and approved by every other advisor. You can see the statistically problematic development of a long distance dissertation under their rules but I stayed the course and the advisors were helpful and I finished that year and graduated in May, 1981.

NG: Right it was 1981.

KS: Well of course you know I went back to Galveston for my graduation there and I felt like my family had worked as hard as I had just to get me through. So my parents were there and it was a great celebration for all of us. I was hooded by the Dean, that same Dean who said, "Here are the requirements and we hope you will come."

NG: What was your dissertation on?

KS: My dissertation was on a topic that had to do with the health and safety behaviors of children and whether those behaviors appeared to be parentally influenced more on what parents said and taught or what they did. That required a picture choice that had to do with traffic safety, poisons, sharp objects, and many, many situations like that. I had to construct a test for four year olds where the pictures are 100% recognizable, so recognizable they could point to the one that was safe (or safer). That was quite a challenge. But with enough time and enough 4 year old classes who were willing to help me establish the picture norm I was able to do the dissertation and help one of my professors in a grant that he had. What it turned out was that the children's choices for safe and healthy behaviors really stemmed from the value the parents said they held not necessarily what the children saw them do. It was a very interesting study to do. It was one of the very first times we had considered that four year olds might need to choose behaviors for themselves. But the test or the pictures had to do with sharp things (knives), hot things (stoves), traffic (cars coming), those kinds of things where children would need to choose. So for me, it was an interesting study and I was glad when it was done, glad when the report on the grant went in and everything about the study passed muster.

NG: I want to go back a little bit. You were saying that people would go specifically to you to get a diagnosis when you were doing audiology.

KS: Yes.

NG: Were you doing anything different that people elsewhere weren't doing or why was that?

KS: Well I think it was primarily because of this little test that I used where the child sat in this sound proof room in the lap of a parent. There were speakers in the corners of the room and the child would be equal distance from the speakers facing me and I would present a speech sound through the speaker at a known level into the room. If the child turned to locate the sound I would flash the light, give a visual stimulus reward. It didn't take too long to condition the child that if he heard something and turned toward it he would see a lighted monkey or a lighted duck or some other lighted animal.

The test I used was called condition oriented response. I of course didn't think it up. But I did elaborate on it so that younger and younger children were able to be conditioned to this testing and make appropriate responses. We never thought that we were getting the hearing threshold of the child. But we did think we were determining whether or not the speech sound was audible at a level where the children would be able to acquire speech through hearing. So while I was working on that it was kind of word of mouth, particularly in the beginning in Texas where there were let's say 300 or 400 speech language pathologists and audiologists in the Texas Speech and Hearing Association. So I gave presentations there and it was fairly well known in the state that I was working on this. So that word of mouth existed between state associations and national associations. I'm sure you saw in my vitae that I held several positions nationally as well as state wide positions. The word kind of got out that in Galveston we

were spending a lot of time with children at younger ages than had routinely been evaluated in the past.

At that time I also worked with some folks on a grant to establish a hearing evaluation for newborns but that was far in the future at that time. We were working with children at younger levels than we could expect to use the ear phones and turn to minute sound. We weren't trying to get thresholds, we were trying to establish whether or not they heard well enough to begin to speak if it were only hearing that we were considering. The other options would be a diagnosis someone else would have to make; autism or retardation or many other things it could be. But my area was to rule out hearing loss, as a cause for lack of speech development.

NG: Did you end up working on the testing for newborns or was it just the grant that you worked on?

KS: That was just a grant that I worked on because the mechanism for what we were trying to figure out did not exist. You know if you lose air around the ear cuff for a child you don't know how much energy is going in to the child's ear drums. We knew what we would like to have happen but the idea of how to do it needed refinement. That was in the 80's.

NG: So after you received your doctorate you got a job in Denton at the Westgate Medical Center?

KS: Yes I was there for a year working. I had decided that I would like to use this doctorate in healthcare administration.

KS: Since I wanted to work in Denton, which is not that big a town, I went to talk to a hospital administrator at Westgate Hospital and was hired in a liaison position. Toward

the end of the first year, I learned that Baylor Medical Center in Dallas was looking for someone to manage their outpatient system. So I went down and talked to them. I was hired to manage I think it was about 5 outpatient programs. In these programs, staff performed the evaluations and physicians who were head of the areas would analyze the data. There were four or five different centers that I directed.

When I had been at Baylor two years I guess, I'm not sure it could have been three but anyway the DRG's, Diagnostically Related Groups, were introduced. The Medicare System incorporated DRG's. That incorporation meant that an associated number of nights would be allotted to a hospital stay, based on procedures they prioritized. Anyway for the first time there was a system that began to tell hospitals when to discharge their inpatients. That was a very different notion. All hospitals, and Baylor was included, became very interested in having a revenue stream that would increase so that the decrease in the dollars in the inpatient programs would be matched or the loss of revenue would be somewhat alleviated.

So the Baylor administration decided that they would make up this fiscal difference by adding to their patient system. With that decision came a promotion for me to Vice President with the enormous responsibility to establish new additional outpatient systems. The first one they wanted was outpatient surgery and the list went on from there. So I started working on that. It meant a different set of physician faculty for each clinic. It meant staff. It meant equipment, it meant personnel, it meant financial analysis. You can imagine without my enumerating all the things required to consider building a new outpatient program. So after about 4 years I went to my Senior Vice President and said I've got to have help here. We have these new centers and I'm supposed to be building

three or four more and it's obvious I can't do this job alone. I'm going to fail because I don't have enough help. I need somebody to help with the equipment, somebody to help with the personnel so I listed two or three kinds of folks that I needed in order to do the job correctly. My Senior Vice President just patted me on the shoulder and he said, "Kathryn you are so loyal and so consistently good at what you do. We just want you to stay here with us at Baylor and keep doing what you're doing." And I said, "Well you know thank you very much but I need these people and I need you to get me an answer in two weeks. And I will make an appointment with you and I will be back in two weeks and you can tell me 'yes we are going to hire them' or 'no we're not' and I will bring my resignation letter. If I get them I will stay and we will keep working and if I can't have them I won't and you can go hire some people yourself and somebody else can lead it."

So I made the appointment and in two weeks I was back. I had been at Baylor I guess 6 or 7 maybe 8 years by that time. I can't really remember and I went back to see him after those two weeks and he patted me on the shoulder and he said, "Kathryn you are so loyal and so consistently good..." I said, "Thank you very much here is my resignation letter. I will be out of here in two weeks." And I was because for the first thing physicians in their clinic, especially in their establishment of a new clinic they wanted to meet at 6:00 at night or earlier in the morning or later at night. And I was driving from Denton to Dallas, the heart of Dallas back and forth every day, plus starting a meeting with doctors at 6:00 a.m. and continuing to meet with doctors until 6:30 p.m. and in between I was trying to touch all these basis to be fiscally responsible I had an enormous learning curve to go up in each area and I just knew that I was not going to be able to handle. It was unrealistic to expect that any one person would be that

knowledgeable in all those areas as the situations got bigger and bigger and bigger in each case. They didn't want to help me at that point. So I left Baylor and I have forgotten what year that was. But you can look it up I had been with then a good while.

NG: It looked like you started at Baylor in '82, 1982. When you were at Baylor, how old were your daughters at this point?

KS: Well let's see when we moved to Denton one was in the 8th grade and one was in the 11th grade so at the point I was at Baylor they were collegians.

NG: So the hours weren't interacting with having to take care of children or anything like that?

KS: No the hours were not it was just the over time it was just the drain on me I didn't think I would be physically able to continue doing it and I didn't think I was intellectually up to the task to be as knowledgeable in each of those areas as I should be. I mean I needed a CPA I needed a human development person. I needed all of those people and they didn't want to do it at that time. So I thought they'd be better off breaking in some other folks than having me fail which was absolutely and totally destined.

KS: I mean I've burned no bridges with Baylor, the President and my Senior Vice President all remain my friends and I had no quarrel with them. I was not in any situation there that was undergirding or unwarranted. I just don't think they believed I would do it.

NG: Now can you talk a little bit about moving into administration. I mean I know it sounds like what they were asking you to do at Baylor was incredibly large project, a huge undertaking but before that how was the shift to administration? Did you feel comfortable with that or what kinds of things were you learning in those early years?

KS: Well I think I felt comfortable in going to Baylor and managing these already established clinics. I mean they had doctors that had been working with them and the same staff, space and so forth and it was really like an opportunity to learn while doing in the management of some already developed programs. So I spent my time primarily learning the areas of these clinics (which I can't remember all of them right now) but I wanted to learn the generic things I needed to know in order to manage pieces that would eventually make up the system. So that's how I spent my time and it was going along famously. I mean I had time to do my job and learn while I was working until the DRG situation changed the role that changed what Baylor was asking of me and changed the amount of time that responsibility took. I mean I was promoted yes, but well I've explained the scope of the responsibility. I hope it's fairly easy to see that it would be difficult for one person to do all that brilliantly.

NG: It does. I mean when you first started talking about it I wrote down immediately this sounds like a huge undertaking. Had you ever done anything that large?

KS: No and nor did I have any idea, of course when I took that position I had no idea I would be asked to do anything that large.

NG: Right.

KS: But you know I feel kind of confident in my heart of hearts that administration sat around in a big conference room and said, "Who have we got that can take this on?" and they started going down the list and down the list and finally they said, "Look here we've got someone that works in outpatient. We'll just have them do it. Call her in." That's how I think all that happened.

NG: So in 1989 then you started at Texas Woman's University the Institute of Health Sciences in Houston.

KS: I think so does it say '89?

NG: Yes it does.

KS: Okay then that's what I did. Let me tell you a little bit briefly how that worked. I of course after my resignation at Baylor I came home to Denton and decided that I would be on the faculty myself either at the University of North Texas or Texas Woman's University, both universities located here in Denton because I had a doctorate and I had all these years of experience in health care administration, I went to the universities and the University of North Texas said "Oh they'd love to have me." They needed somebody to teach 4 semesters of 101 each twice a year. I said, "Your idea is that you will hire someone to come in and teach four different 101's one semester and different 101's the second semester?" They said, "Yes isn't that great that's exactly what we want." I said, "Well good and I hope you find that person but it won't be me. Because I cannot possibly do that preparation well. I just can't do it well. So good luck and happy to have met you" and so forth.

Then I went over to TWU and they said, "We don't have a vacancy in our faculty." I said, "Okay thank you. Let me know if things change." So I got a call from TWU and wanted to know if I wanted to come apply to be the head of the Health Science institute in Houston. I said, "No I don't want to do that. My problem is I didn't want to drive to Dallas. Why would I want to fly to Houston?" They said, "Oh okay we were going through our papers and we saw that you applied as a faculty member and we just didn't know if you might want to work in administration." I said, "No but thanks for

calling. Keep me in mind for the faculty position.” So about two or three months later, I think it was, I got a call from a friend who was heading the search committee for the position as head of the health science institute in Houston. He said, “Kathryn we’ve not filled this position and we’ve had several people interviewing for it and none of them have worked out, I think the reason is you ought to be doing that job. Will you come and talk to our President? “I said, “Well I’ll talk to anybody’s president.”

I went over and talked to the President, Dr. Shirley Chater. I explained what the situation was at Baylor and that I had resigned and she wanted to know how much experience I had with health sciences management, management of health systems. So I explained all that and she also wanted someone with a Ph.D. but not in a field that they had faculty in Houston. She wanted a thoroughly objective head of the program, the executive director they called. So I flew down with my friend (the head of the search committee) and interviewed in Houston, the staff and the faculty and the “this” committee and the “that” committee.

The first thing that interested me about this position was its location in the Texas Medical Center and that as head of that TWU program I would become a part of the Texas Medical Center. Secondly, the possibility existed for getting to know a lot of very bright people down there. Plus, it would be an opportunity for me to participate in committees of the Texas medical Center. But the fact remains our home was in Denton and this job was in Houston. So I told Dr. Chater after my interviews and all that I didn’t know if they were interested in me or not, she’d have to find out from their feedback but I couldn’t figure out how I personally could do it. She said, “Well I could make a few changes.” She said, “I can have my executive staff meet on Monday in Denton so that

you could stay an extra night home and I could have the university architect build you an apartment in our dormitory so you wouldn't have to drive and fight Houston traffic all the time and I could pay for your expenses flying back and forth." And the long and short of it is we want you to take this job. So of course I came home and talked it over with my husband because that was going to mean for the first time ever I would be the one traveling. But we decided that I should try this for a while that it would be good experience for me. I accepted the position and began work early in the academic year.

Richard was very busy. He was still chairman of his department. In addition, he was Executive Secretary for the Texas Speech and Hearing Association. So he really had a ton of things on his plate at the time and we just started out to see how it would work and it went very well. I don't know if it was two years or three years or sometime not too long after that I was made Vice Provost for the total University System and worked with the Deans of Health Science in all of our, Denton, Dallas and Houston programs. So things went well for me and I worked there until whatever year it was that I could retire. I had 20 years of retirement established through the teacher retirement system in Texas and so whenever that 20 years was I said, "Okay it's time for me to stop this and come home. I'm ready to come home. I've had a great experience, been promoted, done lots of things I never thought I'd do, enjoyed my work tremendously at Texas Medical Center, served on a number of committees there and it's time for me to come home."

The word then got out that I had planned to retire. Dr. Richard Wainerdi, President of the Texas Medical Center called me and said, "Kathryn I want you to cancel your lunch today I'm going to cancel mine. You come over here and we'll have lunch together." I said, "Okay." I knew Dr. Wainardi because I had represented Texas

Woman's University on the Texas Medical Center (TMC) library board. He had chaired it and there were many other circumstances and times where I had represented Texas Woman's University in some area in the TMC that he headed. TECO was another example I think. Whenever, as the head of an Institution, I was asked to serve on committees or boards I accepted work with many other heads of institutions. He headed those boards or committees so I knew him and I said, "Okay fine I'll be there." So we went to lunch with the Vice President of the TMC Board, Holcombe Crosswell, and they offered me the position of Senior Vice President of the Texas Medical Center. So I said, "Well I don't know about this. I planned to go home. It's time for me to go home." I said, "Let me take two or three days and talk about this and I'll get back to you." So I came home and told Richard about this job offer but I said, "We agreed for me to come home and I'm ready to come home. Let's just let that go and I'll come home." He said, "Kathryn for the rest of your life you would wonder if you could have done that job. I think you should do it and answer the question for yourself."

NG: And what did you think at that point?

KS: I thought that he was an extraordinary man who thought this experience would be good for me to do and he was willing to put himself out again for me to do it. Anyway, I accepted the position. Of course in leaving TWU I got an apartment in Houston and we went right on.

NG: So were you in Houston then on a more full time basis?

KS: On a full time basis yes absolutely. More full time than when I worked for TWU because Dr. Wainerdi had his staff meetings on Monday as well and he wanted me there

so I flew to Denton on Friday late and back to Houston on Sunday afternoon so I could do that job.

NG: Wow. That's quite a commute for several years. Was there ever any other woman that held this position before you?

KS: There were other Senior Vice Presidents but there was no one doing what he had in mind for me to do. He wanted me to work with the institutions to facilitate areas in which the institutions would be better working together than individually. He put me in charge of working on projects of Health and Higher Education. I think there were 42 institutions in the Texas Medical Center when I began that job. The first task force I set up involved the CEOs of large institutions and some of the smaller ones in which we established some goals in areas which the CEO's thought working together would be more beneficial than working individually. Two goals they established included thinking in the areas of international marketing and shared technology.

I was able to put together for the first time individuals with the same expertise in each institution and bring those people together to focus on an issue that needed their attention. So I established committees such as the head nurses, the chief pharmacists, the chief techs. The list was pretty long of persons with various expertise from each different institution. We would form a task force and I'd meet with them. Some were ongoing like nurses and pharmacists. Some in and out based on what kind of situation the CEO's wanted us to work on. We got various small problems figured out with some goals set. We then would suggest those changes to the Institutions, and stop the task force, then move on to a new one to address a different issue. So over time I got to know a lot of people in the medical center.

After some years of working for the TMC, I don't know two or three, I spent a good bit of time with meetings of the Greater Houston Partnership. A good bit of time in the March of Dimes, and some other voluntary agencies in the Houston area. Houston had 82 consulates at that time and every consulate wanted the Texas Medical Center to be interested in their citizens. And we were. We definitely were. We wanted the citizens of each one of those countries who needed the kind of healthcare that the Texas Medical Center could provide, we wanted them to come to the TMC for treatment, surgeries, and/or rehab. Each consulate had an annual anniversary reception celebration and they wanted someone from the Texas Medical Center to be there. Dr. Wainerdi didn't have time to attend all those receptions at night and I didn't have my family in Houston. It just seemed reasonable to him that I would be the one to attend those receptions. So I had that opportunity.

From that opportunity a number of things developed over time. An example of that was the Korean's and their nursing situation. Korea had a Consul General at that time who was very interested in having nurses educated in the United States. Finding a nursing program that would accept their nurse graduates for graduate school was difficult. So at my encouragement, the head of Korean nursing came to the United States and detoured through Houston. We visited and I began to establish a relationship with the Korean Nursing Association, the organization. But I went to Seoul a couple of times and made speeches and the result of those visits was we got our U.S. national nursing exam given by computer annually in Seoul, Korea. Individuals who passed it could put that on their visa and be able to enter our country easier under student credentials to learn in nursing institutions at the Texas Medical Center. And as far as I know that is still going on today.

NG: Well I wanted to know how you think the Texas Medical Center has improved over time and I think you in particular are in a position to be able to say how it's improved or how it's changed and not just in terms of the physical appearance of the Medical Center but other changes that have been made that demonstrated improvement?

KS: I think over time, and by time I mean over the years I was there, we made definite strides and advances in seeing the Texas Medical Center as a health community, a city if you will. A city of hope. I often did tours of dignitaries who came to the Texas Medical Center telling them of the history, the Anderson trust and all that went on trying to get the word out about the Texas Medical Center. I would make it seem personal and approachable and knowledgeable. Many, many, many international groups sent delegations to the Texas Medical Center trying to find out how we did things. I spoke a couple of times in Beijing on strategic planning of a Medical Center both geographically and organizationally. I believe that during those years the inspiration and the issues that individual institutions could share and wanted help with got the attention of the Medical Center and we worked with them to get those things done. From my perspective as a facilitator that was a big plus.

NG: Did you in the time that you have worked in Houston or maybe even before feel like you encountered any obstacles to working in your profession because you are a woman? Any obstacles to you being a woman in your profession?

KS: Um...

NG: Not because you couldn't do your job as a woman but because the way people treated you?

KS: Well I think I'd have to say because I worked for Texas Woman's University there was none of that there, of course. Most of the heads of everything were women. But in terms of Texas Medical Center it could have been like that but Dr. Wainerdi wouldn't have stood for it. He had a number of women as senior vice presidents and I think they were valued equally in his opinion. There was no gender difference. Different institutions had CEO's that were more inclined to listen to women than others but I suspect whatever area you are in you would have found that then and probably still today. But by the time I got to the TMC, given my credential level, it was kind of easy for CEO's to at least give me a try, to kind of listen in the beginning and then we just went on from there.

NG: Can you tell me about your work with the National Center for Human Performance?

KS: Yes. This is going to take a little bit longer. Do you mind if we set up another time?

NG: Okay that's fine.

End of interview part I

NG: This is Natalie Garza. I am interviewing Dr. Kathryn Stream on Wednesday, February 26th and this is a phone interview. This is our second interview. We wanted to talk again so that Dr. Stream could tell us more about the National Center for Human Performance. So can you talk a little bit about why you wanted to be able to talk about the center a little bit more extensively?

KS: Good morning Natalie yes I'll be happy to do that. Of all the things I was involved in, in the Texas Medical Center that I valued highly, I really think that the

potential for the National Center for Human Performance deserved a more lengthy explanation. I had a very great passion for the National Center and I was very pleased to be its founding Director.

The goals for the National Center for Human Performance were totally the vision of Dr. Richard Wainerdi. Dr. Wainerdi envisioned a world wide scope that would influence our young people to improve their human performance in ethical and moral ways. He went about the establishment of the National Center for Human Performance and I felt very fortunate to be an integral part of this. The goal for the National Center for Human Performance was to maintain and enhance human performance in the arts, sports, space and the military and in the general public through the ethical and appropriate application of research and education in medicine and related sciences. At the time we began the National Center the data had not been combined. It was segmented into all of those areas. The arts had their own data, sports certainly did; the space center certainly did; the military certainly did but it wasn't a shared set of data and there was no central repository for that data that could be accessed by other researchers. So the National Center for Human Performance set about to become national as the name implies. I think we probably began that in 2004 and by 2005 we had a working group meeting (much of it by phone) but most of it by attendance of people across the country who were interested in national performance. You can see that from the areas that I named, those people have a wide variety of backgrounds, experience and expertise. Let me just say that we began by talking to institutions about our goals and asking various institutions to sign a memorandum of understanding so that the data that we had in a minuscule way could

begin to be collected. And we had about 20 or so institutions who had signed that memorandum in the early stages.

The Texas Medical Center institutions were: Baylor College of Medicine, City of Houston Health and Human Services, Houston Community College System, Memorial Hermann Healthcare System, The National Space Biomedical Research Institute, St. Luke's Episcopal Health System, Texas A & M University Health Science Center, Texas Children's Hospital, Texas Southern University, Texas Woman's University, The Health Museum, The Institute for Rehabilitation and Research, Methodist Hospital, The University of Houston, The University of Texas Health Science Center at Houston and the University of Texas MD Anderson Cancer Center. In addition signing in those early years were the International Badminton Federation, NASA Johnson Space Center, National Senior Games Foundation, National Space Biomedical Research Institute, University of Saint Thomas and USA Football.

We had quite a task in front of us based on the areas from which we planned to align data. Toward the end of the first year the beginning of the second we established an advisory board. There were 25 members at that time. We became aware that people interested in human performance were also excited to have the opportunity for a repository like we proposed. They also wanted to have an opportunity to meet with others interested in that data. Very quickly we were able to gain the attention of a good many folks nationally representing a lot of different expertise.

In the early stages of our existence our advisory board members were: Dr. Bobby Alford of the National Space Biomedical Research Institute; Ms. Roberta Anding of Baylor College of Medicine; Mr. Kenny Armstrong of the United States Olympic

Committee Diving Coach; Mr. Kevin Bastin of the Houston Texans; Dr. Dan Bernardot, Georgia State University; Dr. Christopher Colenda, Texas A & M System Health Science Center; Dr. Peter Davis, Australian Rugby Union; Dr. Patricia Deuster, Uniform Services University in Bethesda; Dr. John Eliot from Rice University; Dean Robert Freeman, University of Texas at Austin; Dr. Barry Goldberg, Yale University Health Services; Dr. Carlos Hamilton, University of Texas Houston Health Science Center; Dean Barbara Hayes, Texas Southern University; Dr. Al Hergenroeder, Texas Children's Hospital; Dr. May Jemison, Astronaut, BioSentient Corporation; Mr. Jack Kelley, World Equestrian Games 2010; Dr. George Kondroske, Director of the Human Performance Institute in the University of Texas at Arlington; Mrs. Monica Lamb, Most Valuable Player of the Woman's National Baseball Association; Dr. Chuck Layne, University of Houston; Dr. Walter Lowe, Baylor College of Medicine; Dr. Jill McNitt-Gray, University of Southern California; Dr. Jim Muntz, Houston Texans, Astros and Rockets, he was the director or he was the physician for those professional groups. Mr. Tadd Pullin, Health Museum; Mr. Dan Riley, Houston Texans; Dr. Judith Robinson, NASA Johnson Space Center; Dr. David Rosenfield, The Methodist Hospital; Mr. Chuck Sawin, NASA Johnson Space Center; Dr. Richard Stasney, Methodist Center for Performing Arts Medicine; Mr. Gail Stolzenburg, USA Judo; Dr. Ann Stuart, Texas Woman's University; Dr. Richard Wainerdi, Texas Medical Center; Dr. Peter Weyand, Rice University; Ms. Aline Wilson, Methodist Center for Performing Arts Medicine; Dean Robert Yekovich, Rice University Shepard School; and Dr. Stuart Yudofsky, Baylor College of Medicine.

We went forward from that time gaining interest from a wide variety of folks who came to our annual National Center meetings, presented papers, encouraged students

from our universities. The first annual meeting that we held had representatives from International Badminton Federation, United States Olympic Committee, National Association of Collegiate Directors of Athletic, Houston Ballet, Houston professional teams: Texans, Rockets, Astros, Comets and Dynamo, Little League of Houston, Beverage Institute for Health and Wellness, Uniform Services University, NASA, National Science Biomedical Research Institute, National Senior Games, Shepherd School of Music at Rice University, USA Football, USA Soccer, USA Baseball, USA Judo, USA Track and Field, Special Olympics, NIH Divisions on aging the heart, lung and blood, National Soccer Coaches Association of America, 311 Houston Systems Wing, United States Air Force in San Antonio, Department of Human Engineering at Stanford University, Olympics Diving Coach, University of Southern California, and the U.S. Tennis Association. After my retirement this National Center was named The National Center for Human Performance. I think it was 2010 when that happened but the effort was underway long before I left, before I retired in 2008.

We had a space at the TMC down at the John P. McGovern campus. In that space we were featuring research and interest from those four areas. That focus made for a very exciting time. A lot of expertise was drawn together that had not been together in the past, particularly from the anti-doping sections of the United States Government and many other areas that I have not mentioned. We had several grants that were funded and some of the work done there in our space. Also in the National Center space we had an annual meeting every year from the time that it started until I retired. And I went back for a couple of those. In the beginning, locally we called it The National Center and after the

congressional designation we began of course to call it The National Center outside our region and throughout the United States because it was.

I can't possibly describe the hours it took to develop friends in all those places but those of us who were interested in The National Center were delighted to put our time in that way. One of the research projects that continues is collecting data on skill sets for kids in 6th and 7th grade levels trying to determine which of those skill sets might be most applicable for success in various areas of the arts and sports primarily. There was a wide range of interest and enthusiasm that we were able to develop in a very short period of time. After I retired, The National Center became much more research oriented, probably had less national outreach but definitely more research going on in that space than we had had before. Then I think with the change of the leadership of the medical center The National Center is kind of put on hold. I don't know that they are actively functioning now. They may be but I don't think it is at the same level that we had when I directed it.

NG: Okay how did you get involved with The National Center in the first place?

KS: I was already a Senior Vice President at the Texas Medical Center and Dr. Wainerdi had this idea and asked me if I'd like to work on it with him. So as it became more and more time consuming for me and the opportunities for outreach became greater and greater. He formed the National Center for Human Performance and made me its director.

NG: Okay could you spell Dr. Wainerdi's last name for me?

KS: W-A-I-N-E-R-D-I.

NG: I also wanted to ask why the areas of interest in arts, sports, space and the military?

KS: We decided that those areas represented extensions of human performance that might not be found in other ways. If we wanted to take a look at the total sphere or aspects of human performance we would need to look in all of those areas.

NG: Okay. The way I understand then, the way you were describing it in the beginning, was the primary function of the center to serve as a repository for all of this collected data as well as to facilitate contacts between different people?

KS: Yes, to serve as a networking area and to facilitate the collection of data which was held in each area but not consolidated at the time.

NG: Right. So is that data still held within The National Center for Human Performance?

KS: I don't think it has been organized and it is not as they say up and running. It is not available for distribution to interested parties. Because it was never completed.

NG: Right. And you were then heavily involved in selecting the board members and the organizations that would be a part of this?

KS: Yes.

NG: Okay.

KS: We sought a representation that was inclusive of all the areas of our interests.

NG: So was the Center involved in funding research or research funded from outside?

KS: It was involved in research funded from outside.

NG: When you started out talking about it you said that you thought that it had a lot of potential but it appears that it hasn't completely fulfilled that.

KS: I would say that would be true from my perspective.

KS: It was so exciting to have people from all these areas come together at our annual meeting at the National Center. It was really for the first time they had all come together with their expertise around this emphasis for their knowledge and experience and they loved being together and sharing what they knew. We had really a great amount of energy flowing at those meetings and it was exciting to see people who were passionate about what they did. As I watched them, I began to understand other people that were passionate about what they were doing just in a different segment of the same human performance. It was a mind boggling opportunity that our country had not seen before and that people appreciated.

NG: Do you think there's anything else about the National Center that you feel really accomplished during your time there or do you feel like what you told me characterizes it well already?

KS: I think the most important things we did in those first few years was the networking of people that had not been orchestrated before and the beginning of the data collection for an entirely new area that was very important across wide areas of interest in the United States. For example, the ballet people may not have ever talked to the NASA people or to the Judo people but they were talking through the Nation Center experience. The violinists were talking to the track and field people. It was an opportunity that those interests had not had before.

NG: So that maybe people who seemed like they were unrelated were finding that they had similarities in their performance.

KS: Exactly. It was an enormously fun project to be involved in and to see so people in various capacities excited about the concept.

NG: Well I want to ask kind of more broadly, out of all of your accomplishments of different awards you've received, memberships you've been a part of, is there anything that really stands out that you are particularly proud of?

KS: Oh my goodness... I would say well just the first thing that comes to mind is that on the date of my retirement probably oh more than a dozen, maybe 15 people had asked Dr. Wainerdi if they could speak about how I had interacted with their section or their area during my time in the medical center. And all of them gave me certificates, awards, statements of accomplishment and that was a very high moment.

One of those awards was given by the Texas Medical Center Woman's Health Network. Dr. Wainerdi appointed me to facilitate the forming of a council concerning women's health in the Texas Medical Center. I worked with that council for many years. At my retirement, they announced the funding of an award in my name, The Kathryn S. Stream Award for Excellence in Women's Health. That award is given annually. The nominees, ten are accepted, are suggested by any TMC institution and their credentials are forwarded to a review panel of health scientists under the auspices of The Woman's Fund. It has become an award recognizing superior performance throughout a career. I have gone each year to Houston to personally present the Kathryn Stream Award at the annual meeting of the Woman's Health Network, and the Woman's Fund.

I don't know what to tell you other than my area as a Vice President at the Texas Medical Center had to do with facilitating expertise in areas of health and higher education that would tackle as a task force, issues that were put forward as being ways that the institutions wished to cooperate more fully and we were, I brought the individuals with that expertise together from all the different institutions. And we

approached problems, got what we thought was reasonable solutions, disbanded the task force and went on to the next one. Some of them continued to meet, like the chief nurse executives and the chief pharmacists. A good many of those that we set up have continued to meet until this day. But it was the bringing to together of the variety of expertise agents across our wide system in solving problems for the system that was of interest to me and that I was fortunate enough to be allowed to do in my professional life.

NG: What kind of advice would you give to women now trying to make a career in the medical field whether administratively or working in the sciences of it?

KS: I think women now have more opportunity. That's fairly obvious in the numbers of women accepted in medical schools and engineering schools currently. But I think in administration, current leaders are interested in moving the system forward and very interested in innovators and creators that can build consensus, regardless of gender. I believe women have an integral place in the advancement of women in those areas. That contribution comes about through those women who mentor others in administrative positions.

NG: Okay and what things are you currently working on or see yourself working on in the future?

KS: Currently I'm now serving on a lot of boards and committees, some in my city, some in my county. I have served on some boards for the state. It's just I'm doing a good bit of volunteer work in places I enjoy and I am serving on advisory boards for this, that and the other keeping busy. Sometimes too busy but that's the way I've usually done it.

NG: One thing that I remember that I had on my list of questions last time. I don't have them in front of me but the recognition from Congress for the National Center for Human Performance can you talk about how significant that was?

KS: Well it was significant in that Congress had never designated before this kind of national system to be recognized as, The National Center. They of course have recognized other areas and have major approaches in other areas. This is the first time congress had used that National Center for Human Performance in their designation and it left a wide area open for grant proposals and funding from Congress if we could present proposals that were of interest to them. And it made this program regarding human performance known as a recognized area, important in our country. I am grateful for the opportunity to have been an integral part of the National Center in the early years of its existence, and to the Texas Medical Center for the culminating years of my professional contribution.

NG: Okay well that's all the questions I had. I don't know if there is anything else you want to add?

End of interview