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Ronald Knox

KAISER PERMANENTE MEDICAL CARE ORAL HISTORY PROJECT II
YEAR 3 THEME: DIVERSITY AND CULTURALLY COMPETENT CARE

Interview conducted by
Martin Meeker
In 2009

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Interview #1: February 2, 2009

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01-00:00:08

Meeker: This is Martin Meeker interviewing Ronald Knox for the Kaiser Permanente Oral History Project, year three, on Diversity and Culturally Competent Care. Today is the 2nd of February, 2009. And the way that we always begin these interviews is just asking you your name, your date and place of birth, and then you can tell me a little bit about your family background and upbringing.

01-00:00:40

Knox: My name is Ronald Knox. I was born in Tulare, California—the Central Valley—in August of 1947. The Central Valley, as you may know, has a very rich agriculture valley, and primarily farm labor is the type of employment that people of color, in general, in the San Joaquin Valley participated in those days. So I grew up doing manual farm labor, along with my siblings and parents. And in 1961 or '62 became involved in athletics in school, and played football and basketball and ran track in high school. And went to a year of community college after that, and then won a football scholarship to UC Berkeley. So in 1967, I left the San Joaquin Valley, never to return. [laughs] Gladly. And I have been in the Bay Area ever since.

01-00:02:00

Meeker: Since 1967.

01-00:02:01

Knox: Nineteen sixty-seven, yes.

01-00:02:09

Meeker: When you were at Berkeley, did you see much action on the football field?

01-00:02:14

Knox: Well, I was injured after a year but I saw lots of action on the campus. [laughs] You know in '67, there is a lot of activity going on. The Free Speech Movement had just ended, and the anti-war protest, the Black Power movement—all of those things were happening concurrently on the campus, so there was just a tremendous amount of activity.

01-00:02:35

Meeker: Well, we'll get back to that. I want to hear a little more about your experiences growing up in Tulare County. Your parents—had they lived there a long time, or had they moved there?

01-00:03:48

Knox: Yes. My parents were born in the South. My mother was born in Louisiana; my father, in Mississippi. And they came to California really seeking a better quality of life, getting out of the segregated South. And I had an uncle who was living here who was working on the waterfront, so one by one, he encouraged his brothers to come to California. So that's how we ended up in California—how they ended up here.

01-00:03:19

Meeker: Do you know how they ended up in rural California instead of a place like San Francisco or—

01-00:03:24

Knox: Yeah, because that's where the opportunities were for the levels of education that my parents had. Both of them were elementary-school educated, and those were just simply the opportunities. And we had some other relatives who lived in the San Joaquin Valley. So, as often happened in those days, people migrating from the South would move in with relatives until they could get their feet planted firmly on the ground and then get their own place and that kind of—so that's what happened in this instance.

01-00:03:55

Meeker: Were they itinerant? Did you move around a lot, or were you sort of in more or less the same household, and worked agriculture in surrounding communities?

01-00:04:07

Knox: Yeah, the latter after I was born. I remember as a really young kid that we traveled a bit to follow various crops, but that was very early on in my life—I think maybe when I was three years old or something like that. So we were stable, in terms of location, after that period of time. My brothers tell me about how they moved to follow crops up and down the San Joaquin Valley, but that wasn't part of my experience.

01-00:04:36

Meeker: You have siblings—older siblings?

01-00:04:39

Knox: Three brothers and one sister.

01-00:04:41

Meeker: OK. Are they all older?

01-00:04:43

Knox: All older, yes.

01-00:04:44

Meeker: All right, so you're the youngest—the baby. [laughs]

01-00:04:47

Knox: Yeah.

01-00:04:52

Meeker: So you said that you also, as a youngster, worked in agriculture as well, alongside your family. Do you remember when you started working, or do you remember there being even a time that you weren't working?

01-00:05:05

Knox:

I remember when I did substantive work. I remember being in the fields, just really wasting time and being in the way more than helping. But I would say from the sixth grade on, and just doing the work that the men were doing. And it was hard—very hard, physical labor. And my father, who played baseball as a kid was a very good athlete, and his offer to me was, “You can play sports and go to practice after school if you are the captain of the team and you’re a starter on the team.” So that was my incentive. And my colleagues wondered why I worked so on the athletic field [laughs]; it was to avoid the alternative of going out in those fields. So it was good; it was good incentive.

01-00:06:01

Meeker:

So what sports? Football, baseball?

01-00:06:03

Knox:

Football, basketball, and track.

01-00:06:05

Meeker:

OK. Football, basketball, and track. So you didn’t play baseball. Didn’t follow your father’s path? [laughs]

01-00:06:09

Knox:

Much to his dismay.

01-00:06:12

Meeker:

Yeah, I’m sure. So were you working with like a corporate landowner, or were there sort of smaller farms that you were working on?

01-00:06:22

Knox:

Well, it would vary. Typically from year to year, you’d work with the same landowner, but the crops would vary. So we would haul grapes, as an example, and the work that we did was to come into the fields and pick up the boxes—after the grapes had been cut and put them into the boxes—load them on the truck and take them into cold storage. And we did that work for the same farmer each season. Another crop was plums. Same thing. The six weeks that that crop was being harvested, we would do that work. At the time that I started that work in a substantive kind of way, it was primarily African Americans who were doing that work, with a small percentage of Latinos. That changed very rapidly in the sixties, and I remember when César Chávez started to begin to try and organize the workers and all of that activity.

One of the areas of work that we did that did require some movement was loading watermelons in the fields. Those crops were generally in the far southern part of the state, so we would go to places like Blythe and El Centro and places like that to work in that industry. And I remember most distinctly that it was so hot—it’d be 120 degrees by noon, so we would start working at four o’clock in the morning, and by eleven o’clock, it was as much as we could do. It was just too hot to do the work. So those memories stand out, and the fact that most of the guys who were doing that work were fifteen, twenty

years older than me. I just happen to have been a very strong kid and really didn't mind working. That was one of the things that was instilled in us very early, is that you contribute to the household in whatever way you can. So that memory is pretty distinct, about traveling.

01-00:08:45

Meeker:

Do you have any memories about your healthcare experience or that of your family when you were growing up?

01-00:08:51

Knox:

Yeah, it was really a luxury. You really had to be very sick in order to go to a doctor. I remember the first time I went to a doctor, I had my tonsils removed, and there was just no choice but that. That would be done in a hospital. But basically, it was home remedy kinds of treatment, and then when there was simply no alternative, you went to the doctor. It was an expensive undertaking and something we couldn't afford to do, and consequently couldn't take very lightly. So yes, that was the experience.

01-00:09:37

Meeker:

So you were basically going to the equivalent of a small-town doctor.

01-00:09:42

Knox:

To a county hospital. Tulare was about fifteen miles from the little town that we lived in—smaller town [laughs] than Tulare—that we lived in. I take that back. There was one town doctor, and I do remember visiting that doctor on one occasion. We just simply couldn't break a fever that I had, so I remember walking across the railroad tracks to the white side of town—

That's the other thing that I didn't mention about this little rural community is that there was a train track that separated the east side from the west side, and the store owners and property owners and all of those folks lived on the east side, and the farm laborers—so African Americans, Latinos, poor whites—lived on the west side of town. And you literally walked across train tracks in order to get to the side of town where the businesses were and the more affluent townspeople lived.

01-00:10:53

Meeker:

Were there many Asian Americans where you grew up?

01-00:10:56

Knox:

I only recalled one family, and they owned a store. They owned the grocery store in that town. It's the only Asian family that I knew until I went to high school.

01-00:11:16

Meeker:

Well this is interesting, because the way segregation is often talked about, particularly when historians look at the American South, is a black-white split. But here, did you experience it more as a class split, or did it seem like it had a racial dimension to you, either at the time or looking back on it?

01-00:11:35

Knox:

Yeah, it was definitely a racial dimension. Poor whites lived on the west side of town because that's all that they could afford. It's not because their orientation or tolerance was any different; they just didn't have the dollars. One of the interesting things that occurred as a result of that, though, is that there did grow a sense of community that was probably based on class in terms of people sharing what limited resources they had with each other. But clearly, if you looked at a pecking order on the west side of town, it was whites first. There was just no question about that. And in terms of black-white relations, it was very much like the segregated South.

01-00:12:20

Meeker:

Your family had come from the South. Did it seem like a lot of the whites residing in the area had also come from the South?

01-00:12:26

Knox:

Yeah, yeah.

01-00:12:26

Meeker:

Did it kind of seem like a transplanted world in some ways?

01-00:12:29

Knox:

Yeah, yeah, there were. In fact, in that town, I would say probably 75 percent of the people were southern transplants.

01-00:12:38

Meeker:

Or at least from Oklahoma, Arkansas, that whole area.

01-00:12:40

Knox:

Yeah, yeah.

01-00:12:43

Meeker:

Interesting. When your father suggested that you could play sports only if you were very successful, do you know if he also saw sports as an avenue of social mobility or educational attainment for you?

01-00:12:57

Knox:

Oh yeah, no question. No question. It was a way out, and there were some examples of kids seizing on their athletic ability to gain some opportunities that just simply didn't exist otherwise. One of the interesting dynamics that occurred—I don't think that my father had anticipated—I certainly didn't—was that as my athletic prowess grew, the respect that my peers—white kids of store owners and the like—grew as well, so it started to advantage my father in terms of his relationship with their parents. And so that was sort of an unanticipated outcome—benefit, if you will—of the whole athletic achievement.

01-00:13:57

Meeker:

When you say “advantage,” do you mean more regular work, or just friendliness?

01-00:14:01

Knox:

I would characterize it as a different kind of—way of relating. White people really didn't have to show any respect to black people in that town. There were instances in which there simply wasn't a choice; there were black folks who just simply wouldn't tolerate certain kinds of behavior. But in general, the way of interacting, from complete invisibility to just very disrespectful behavior, was really sort of the spectrum. And the opportunity to get odd jobs that didn't require that you go to the fields and things of that nature is what my dad experienced as a result of sort of this notoriety around athletic achievement.

01-00:14:54

Meeker:

Did he live in that same part of town throughout your high school career?

01-00:14:58

Knox:

Yes.

01-00:15:00

Meeker:

Was there ever an opportunity for him to move to the other side of the tracks, or was that an impossibility? In other words, you had mentioned that the poor white farmers didn't live on the eastern side of the tracks not because of race, but because of money. I'm wondering if there were any Latinos or blacks who had lived on the west side who had been able to achieve something financially and were maybe interested in moving to the other side. In other words, was the restriction—was it sort of *de facto*, *de jure*, and what was that about? Kind of a legal, or was it just a way of life?

01-00:15:37

Knox:

Yeah. That integration probably occurred within the last ten years in that town. And I don't know even if a person had attained the economic wherewithal, that they would have been welcomed on that side of town. That's just the way that part of the country was. People didn't talk about segregation, and the schools were integrated, but it was very clear that there was a side of town for us and a side of the town for them—just no doubt about that.

01-00:16:15

Meeker:

Were there many black professional people in your area—teachers, maybe store owners or something like that?

01-00:16:24

Knox:

I didn't see a black professional throughout high school—not even as much as a school janitor. And it wasn't until I left that area and came to the Bay Area that I saw black folks in professional-type positions and the like. Because as I said, it was a very racist town. There's absolutely no reason why a black man couldn't be a janitor at an elementary school, but it just was completely out of the question. And there was, on our side of the tracks, a Boy Scouts building—I'm not sure what they call it. But they selected it because the rent was cheap, or if they built it, it was cheaper to do so on that—

01-00:17:15

Meeker: Clubhouse or something like that?

01-00:17:15

Knox: Clubhouse, exactly. And we were strictly prohibited from going there—and the question of becoming a member was completely out of the question—but you just didn't go near that building. And I'm not sure whether that was communicated directly to us, but it was a given that it was just completely off limits. So here's something in your own neighborhood that you just simply couldn't avail yourselves of.

01-00:17:44

Meeker: Were there any other public facilities—pools or something like that—that were also segregated?

01-00:17:49

Knox: There weren't any public pools in this little town. I'm trying to think if there were—there just weren't really many public accommodations. This is a small town—1,500 people or so. In Tulare, which was the county seat, larger town, there were—not sure about public pools, but there was a public golf course that black folks were just prohibited from visiting. The idea of playing on the golf course was just simply not a possibility.

01-00:18:34

Meeker: When you were growing up, it sounds like this avenue of doing well in sports, and getting recognition, and perhaps that sending you to college or something was obviously a real possibility, for you, at least. I'm wondering if you knew any people—maybe adults in your towns—who had dreams or aspirations recognizing that living in that town would not be a place in which those dreams or aspirations could be filled. Was there talk about, you know, so-and-so's going to move to San Francisco or move to Los Angeles to make their way? I'm kind of thinking like were there any parallels in your town to what blacks in the South would have experienced by saying they were going to move to California and try to find a better life?

01-00:19:27

Knox: I don't think so. There were so many examples of guys, in particular, who were good athletes, who just weren't able to get out of that town. There was a guy, {Limon?} King—may have been the co-world record holder in those days in the hundred-yard dash. I'm not sure if he broke the world record at one point or he was the co-world record holder. But here was the guy that everybody put their hopes on, that if anybody could make it—I mean, this guy has distinguished himself nationally. And he ended up being a farm laborer in that town. And I remember at the very time that I was getting scholarship offers, one of the landowners saying—and the other thing was that my folks really did emphasize education. I remember my mother teaching me to write my name long before I went to kindergarten, and teaching me to read, and saying how important that was.

But I think the differentiator for me was that I did have decent grades and I had some significant athletic ability. But again, there were any number of guys who were much better athletes than I who just didn't find an avenue out. So as I was saying, at the time that I was getting scholarship offers, the landowners saying, "I want to offer you a job as foreman on my ranch, and there's a house that is here that you can have," and all this stuff. And I think in some respect, that's how guys got sort of trapped there. It was some degree of security that was being offered, and they seized upon that opportunity. It was very offensive to me. The offer was very offensive to me.

01-00:21:59

Meeker: It felt patronizing?

01-00:22:00

Knox: Well, it did, but it was also not recognizing that there was some unique opportunity for me and encouraging me in that way, but proposing an offer that would limit me for the rest of my life. So I remember not being extraordinarily gracious in saying "No thanks." [laughs] Well, at any rate. Those are some of the things that influenced my social orientation. And I chuckle when I hear people talk about how liberal California is. They forget there's 300 miles, 400 miles between San Francisco and Los Angeles, and it is very, very conservative, largely Republican, and things really haven't changed a whole lot in the many years that have passed since then.

01-00:23:03

Meeker: Yes indeed. So you entered high school, it sounds like, in '62, '63?

01-00:23:08

Knox: In '61.

01-00:23:10

Meeker: Oh, in '61, OK. Well, that means well into your high school career—you know, 1963, the March on Washington happens, and then some of the Civil Rights legislation in '64, '65 begins to pass. Certainly the Civil Rights Movement was going well in the 1950s. I'm wondering, from your vantage point in Tulare County—which wasn't the South but it wasn't a hotbed of civil rights activism either—what did you know of the Civil Rights Movement, and did it have any influence maybe on your family or yourself?

01-00:23:43

Knox: Very little, actually, which still amazes me, in terms of the information void that existed in the San Joaquin Valley.

01-00:23:56

Meeker: There was no *Chicago Defender* or—

01-00:23:57

Knox: [laughs] Exactly, there wasn't. There were a couple of news vehicles. One was—and I don't recall where this newspaper originated—it was somewhere in the South, I'm sure. It was the *Black Dispatch*, and there was *JET*

Magazine. And I remember *JET Magazine*—my most vivid memory of *JET Magazine* was the story in which they covered the hanging of Emmett Till. And his mother insisting that they not have a closed casket for his funeral because she wanted the world to see what they had done to her son. So that was on the cover of *JET Magazine*—this young kid that was so disfigured by how brutally he had been assaulted. And I remember seeing that magazine on the rack and hearing two white men saying, “They know how to treat them in the South.” And I couldn’t have been—well, ’55, I was eight years old. But that conversation was just branded into my memory. How could someone be so cruel as to say something like that.

So at any rate, those were the sources of our information, and if you could afford a *JET Magazine*, you could get some of that information. I’m sure that *JET* covered the Civil Rights Movement, but in the mainstream media—the local newspapers—there just simply wasn’t that coverage. So it wasn’t until really moving out of high school that I really became aware of this movement that had been going on across the county. Now, we would get headlines on *Brown v. Board of Education*. I had no idea, really, what the significance was of it at the time. But in terms of ongoing information about what was happening in the country around the struggle for civil rights, it was just pretty much an information void.

01-00:26:26

Meeker:

Did your family have a television?

01-00:26:28

Knox:

Yeah, we did. I’m trying to remember at what point. It was probably in the late fifties. I would think it’s in the late fifties. I do remember in the early- to mid-fifties, there was one black family that had a television on our block, and I’m sure on more than one occasion regretted making that decision because all of the kids in the community would descend upon their house and lie on the floor and watch television. It was some time after that that we got a television set.

01-00:27:15

Meeker:

In the South, the churches were a major focus of the Civil Rights Movement—a place of recruiting people to the cause and providing the moral justification for it. Was your family religious? Did they attend church? Can you describe the church that they attended?

01-00:27:34

Knox:

Yeah. It was a small African American church, First Baptist Church of Pixley. And both my parents were active in the church. My mother to a larger degree than my father, but my father was nonetheless involved in the church and had been all of his life—taught his sons to sing a cappella quartet and all of that. The church was really more of a center of community, a way in which resources could be pooled to help those most in need. It wasn’t really an advocacy kind of organization at all. And there was no effort to in any way

challenge the status quo, but it was an opportunity for young people to be involved in an organized kind of way. Robert's Rules of Order—I remember, that's where I learned it, was in church. And the participation—

01-00:28:56

Meeker: Youth groups or something like that?

01-00:28:59

Knox: —youth choir and things of that nature—that was really the only source of that kind of opportunity. So it was a very important institution, but it wasn't an advocacy kind of group, other than encouraging kids to do the best that they could do. But never an effort to talk about the unfairness and that kind of thing, except in the context of "You're going to have to be better than your white counterparts in order to be successful." That was about the extent of the advocacy.

01-00:29:31

Meeker: In addition to your father providing a model or a suggestion about how you might improve upon his lot in life, by doing well in sports and having that be an avenue to education, do you remember any other adults growing up, maybe teachers or coaches or something like that, who also kind of helped you along that way, or did you feel like it was something that there were a few people out there kind of providing suggestions that you had to really do on your own?

01-00:30:07

Knox: Yeah, there were a couple of people in the community, also a part of the church, who were very influential in encouraging me and giving me a vision that was bigger than the environment and the like. And one man in particular, who was really an avid reader—as much as he could get his hand on—and he was very instrumental in suggesting to me that things are not always as they seem and that you really do have to investigate and think for yourself and things of that nature. It was a very important lesson for me to learn about being independent and so forth.

One of the amazing things that happened in my high school years—my mother passed away very early. I had not graduated from high school when my mother passed away as a result of an automobile accident. And it was really a pivotal point in my life, because clearly I could have—I could have gone either way, frankly. You know, I could have [laughs] either been building houses or breaking in houses, as [laughs] my father used to tell me.

But once graduating from high school, the community college was about thirty miles from where I lived, and you either had to take the Greyhound bus, or if you were lucky enough to have transportation of your own, to drive. So I enrolled and went out for football but had difficulty making practice. I mean, there was no way to get home in the evening unless there was somebody from the area. So I had really gotten to the point where I just said, "It's just not going to be possible to do this."

And my high school coach was sort of observing what was going on with me, even though he had other things, like his own family, and he was a coach at the high school—of course, he’s no longer there. But his son, who was a year older than me, told him, “I’m really concerned that Ron’s just not going to stay in school because he just can’t make it.” So his father talked with me one day—came over to the school and said, “It’s really important that you stay in school, and if transportation is the issue, come and stay with me—come and stay with my family.” Completely unheard of in those days. This was 1965, and the same segregation—both physical and psychological—existed then that had existed when I was growing up.

So I talked with my dad, and he said, “Well, it’s an opportunity, and if you think that you can manage it, you should seize the opportunity.” So I did. I moved in. He had two sons, one older and one younger. The younger one and I—actually, both of his sons and I had played in the high school band together, and his older son, I’d played football with, so we were all good friends. So I moved into their home, and it was great. I think that the mother took a little convincing [laughs] at this social experiment. And although they never talked about it, I know that he got some hassle from his neighbors, you know, wondering what the hell he was doing, and why he was doing it, and how dangerous is this, and all those stereotypes.

And it was really such an important experience for me. First of all, it was the first middle-class live experience that I’d ever had, and secondly, it was an environment in which I actually had peers that were doing the same thing that I was doing. There was a five-year—four and a half-year—between me and my next-oldest brother, so to a large extent, I was sort of winging it on my own as a youngster growing up. So that created a very stable environment, and one in which I was exposed to a lot of things that I simply hadn’t been exposed to before.

01-00:35:35
Meeker:

For instance?

01-00:35:37
Knox:

Oh, you know, where once or twice a month, they would go out to dinner at a restaurant. That was just something that was completely foreign to me. I had just never had that experience. Eating three meals a day was something that was completely foreign to me. When we grew up, breakfast was just simply not an option, nor something that was particularly desired. It was just something that I never knew. So lunchtime was always the first meal for me. And that took some getting used to. Actually having breakfast each morning was not something I was particularly interested in doing and didn’t really see the benefit in doing it. And over time became accustomed to that as a routine. Let’s see.

So I think that those were probably the primary differences. And having, of course, someone within my own age proximity and having the similar kinds of experiences on a day-to-day basis and things of that nature were important. And one of the other things, I think, that was significant was this man, an Italian, was a great storyteller. And his kids—the kids that he coached in subsequent years—honored him after thirty years of coaching or something like that, and they had nicknamed him “Chapters.” And I asked him, “What do they mean when they say ‘Chapters’?” He said, “Ah, you know these kids. They’d say that I would tell a story, and they’d think that it was the end of it, and I’d start another chapter.” [laughs] He’d go on and on.

But that sort of different sense of family was sort of really extraordinary. And this guy talked a lot about philosophy on life, in a different way than my dad did. My dad’s philosophy on life was based on his experience; my coach’s philosophy of life was based on a completely different experience—both very valuable, and certainly influenced the man that I am today, but very different.

01-00:38:18

Meeker:

Could you maybe explain a little bit about how their philosophies differed vis-à-vis their life experiences?

01-00:38:24

Knox:

Yeah. I think that my father’s philosophy was really twofold. It was one, about how you survive. Understand the environment in which you find yourself and understand the reality, and these are the ways in which you survive. And that certainly came out of his experience in the South, where saying the wrong thing could mean the end of your life. The other thing that he taught me in terms of philosophy is that, it’s on you to determine what your existence, experience, is going to be, and don’t let people limit you. It was almost contradictory in terms of the impact. One was be safe and be secure; the other was don’t let anybody stand in your way, in terms of getting what you can get.

And my coach’s philosophy, number one, was strongly rooted probably in Italian tradition and culture, was about the importance of family. Family comes first, and you look out for each other, and that kind of thing. The other aspect of what he had to say was really around—I guess there was similarity in this regard—really around hard work. And what he had learned as—and in some respects, had a very similar experience in terms of farm labor work—and of course, his dramatic style for telling story. But he talked about the day that he got a football scholarship and that he was out in the fields cutting what they call tray grapes. These are grapes that are used for raisins. So you spread a piece of paper down on the dirt and put a wooden tray on the edges of the paper, and you put the grapes, evenly spread, within the tray, then you left the tray and the grapes remained there to become raisins.

And someone from his family bringing the letter from the University of Redlands saying that he had, in fact, won this football scholarship. And has he read the letter [laughs]—you would really have to know this guy to really appreciate it—but as he read the letter, he said that his eyes started to well with tears, [laughs] and then he let out a yell, and he took that tray, and he slung it as far as he could. [laughs] He says, “I’ll never come back here again.” So it was that kind of wisdom and knowledge in storytelling that he imparted that made that such a rich experience. But always with a point to the story, a life lesson to the story.

And he reminded me, the first time that we had met—and I vaguely remember this—this was my freshman year. And I was a good student, and disciplined student. But I remember this one day that I missed the bus to school and went across the street to the pool hall—my folks, of course, were at work. We were banned from hanging around the pool hall, but I went to the pool hall. And he was also the truant officer, so this one time that I missed the bus and went to the pool hall is where he and I met for the first time.

So I see him pull up in his car, I run to the bathroom, thinking I could crawl out the bathroom window, but the bathroom window was about that big, so that didn’t work. So I had to face the music. And in traditional style, rather than interact with me as a truant officer—“What are you doing? Why aren’t you in school?” et cetera—he decided he would tell me a story. And he talked about his own life experience and taking advantage of the natural gifts that he had been given, and capitalizing on those, et cetera. And he said, “You could be the greatest quarter-miler this state has ever produced, and all you have to do is apply yourself,” et cetera. So it sort of ended up being a pep talk, and it convinced me to go out for track. So that kind of thing. It was a very rich experience, and really a blessing that he was so generous as to bring me into his home and into his family’s life.

01-00:43:57
Meeker:

So what about your story, as far as getting a football scholarship? How was it that you learned to apply for it, or how was it that you were noticed by UC Berkeley?

01-00:44:13
Knox:

Well, I actually had maybe fourteen, fifteen scholarship offers out of community college. And I had been recruited coming out of high school. Our football team amassed a record of nine and one. We were undefeated for nine games—lost our last game. But as a result of that, there were various publications that started to pay attention to this little rural town that had produced all of these good athletes, and how we were just dominating much larger schools, and things of that nature. So I think that that probably attracted the attention of lots of scouts. And then the schools that I was really interested in going to, I really didn’t have the grades to go to. I was recruited by Notre Dame and places like that out of high school, but didn’t have the grades. And

a number of people suggested, “Go to community college for a year, and you’ll be able to pick the school that you want to go to. So don’t go to someplace as a second choice. Take this approach.” So that influenced me to do that. Little did I know that it was going to be a challenge [laughs] to stay in community college because of the distance, proximity, and transportation issues and the like.

So my name was really out there among major colleges at the time. So after playing a year—and here again, most of the kids that were on that high school team went to that community college. The community college was scheduled, or the prediction was that it was going to come in dead last in the league, and we ended up winning it all with those guys. Outstanding athletes. So then I did have a choice of where I wanted to go to school. And it was the first time that I had traveled outside of the state. These schools were flying me in to wine and dine and all the rest.

01-00:46:39
Meeker:

What were your options?

01-00:46:41
Knox:

Oh, let’s see. I had scholarship offers from ‘SC and UC, Notre Dame, University of Hawaii that I never really considered seriously other than the idea of getting a free trip.

01-00:47:02
Meeker:

An interview.

01-00:47:03
Knox:

Yes, exactly. [laughs] Exactly. And then a number of state colleges. But these were all unsolicited, so if I had chosen another school that I wanted to pursue, I would have been able to be considered. So it was really just a great opportunity. I got a chance, actually, to meet some of the other athletes in the San Joaquin Valley. Tommie Smith, I had met a couple of years before, and then he had a brother, Ernie, who was also probably a more versatile athlete than Tommie. Tommie was the most natural athlete I’ve ever seen in my life. This guy was just extraordinary in every respect. But Ernie was a three-sport letterman.

And he and I went to both the University of Oregon and USC on the same recruitment trips. And one of the things that we laughed about for years was that the SC trip was the same year that they recruited OJ. So we’re all three of us on the same plane. When we land, there’s a van for Ernie and me, and there’s a limousine for OJ. [laughs] So we get this idea that they want him a little more than they want us. So that was a real advantage, having that opportunity to experience that phenomenon of just people really saying, “What can we do for you to convince you to come to our school?” I just hadn’t had that experience before.

01-00:48:43

Meeker:

Well, what was it that UC Berkeley did to convince you to head to Berkeley?

01-00:48:48

Knox:

First of all, it was through some polling named the number one public university in the country.

01-00:48:55

Meeker:

Academics?

01-00:48:57

Knox:

Academics, yeah. Secondly was just the activity. When I hit that campus, it was unlike anything I'd ever seen before in my life. It was just alive. There was just an energy that I never experienced. So that was really what influenced me.

01-00:49:21

Meeker:

Alive in what way? Was it just an ineffable just sort of energy, or—?

01-00:49:26

Knox:

Well, I think so, but you think about the time and everything that was going on, and people being really committed to cause—you know, whatever it was. By the time you walked two blocks up Telegraph, you had seen four or five or ten different causes, events that people were committed to and actively working on and things of that nature. I'd just not seen that kind of activism and that kind of energy anyplace before.

01-00:50:00

Meeker:

I've interviewed people—no longer kids, but they were kids when they first went and checked out universities—and they would go to UC Berkeley and maybe come from a rural area, and it would be too much. It would be too unfamiliar, particularly the activism and the politics from which they came. And I guess you going there, it could have gone either way. It could have been like, well, I'm really just interested in football and getting my work done; I don't know what all these, like white hippies are doing [laughs], basically. It sounds like instead, it was intriguing to you. And was it at this point in time—before or after—that maybe it awakened some sort of activist sensibility?

01-00:50:48

Knox:

Well, the year at community college was really transitional. I had an opportunity to meet Bobby Kennedy at that community college. And here, some of the things that he was talking about—and of course, he was talking about civil rights, he was talking about this country's place in the larger world community, and obligations and responsibilities and things of that nature. So by that time, I really did have much greater appreciation for what was happening in the world, outside of the San Joaquin Valley. And particularly, by virtue of knowing more, being able to put into context what I'd experienced for the first seventeen, eighteen years of my life. It's sort of like being in a fish bowl; if that's all you know, that's all you know. And once you sort of step out of that, you see how confined it was, in fact, and how unjust it

was. So that year was really a pivotal year in my life, and it probably would not have happened that way had I not had the opportunity to live with my coach and his family. It just probably wouldn't have. I probably would have been just a very angry young man and looked for ways to react to the injustices that I knew were all around me.

01-00:52:21

Meeker:

Did you know what politics your coach and his family came from? There aren't a lot of, like you said, sort of liberal Democrats in that part of the state.

01-00:52:37

Knox:

They never talked about it, but obviously they were liberal in their thinking and I think probably Democratic in their political orientation. Both were schoolteachers, so—

01-00:52:52

Meeker:

So probably union members as well?

01-00:52:54

Knox:

Yeah, yeah, yeah.

01-00:52:55

Meeker:

So after a year, you were injured. And I assume that was a fairly profound injury? So I don't know if you had any intention of wanting to go professional once you graduated. Was that a—

01-00:53:10

Knox:

It really wasn't a dream of mine. Clearly, it was a possibility that it could occur, but it really wasn't my primary focus at all.

01-00:53:21

Meeker:

This scholarship was football?

01-00:53:23

Knox:

Mm-hmm.

01-00:53:24

Meeker:

What position were you playing?

01-00:53:25

Knox:

I played defensive halfback.

01-00:53:27

Meeker:

Oh, OK. All right. Well, then once your football career is over, what are you focusing on in college? What are your remaining years at UC Berkeley?

01-00:53:39

Knox:

Activism. [laughs]

01-00:53:40

Meeker:

Activism. OK.

01-00:53:41

Knox:

Activism, yeah. And actually started during the time that I was playing ball. There was a colleague, a fellow student, who was on a basketball scholarship, Bob {Presley?}. Big guy, and really talented athlete. Wore a big afro. And Bob was probably 6'10"—6'9", 6'10". And the coaching staff decided that the afro was not appropriate, so they wanted to make him cut his hair. And his position was, well, nobody else is having to cut their hair on the team, so why is it that I'm having to cut my hair? Well, that became a rallying point for the black athletes on campus. In fact, the year that I came in was the first year in which they had brought in more than three athletes in a given year. They brought in twelve black athletes that year. So that became a rallying point for us. This was in the midst of the whole Black Power movement, Black Consciousness, African Americans looking at themselves differently. Things that had heretofore been sources of embarrassment or shame or that kind of things were sources of pride. It's acceptance of who you are, and the standard being a more objective standard than a white standard. So the degree to which I don't look like a white person is really not a disadvantage, it's just that that is no longer the standard by which I measure and evaluate myself.

So all of that awakening was happening among African Americans on the campus, so this idea of one of the symbols—an afro [laughs] being one of the symbols of this sort of reassessment and value was very important. So that became a source of cause for us—

01-00:56:02

Meeker:

How did it play out?

01-00:56:04

Knox:

It played out with a number of us descending on the Athletic Department and insisting that Bob be allowed to continue to play basketball, and wear his hair in the way in which he wanted, and this expression of cultural pride was important, et cetera, et cetera. And eventually they acquiesced, but it was over a period of time that that occurred. It's just really kind of interesting when you think about probably the most liberal university in the country, that this would be an issue at this school. But it did speak to some of the internal politics at Cal and the fact that really integrating that campus in a meaningful way for the first time, that there were some growing pains for the institution. So we were all a part of that.

01-00:57:10

Meeker:

Do you recall where you were getting some of these new ideas from? I know that I've interviewed people who were students at Merritt College, and that was of course probably ground zero for the Black Panthers. And did Cal also have a presence? Or were you interacting with some students in larger kind of Alameda County area?

01-00:68136:

Knox:

Well, it's such an open campus that it's almost a part of the community. But the Black Panthers came on campus. The day they descended on the state capitol with guns to express their [laughs] First Amendment rights, they were on campus prior to going to Sacramento, and getting students to come with them. But the school also brought in some of the great thinkers. It brought in Malcolm X; it brought in Adam Clayton Powell. All of these folks came through the campus and spoke at rallies and the like. So it was really an environment of learning. It was just education that is difficult to compare to any other experience.

01-00:58:25

Meeker:

Was there any of this new kind of education, if you will, that was happening in the classroom as well as outside of the classroom?

01-00:58:35

Knox:

Yeah, there were pretty frequently examples of curriculum being challenged—the accuracy, the omission. You're studying US history, and there are no black characters that emerge. It's almost as though we weren't here. So those kinds of questions would surface. There were some teachers that embraced it as intellectual curiosity and opportunities for growth for themselves as well as the students. There were others who resisted it—vehemently resisted it.

01-00:59:18

Meeker:

What did you end up studying? What was your major that you graduated with?

01-00:59:20

Knox:

Psychology.

01-00:59:21

Meeker:

Psychology. Interesting. So let me change the tape.

[Begin Audio File 2 knox_ron_2_02-02-09.mp3

02-00:00:087

Meeker:

So you graduate, I'm guessing, 1972?

02-00:00:16

Knox:

Sixty-nine.

02-00:00:17

Meeker:

Oh, 1969. OK, that's right. Sorry, adding too many years, here. I know how to do math sometimes. OK, so you graduated in 1969. Were you interested in heading to grad school to do something with your psychology degree, or were you looking for other opportunities?

02-00:00:36

Knox: Well, I, at that point, was interested in sort of social activism. And I had thought that—

02-00:00:45

Meeker: Community organizing.

02-00:00:47

Knox: Exactly. I thought that there would be opportunity to do grad school on a part-time basis or something of that nature, but what ended up happening was my spending a summer in East Palo Alto with my sister. And just the flood of political activity and community organizing that was occurring there—it was seizing upon the opportunities that were afforded through the War on Poverty programs. There were lots of financial resources to get meaningful programs started. So if you could write a proposal and put together a plan, you could actually get something started. So I got really caught up in that—

02-00:01:47

Meeker: It was establishing your own community action plan, was it?

02-00:01:50

Knox: Yeah. We wrote a proposal for a neighborhood health center. There was this whole act on neighborhood health centers, and the idea was to bring essential healthcare services to communities that simply didn't have access or had limited access to care. So that got funded. And actually, that program—the year before the proposal was developed for that—we got involved in expanding the program. So just for the sake of accuracy.

02-00:02:31

Meeker: Were you working with like med students from Stanford, or what was, I guess, the clinical arrangement?

02-00:02:37

Knox: Yeah, we expanded to that. The core staff at that time was about five general practitioners, three or four dentists, and then allied health professionals. We had a staff of about seventy people when we started; a year later, about 200 people.

02-00:03:05

Meeker: And this is all funded through OEO monies?

02-00:03:07

Knox: Yeah, exactly. Yeah, yeah, yeah, that's right. That's funny—you say OEO. I haven't heard that term in so long. One of the funny things about that whole experience—the first is that we were able to sort of write our own rules, in terms of what we wanted the focus to be. We wanted a holistic approach to health, and we wanted to hire people from the community. So there was a class of employees called community health organizers, and their role was to go out into the community and do whatever was necessary to promote health. So if people needed transportation to the medical office, they provided that. If

people had broken windows in their homes, the community health organizers would go out and repair windows, because the rationale was that if you've got cold air coming into the house, it's going to affect your health. So this whole holistic approach to health. One of the other things was that—with respect to employing community people—was that in order to be a community health organizer—the entry-level job into the medical center—you had to have been unemployed for a year. And you had to live in the community, of course. So that was my first job—

02-00:04:35
Meeker:

That was the maximum feasible participation component, right?

02-00:04:39
Knox:

Yes, yes. Absolutely, absolutely. So that was my first job, was to supervise the community health organizers.

02-00:04:49
Meeker:

How many of them were there?

02-00:04:51
Knox:

There were twelve; we started with twelve. And all of them met the criteria that we had established. It's really kind of funny, because it was so idealistic, and on some levels, really impractical. But what we got were people that number one, were interested in working, number two, knew the community, and number three, had some commitment to making things better. The other side of that, of course, is there were people who couldn't read and had limited formal education. So where we started with that was to start just a very basic reading and writing course. So that was the deal—teaching people to read and write, and eventually how to write up a report and things of that nature. And those tasks were not without challenge. There were people who were not paying attention in class, there were people who thought that the class was a good place to smoke marijuana [laughs] and things of that nature.

Fortunately I was still in shape from my football days, so I would either manage things intellectually or threaten folks with a different course of encouragement. But eventually we worked through it all, and just a superb core group of folks. Some really rewarding experiences. One lady who was a grandmother, who had never learned to read nor write learned to do both in that class and was just so grateful. Here was something that she thought would never occur in her lifetime did in fact occur, and she was making a contribution to the community and things of that nature. So that was one thing.

The other was the constant fight with OEO around funding that we needed in order to meet our accountabilities. And I remember one of the senior folks in OEO that we oftentimes had many heated conversations with, who eventually ended up really being a champion for our work. Thirty years later, I see listed on our board of directors roster, "Dorothy Mann." I said, "There is no way

that this could be the same Dorothy Mann that I used to do battle with.” And they were welcoming her onto the board, so I went to the reception, and sure enough, same person. She, of course, just hooted when she saw me. She said, “I can’t believe it. You’re no longer wearing a dashiki, and that’s the first time I’ve seen you with real shoes on, and no sandals.” It was just so funny. And we had an opportunity to just reminisce on those days.

We started a local OIC job training center, a community college—Nairobi College—just a wealth of activity experience and opportunity. And that was really my introduction to health care. I eventually became the personnel officer, and then subsequently the administrator of that facility. And after about five years, left there and went up the road five miles to Kaiser Hospital as a personnel director. And that was the beginning of my career with KP.

02-00:09:02

Meeker:

So about this neighborhood health center a little more, and you had mentioned some of the initial initiatives basically to improve public health in East Palo Alto and everything, from getting people to the clinics to fixing windows. Neither of those are what one might put in as a conventional public health aspect. It’s not necessarily sort of health testing, or even distribution of prophylactics or something like that. Where were you guys getting your ideas about public health? Did you have like a public health thinker, or were you kind of inventing things as you went along? Or maybe both—

02-00:09:48

Knox:

I think it was both. There were some very bright people. At that time, East Palo Alto was about 85 percent African American—it’s much more diverse now than it was in those days. But part of the appeal—and I really learned this as personnel officer, because my job was to go out and recruit doctors and nurses and others. And you asked the question about medical students. I would go to African American colleges and universities—Meharry and Howard and places like that—and recruit graduating medical students. And the appeal, of course, was, here’s an opportunity for you to contribute to your community in a way that is just unprecedented, and it’s part of the obligation that all of us owe. It was that kind of appeal that I was able to get some extraordinary talent into East Palo Alto, and I could only pay them \$12,000 a year. So there was really this sense of—

02-00:11:00

Meeker:

Was it like a residency that was set up?

02-00:11:02

Knox:

Sort of, but—

02-00:11:05

Meeker:

It wasn’t official? It wasn’t like an official university hospital residency kind of thing?

02-00:11:08

Knox:

No, no. No, no. No, not at all. And always, it was the appeal of doing something for your community, doing something for your people. I mean, the salary we were paying, that was really what carried the day. But the physician who ended up being the head of neurosurgery at Sequoia Hospital was one of our folks. The guy who ended up being the director of the National Dental Association was one of our people, et cetera. So we had some extraordinarily committed people. We had some health educators who had a different take on what public health was, what outreach and education was. And remember that this was still in the timeframe in which people were really reevaluating what was traditional learning and how applicable it was to our community and things of that nature. So for many folks, it was an opportunity to do things that they had strong convictions about, that they simply wouldn't have an opportunity to do anywhere else.

02-00:12:38

Meeker:

Could you think of any examples to illustrate those differences between what might have been part of traditional medical school education or public health education, and then the opportunities—the alternative opportunities—that would have happened in this clinic?

02-00:12:56

Knox:

One of the things, from sort of a governance perspective, is that the community ran that medical center. There was a project director and a medical director, but there was no question but the community board ran that medical center. So the things that were practical, the things that were a part of everyday life in that community, got addressed through that institution. So the ideas around holistic approach to health care, the education and outreach that was community organization-based. So rather than mass mailings and things of that nature, there were various community organizations where you would invite community people there and give a presentation and have some exchange, and, does this make sense? This is what we're planning to do—does it make sense in terms of how you live your life?

Oh, let's see. Gosh, there was something else that I thought was significant. Oh, the other community organizations that formed sort of the basis of this community, of the service-delivery community. That the project managers from those organizations would come together and say, "OK, now, all of our services are interrelated—same population, same customer base—so how do we, as seamlessly as possible, weave together this network of services?" Those kinds of things that just simply hadn't happened previously were happening in that community.

02-00:15:03

Meeker:

Wait, so when you say that, are you talking about sort of different specialties and subspecialties, and also just parts of the health care apparatus, just thinking about how they provide integrated care models? Is that what you're getting at?

02-00:15:17

Knox:

No, it's more like as service delivery organizations, whether that is employment—whether that is economic development for the community; whether it's health care delivery, which we were involved in; whether it's education—that there was, number one, a recognition that all of these things are related, and how do we do that best—another example of sort of leading-edge thinking, unconventional thinking.

Nairobi College had a program in which it focused a large percentage of its resources on young men who were coming out of prison for non-violent crimes and recognizing the role of education in influencing what was going to happen with the rest of their lives. So we had this program in which these guys would come into an orientation, be interviewed, put together an educational plan, find them employment, find them housing, and the requirement was that you attend college and that you maintain a C average. And that program, as far as I know, was novel in the country, but it represented sort of the leading-edge thinking that was going on in that community, and it was sort of a magnet for people that were very progressive in their thinking.

East Palo Alto was an unincorporated area of the larger Palo Alto, so the move to incorporate this city, establish an independent tax base and the like, was an effort that was undertaken. We also, in the process, decided that we would change the name of the city to Nairobi. And the national attention that that drew, and dignitaries from Kenya coming to East Palo Alto, it's just—[laughs] There's just a whole lot of very progressive, culturally oriented and rooted thinking and activity that was going on in that community. And consequently, for the period of time in which there were resources to support those activities, East Palo Alto really distinguished itself as one of the leading African-American communities in the country.

02-00:18:05

Meeker:

How did you start to deal with the declining resources available? I know these various acronyms and initials because I've done a little research into what was going on in San Francisco. And Nixon is elected in '68, inaugurated in '69. I mean, who's the head that he puts in? It's Rumsfeld, right?

02-00:18:28

Knox:

Oh, yeah. Yeah, yeah, yeah—exactly, exactly.

02-00:18:30

Meeker:

And I remember seeing this—I can't believe that that guy is—but anyway, I remember one article that I came across that showed that he was having sort of teak desks installed in all the OEO offices while at the same time cutting the funds available to the various community programs. And what it did was that it increased competition amongst the various community action programs that were applying for money. And I wonder what effect that had on the work that you were doing.

02-00:19:06

Knox:

It was devastating. There were increased guidelines that really shifted us back toward more traditional ways of doing things. There was competition from other institutions. Stanford was salivating at the idea of getting their hands on this really novel institution and how that could be integrated into what they were doing at the Stanford Medical Center and the like. So that was a constant battle. The county of San Mateo equally, looking at ways in which they could take ownership of that institution—and several others as well, but primarily this health care organization, because of the notoriety that it had earned by successfully doing some things that simply hadn't been done before. So there was all of that political battle that was going on at the same time resources were drying up. So it was just very difficult, and the opportunity to get non-government funding was very difficult. It was very difficult and very limited.

02-00:20:26

Meeker:

Well, what was the fate of this center? It is, again, this sort of historical interpretation. Well, if historians are now talking about the Long Civil Rights Movement that goes into the 1970s and '80s around affirmative action and that kind of stuff. And there's people now talking about the Long War on Poverty that didn't just end in 1969 or didn't just end when—I don't know when the OEO ended, but that was during the Nixon administration. A lot of these community action programs continued for—maybe some even continue today—for decades. What was the long run of this neighborhood program? Did Stanford take it over? Did San Mateo County take it over?

02-00:21:06

Knox:

Yeah, the latter. San Mateo County eventually did. But that center closed in 2003, I believe, and it didn't resemble anything like what it was back in its heyday. But in its height, there was a full pharmacy; there was a social services department, data and research function, full dental services, full array of medical services. It was thriving at one point. And as those funds began to disappear, the opportunity for others to influence what the center was, of course, increased. And ultimately, it was dependent upon San Mateo County for its continued funding.

02-00:22:08

Meeker:

I wonder, during this period of time—I'm sure you're getting a daily lesson in public health and the way health care is structured in the United States. Kaiser Permanente has a fairly unique model of delivery around prepayment group practice which differs considerably from sort of private hospitals, individual fee-for-service providers, university hospitals, county hospitals, that sort of thing. When were you first introduced to Kaiser's economic model?

02-00:22:47

Knox:

As a service provider. The employees of the health center received their care through Kaiser Permanente.

02-00:23:03

Meeker:

Where was the closest facility?

02-00:23:05

Knox:

Redwood City, which was about five miles away. But the novel thing about that, and the reason that Kaiser Permanente sort of stuck in my head was the Blues and—I don't recall, there was one other service provider, in addition to Kaiser. And I remember the two of them deciding not to come to East Palo Alto to make a presentation to the staff. And I'm not sure whether there was perceptions of danger or because it was a predominantly African American workforce, or what, but Kaiser was the only one that turned up, and talked about its tradition of providing affordable care, irrespective of race, et cetera. And the reception that the service representatives got, having made that presentation to the staff. So that was really my first knowledge of Kaiser Permanente, even though there was a facility five miles down the road, and how impressive this whole orientation, how different it was. So that was my introduction to Kaiser Permanente and really the beginning of my interest in joining the organization at some point.

02-00:24:47

Meeker:

Did you become a member after that presentation?

02-00:24:49

Knox:

I did, yeah. We all did. [laughs] We all did.

02-00:24:53

Meeker:

Interesting. And so obviously this organization is providing health care for the employees—full-time employees—or something like that. And most if not all end up joining Kaiser? Interesting. You're a young man; I'm sure you didn't have a lot of reason to go in at that point in time. But do you remember any initial experiences interacting with the system? Did it seem to meet what was probably some sort of marketing pitch?

02-00:25:26

Knox:

I really didn't have a lot of experience with the organization as a service provider. I got my care at the neighborhood health center. And my first real experience with the organization was when my first child was born. And it was good care, and really in those days, a heightened kind of awareness around respectful interaction, and that's what we experienced—both my wife and I experienced as she was delivering. So it was a good introduction to the organization.

02-00:26:07

Meeker:

Was that in the Redwood City facility?

02-00:26:08

Knox:

That was in Redwood City, yes.

02-00:26:10

Meeker:

Well, tell me a little bit about seeking and accepting a job with Kaiser. This would have been about 1974?

02-00:26:17

Knox:

Seventy-three. Yeah, yeah. A colleague who was working at Redwood City as an X-ray supervisor called to tell me that there was a personnel director position that was available, and would I be interested in pursuing it. So I said, “Yeah, I’d certainly be interested in talking with some folks.” So I did. The Redwood City facility was probably—if I can say this correctly—it was probably the least racially integrated hospital on the peninsula. So Santa Clara, South San Francisco, San Francisco had much more racially integrated workforces than Redwood City. So I was a little concerned about that but also very aware of the opportunity. My whole orientation was around community activism and culture change and things of that nature, and certainly this afforded both the challenge and the opportunity to do something. So I had a series of interviews—probably more interviews that I’ve ever had for any job. And after seven or eight interviews, I was offered the position and took it. And talked to some of the leaders about the successes that we’d had at the neighborhood health center and the sort of unconventional ways in which we’d approached certain things.

And I think one of the things that was adopted was we talked about the challenge of missed appointments. And I said, “Well, what we did in that regard was we would call people the day before.” We’d send out a postcard a week in advance, but we very soon realized that that just simply wasn’t effective. So we’d call people the evening before their appointment—just to make certain that they were going to be there, if they needed transportation or anything of that nature. And it cut the missed appointments almost in half, almost immediately. So they started doing that. They piloted that at Redwood City. It’s a fairly common practice now in Northern California.

02-00:29:31

Meeker:

And this was something that wasn’t being done before?

02-00:29:32

Knox:

It wasn’t being done, right.

02-00:29:34

Meeker:

So when you say “personnel director,” you were personnel director for the hospital, and so you would have been a KP—or Kaiser Foundation Hospital health plan employee?

02-00:29:44

Knox:

Yeah, exactly. Kaiser Foundation Hospital.

02-00:29:46

Meeker:

Hospital employee. Sure. And personnel is basically human resources?

02-00:29:53

Knox:

Yeah, it was. In those days, though, it was a part of the senior staff. So the medical center administrator and associate medical center administrator,

director of nursing, lab manager, personnel director, were the senior staff members.

02-00:30:11

Meeker:

And so in this position, you would have basically been in charge of hiring and firing, or—what was on your plate?

02-00:30:21

Knox:

Labor relations—there were five or six unions represented in the medical center; training; of course, hiring and discipline; outreach programs; and college relations, which had just been formalized at the medical center at the time that I came here. So there was, for instance, an LPN—LVN—program, where the students—graduating students—would get experience at our medical center. Same with X-ray and pharmacy techs, were also in that category. And then, of course, equal opportunity and affirmative action plans were just beginning to get formalized in the organization, so I had that responsibility as well.

02-00:31:38

Meeker:

Well, “affirmative action” is one of these terms that initially meant something fairly vague. From what I understand, it just meant taking affirmative steps toward ending discriminatory practices or moving toward an equal-employment approach, to later on, in the context of university admissions and some hiring practices, what might be termed quotas or preferential treatment or something like that. There was a demographic element, a statistical element, to it, whereas when it first started out, it was mostly kind of doing what you best could do, I guess, was kind of the way that historians, at least, have talked about it. It may be incorrect.

02-00:32:29

Knox:

Yeah.

02-00:32:31

Meeker:

And so, what were your interactions with these various programs? What were the first programs that you encountered, and what were the policies involved in them—what were they asking you to do?

02-00:32:49

Knox:

Well, we were and are federal contractors, so we were obligated to implement affirmative action programs. And they were probably no less controversial then than they are now. People have in some instances a visceral reaction to the term “affirmative action” because it means different things to different people. One of the things that the detractors of affirmative action have been so successful in doing is associating affirmative action with quotas. Quotas are imposed by a judge after a finding of discrimination—intentional discrimination. And consequently, it’s the most extreme corrective action that is available. It is essentially saying that of however many hires, X number of those will be women or people of color or whatever. That’s just simply not a part of the affirmative program action—never was—and the regulations have

always been very clear about putting forth good-faith efforts to meet targets. So if in the recruitment area in which an employer operates, 30 percent of the nurses who are employed—who are licensed, who are qualified for jobs—are people of color, the expectation is, absent any discrimination, that your workforce would mirror that demographic. So that was essentially what was required for federal contractors.

And then the component of affirmative action programs that involved outreach and good-faith efforts really were around looking at the objectivity and job-relatedness of qualifications. So if there is a position for a dietary aid and you are requiring two years of college when in fact there are either incumbents in that job that don't have two years of college and are doing the work just fine or there is no objective nexus between the qualification and the ability to do the job, then you really do need to look at whether, in fact, that's an artificial barrier that is keeping otherwise qualified people from being considered. So that kind of review was a part of what we did.

Job posting—making people aware that job opportunities existed, and doing that in a public kind of way: posting jobs with community organizations, placing jobs in newspapers that have broad circulation, doing all those things that are other than simple word-of-mouth. Because if you have a workforce that is not diverse and you're relying on word-of-mouth advertising, you're likely going to get more of the same. So changing practices in that regard was a real significant part of the culture change that we were trying to achieve. And then looking at training programs that we could either develop or influence or support that might exist in the community to broaden the base of qualified individuals for jobs that existed.

And then, of course, looking at the impact of current practices. One of the things, I mentioned, the LPN or LVN program that we had with a couple of the local community colleges. And there were practices—there was data that I was able to retrieve that showed for the three or four years or five years that we'd been involved in those programs that not one student of color was ever involved in the program. And the necessity of having conversations with those college presidents and saying, "You've got to integrate your class. You've got to undertake some efforts that will bring about a more diverse class composition. Otherwise, we're not going to be able to continue to participate with your program because as federal contractors, we have an obligation to equal opportunity, and by virtue of looking at the data and what your class composition has been over the past five or so years, we very well could be subjecting ourselves to claims of perpetuation low or no representation in these important occupations. These are good-paying jobs, people can acquire the skills and the licensure within two years, and the like. So you need to open this up." Those were very difficult conversations. Those were conversations that had not occurred, certainly at that medical center, previously, and—

02-00:38:46

Meeker: What educational institutions were you working with?

02-00:38:50

Knox: It was Canada College and Foothill College—there is one other that I'm not recalling—but those were—

02-00:38:57

Meeker: CSM—College of San Mateo?

02-00:38:59

Knox: CSM was not a part of that conversation. CSM had, actually, a fairly diverse student body and really some progressive instructors. So they weren't a part of that conversation. But I remember the significant pushback that occurred in those conversations and really our insistence that "This is just the way it is. You're going to have to either decide that you'll partner with another medical institution or you're going to have to change the way you're selecting students."

02-00:39:39

Meeker: I wonder if I can get you thinking about particularly the 1970s and your work with the neighborhood health center, and then also this period of time at Kaiser when you're working under equal opportunity/affirmative action federal guidelines. And I'm not quite sure how to put this, but doing civil rights work and doing equal opportunity work, sometimes the government is sort of standing in your way and is causing problems, and sometimes the federal government can be used to make change necessary. And I'm wondering if during this period of time, the federal government was—you felt like it was helping you do what you wanted to do or if it was maybe standing in your way, or maybe a little bit of both.

02-00:40:46

Knox: Well, I think the question that you're getting to is how I bridged the work that I'd been doing previously with the work that I was doing with Kaiser Permanente.

02-00:40:56

Meeker: Yeah, might be an easier way to say it.

02-00:40:58

Knox: Yes. No, I think it's a good question, because there certainly was no diminution of my commitment to civil rights and doing what I could do to correct what I thought were injustices and unfairness and equal application of the rules and all of those things around social justice. And so consequently, I did look for opportunities. And one of the things that I was determined about was—and in this sense, the federal government guidelines were a big help because we were doing what the law required—but how do we integrate this workforce at Redwood City, that five miles south of this facility is a community that is predominantly African American, five blocks outside of this facility is a community that is predominately Latino, and yet the

workforce is not reflecting that at all? So we did a lot of work around changing the culture: sending job postings to community organizations, meeting with community leaders to talk about “Here are the opportunities that exist at this facility, here’s the skill set that people will have to bring to be considered, and how can we partner to help job training organizations and things of that nature align their curricula with what is required for employment opportunities here at this facility?” So we did a lot of that work, and consequently, considerably changed the face of Kaiser Foundation Hospitals at Redwood City.

When I came to what was then central office to head up equal opportunity and affirmative action nationally—

02-00:43:17
Meeker:

What year did that happen?

02-00:43:19
Knox:

That happened in 1977. One of the most influential interactions that I had in this work was with a compliance team from the national headquarters. Kaiser, of course, having had a long and rich tradition around equal opportunity. So on the one hand, you have this tradition of going against societal trends and community practice, et cetera, being very pragmatic in terms of employment. On the other hand, you have evidence of a glass ceiling that is very low. And all you had to do was look at our workforce. So “How do we impact that?” was the central question, with almost conflicting values around what has happened traditionally and where we were and where we were going.

02-00:44:44
Meeker:

What do you mean by “conflicting values”?

02-00:44:46
Knox:

Well, on the one hand, not unlike the service rep who came to East Palo Alto to talk to us about Kaiser Permanente, saying Henry J. Kaiser was instrumental in bringing African Americans from the South to work in the shipyards when nobody else was doing that, and had a very integrated workforce, provided care on racially integrated basis when nobody else in the community was doing—so you had that tradition and image of the organization, and you had what was happening now, where we might have 35 percent, 30 percent people of color in the workforce—at Redwood City, significantly less than that. But then when you look at where people were employed, at the level of entry-level supervisors is where it tapped down. So you’ve got these two things that are mutually coexisting within this organization.

02-00:45:51
Meeker:

And those are the findings of the report all the way up in 1991.

02-00:45:55

Knox:

Yes. Absolutely, absolutely, absolutely. This, of course, predated the report by fifteen years. So Kaiser had received a class-action complaint—this was probably in 1976—maybe late '75, but I think 1976—that claimed women were being discriminated against in what would today be considered IT, but it was the computer data center, I think is what it was called in those days. And what had occurred there was that there were two occupations—classifications. One was data entry clerk; the other was computer operator. And a fairly significant difference in the salaries. The data input operators were almost exclusively women, and the computer operators were almost exclusively men. Almost no difference between the two jobs in terms of technical skills needed to do it, et cetera. So the class complaint—EEOC found in favor of the plaintiffs. That was a first. It was an embarrassment to the organization. After all, Edgar Kaiser had been on John Kennedy's equal opportunity committee, had started plans for progress to encourage other companies in the Bay Area to integrate their workforces, et cetera. So the decision was made that this will never happen again in life and that we're going to really increase our efforts in this regard. So that position that I eventually held was moved from human resources to the legal department and reported directly to the general council.

02-00:48:13

Meeker:

It was Bob Erickson at one point?

02-00:48:14

Knox:

It was Bob Erickson, right.

02-00:48:20

Meeker:

Were you in the position when it was moved from human resources to legal?

02-00:48:25

Knox:

The position was moved from human resources to legal at the time that they posted it. The sense was that number one, in order to do what we need it to get done, it needed to report to an influential senior executive, and Bob was probably the second-most influential senior executive in the organization.

02-00:48:51

Meeker:

Next to Jim Vohs?

02-00:48:53

Knox:

Next to Jim Vohs, exactly. And the second observation was, "If we're talking about changing the way in which we hire, promote, fire people, all of that activity takes place in human resources, so it's like the fox in charge of the henhouse" or whatever that phrase is. So if in fact that was going to be the focus of change, the person really needed to be independent. So that position was moved into legal, then they posted it, and then I applied for it. So long answer to your question, it was in the legal department when I applied.

02-00:49:43

Meeker:

And so the idea of it being in legal was that this individual would, in essence, act as an external compliance officer and basically get reports from human

resources and either applaud or discipline or work with human resources to create programs and make sure that the goals had been met?

02-00:50:11

Knox: Yeah. The rationale was first, this was in fact legal compliance. That was the nature of the job: how do we comply with the law?

02-00:50:26

Meeker: Did the class-action lawsuit come with a consent decree at the end, or—?

02-00:50:30

Knox: It did. Yeah, yeah.

02-00:50:33

Meeker: The consent decree, that's what you talked about when you mentioned the sort of fallacy about quotas and affirmative action.

02-00:50:39

Knox: Yeah, that's a very good example. Yeah, that's a very good example because it did essentially spell it out in that way, that if one of every two hires—so the rationale was that the individual who held that position, number one, needed to be free to do the job without fear of compromise, because the person would otherwise have been reporting to the head of HR. The second was there was significant support for this position in the legal department, because there was a team of attorneys who were responsible for equal opportunity and affirmative action. And thirdly, that we wanted to signal a change in the organization, and the most profound way of doing that was to say, "We're creating a position. This position is intended to be the lightning rod in the organization. And to show you we're serious about this, we're taking this position out of human resources and putting this position in the legal department that is going to effectuate the change." So it was appealing from all of those perspectives that the expectation was that you were going to sort of stir up the nest.

02-00:52:23

Meeker: A gadfly, as they say.

02-00:52:25

Knox: [laughs]

02-00:52:27

Meeker: It's interesting. You had said for this position "to be a lightning rod." And I can imagine a lot of people not wanting to touch a lightning-rod position with a ten-foot pole. I mean, obviously you applied for it; you were interested in it. Did you ever have any sort of trepidation about kind of in essence being a lightning rod—being the identifiable figure in the organization that was going to bring about change that was undoubtedly controversial in some circles in the organization?

02-00:53:05

Knox:

It was actually a tailor-made job for me. And I was already identifiable because I was the only African American—I was the only person of color who was a personnel director in the organization. First hired in that role, and the only one during the time that I was there.

02-00:53:27

Meeker:

Throughout all the regions?

02-00:53:28

Knox:

Throughout the entire organization. Yeah, yeah. And the idea of being a lightning rod, quote-unquote, to effectuate cultural change was just so consistent with my whole orientation. And Bob was very convincing that it was going to be a hard job, and some people are not going to like you very much, but it's something that we have to do as an organization. So I felt supported in the role, very clear that there was going to be some tension in getting this work done, and it was just very consistent with my orientation to effectuating social change and social justice.

[break in recording]

02-00:54:31

Knox:

Yeah, that was one of the memorable and influential experiences that I had early on in that new role was a compliance team. At that time, it was out of AGW, and it was a compliance team that was made up of three individuals who specialized only in doing health care audits. That changed in subsequent years when the federal enforcement consolidated a variety of agencies, and you might end up with a compliance team that came out of energy. They really knew nothing about health care. But this team was a group of experts. And the head of this compliance team was {Jewel Wynning?}. I'll never forget this guy. And he was one who aggressively pursued compliance, and looked for where the skeletons were—knew where to look for where the skeletons were—and was committed to bringing about change in health care around equal opportunity and affirmative action.

And I remember arguing with him about what the regulations required in terms of our complying with the written affirmative action program and him responding, "I don't give a damn about the regulations." He says, "I follow the money. You show me who's getting paid in this organization, and you show me what their gender is and what their color is, and I can tell you whether or not you're practicing equal opportunity." Well, that was a shortcut to compliance that I had never considered before, but he was absolutely right—that if you've got diversity in the positions that are the most influential and the highest-paid in the organization, then there is an infrastructure to support that that complies with everything that the regulations are trying to accomplish. He taught me a lot.

We prevailed in the audit, but during the course of the audit, I learned more about the practicality of this work of compliance and enforcement than I had ever known. And this was like a two-month audit, so we got to be really good friends. And him encouraging me to take this work personally. He says, “There is going to be tremendous pressure for you to compromise, and there’s going to be tremendous opportunity for you to compromise, but this work is important to who we are as a nation, and you have to have that kind of commitment.” So it was a very rewarding experience. I’ve got a lot of respect for that guy.

02-00:57:44

Meeker:

So this question may take longer than a few minutes to answer than we’ve got left on tape—and if it does, we can continue later—but I wonder about this specific instance in which here you find yourself in a position of innocence, defending the record of the organization that you’re working for against a really crusading compliance officer who’s wanting for you to push further around equal opportunity and affirmative action. That’s one of the aspects of the job is that you get to do what you like to do, but it’s also one of the aspects of the job that maybe sometimes you feel like you have to compromise the ideals that you brought into the organization. How did you feel? How did you deal with that personally?

02-00:58:31

Knox:

Yeah, that did occur, and I remember talking with Bob Erickson about that, that it was really important for me that my values not be compromised. I said, “I understand that in a situation where we’re trying to protect our federal contracts that I’m the company representative, but this idea of defending what we know we need to be doing differently or better is a real problem.” And Bob’s response was, “Yeah, and I expect you to do something about that.” So what I did was develop an internal audit system, where we would audit our own facilities, using, really, a more aggressive standard than the federal government—a formal audit—and at the end of the audit, reporting the findings and recommendations to the leadership: here are the things that you have to do in order to bring the company into compliance and to protect our federal contracts.

So we ended up with a process that had greater rigor than the external agencies that were auditing us, and as a result, we had twenty-two years of perfect compliance, and always being able to demonstrate, “What you are requiring us to do, we view as the minimal that is required, so let us show you what we’ve done.” And it’s not to say at all that that was an easy task. There were folks who were saying, “You guys are not the federal government, so what do you mean, coming into our facility and conducting audits and all?” There was considerable pushback. There were times in which the reports that we would submit would be completely ignored, and we’d have to go back in, and I’d have to have Bob call the facility head and things of that nature. So I don’t want to give the impression that this was somehow a smooth and easy

transition that occurred. It absolutely was not, and it resulted in a major cultural change in the organization, but it was not without blood and—

02-01:00:53

Meeker:

Do you think that it would have been at all possible to bring about these changes, as far as composition of the workforce, if it wasn't for the, in essence, threat or 'bad cop' of the federal government, would have played?

02-01:01:11

Knox:

Yeah, I don't think that it would have been possible. I don't think it would have been possible because that's just simply not the way change occurs. There are protectors of the status quo simply because that's what people know. And with this particular discipline and the emotion that is inherent in it, there is the sense that if you were asking someone to do something differently around race and gender and the other protected {bases?} from discrimination, that implicit in that is that you're saying that they're a bad person, that they have intentionally done something to harm someone else, that they are unfair. So all of that enters into the conversation, and there is almost the natural tendency of one to defend himself or herself when you are simply suggesting, "We need to do these things differently." So that was a part of the barrier to cultural change, and the fact that we were able to say, "This organization is viable as an organization largely because of the revenues that we receive from federal and state government. We cannot afford to lose that. And if we persist in these types of practices, we put the organization in jeopardy.

[End of interview]

Interview #2: May 29, 2009

Begin Audio File 3 05-29-2009.mp3

03-00:00:18

Meeker: Today is the 28th of May 2009. This is Martin Meeker interviewing Ronald Knox for year three of the Kaiser Permanente Oral History Project and this is tape three. Well, let's begin. We made some good progress in our first two hours looking at your personal background and your introduction to Kaiser Permanente as an employee, and so what I'd like to do now, or basically today, is cover the Minority Recruitment and Promotion Taskforce and then the report that was issued by that taskforce and then carry us through the creation of this office, the National Diversity Office.

03-00:01:03

Knox: All right.

03-00:01:04

Meeker: And we can talk about some of the programs and initiatives undertaken in the context of this office. Next week I'll be interviewing Gayle Tang, so I'll probably spend most of my time talking with her about the translation capacity that I know that she has played some key role in.

03-00:01:22

Knox: Yes.

03-00:01:22

Meeker: So we can refer to that, but I think those are the kinds of things we're talking about. Maybe some comment on the Institute for Culturally Competent Care, which I know comes out of this office. Okay. So I guess maybe situate us in 1989 when this taskforce is formed. You were part of the taskforce, yes?

03-00:01:46

Knox: Yes, yes.

03-00:01:47

Meeker: Okay. Can you maybe give me a sense of the whys and hows of how it came to be. And those are different answers, right? How is much more of a bureaucratic approach and why is some of the underlying questions and people asking for this to happen or need.

03-00:02:12

Knox: Yes. Well, I think in our last discussion, we talked about Kaiser Permanente's strong orientation toward equal employment opportunity compliance and advocacy and the background associated with that, including Edward Kaiser's service on John Kennedy's Equal Opportunity Commission. We subsequently established a very strong record of compliance that lasted, actually, for twenty-five years with no violations following the class complaint charging gender discrimination in the computer center.

03-00:02:50

Meeker:

And we talked about that last time, as well.

03-00:02:52

Knox:

I think we did, yes. The Minority Recruitment and Promotions Taskforce work evolved out of a discussion that I had with Jim Vohs, who was then the CEO and Chairman of Health Plan and Hospitals. And routinely, I would send to him a profile of the workforce based on race and ethnicity and segmented by work group. So I'm not certain what was particularly enlightening to him about this particular report, but what he noticed was we had very good overall representation of people of color in the workforce and obviously women. Predominantly female workforce. But his question to me was, "I notice that we have a substantial decline in the number of minorities right above the health care professionals level. So at the entry level of management, we see this decline. And I'd like to know whether that is a reflection of the labor market, what's available to us in the labor market, or is it something that we are doing internally that is limiting opportunities for people in color to move up in to the management ranks of the organization." So we had a number of conversations about that and it really wasn't explained away by virtue of labor market demographics. We were significantly underrepresented compared to that benchmark. So Jim wanted to explore that further and thought that it was important to convene a senior leader level group of people to take a look at this, both to include folks who would be responsible for making change in the event we found it was something that we were doing internally, but also to underscore the importance of this. So he had executive medical directors on this taskforce and regional managers, which are equivalent to regional presidents of today's workforce on this taskforce and gave them this charge. Take a look at everything that touches upward mobility in this organization and determine whether or not our systems are promoting or serving as barriers to upward mobility for people of color. So that's how that taskforce came together. The expectation, anticipation was that it would probably be a three month tour of duty, if you will, and it ended up being two years.

Essentially what occurred in terms of the approach to this work was doing an internal assessment. And this, again, is responsive to the charge that Jim had given the group. Doing an internal assessment of all of our policies, practices, and related procedures that could impact this phenomenon. The other was an externally focused task that looked at best practices outside of Kaiser Permanente. So what are the top thirty or forty companies who have great reputations for equal employment opportunity and affirmative action success doing that we could learn from. So the taskforce was split into two groups, one focusing on the internal practices, the other focusing on external best practices, and interviewing CEOs and HR leaders and others to find out what it is that they were doing that was making them successful that we could perhaps learn from.

So that work proceeded and the interaction of the taskforce was really sort of a study in diversity in and of itself, because there were folks who felt clearly the problem is internal. There were other folks who felt there are just some practices that we're not aware of that we could, in fact, undertake that could make us better. And there were days in which we just decided, "Let's not talk anymore. This really isn't getting us anywhere. Why don't we convene at another time." So it was a study in cultural diversity really at its core and that, too, was informative, educational, and ultimately beneficial to the group in coming to consensus around what our course of action should be.

So as we began to collect data and start to formulate recommendations based on what we had learned, using the internal group as an internal, a recommendation would be advanced saying one of the problems that we're having in terms of retention of people of color in management is that if we have a high performing minority manager on the East Coast who is relocating for whatever reason to the West Coast, our current process require that that person terminate her or his employment in that region and then get reemployed in this region, assuming that there is an opportunity that is available. If there's no opportunity available, what we've essentially done is train and prepare a highly effective manager for our competition in the receiving region, in this case in California. So we would recommend that there be an interregional transfer mechanism that would be established, and that would enable us to retain high quality talent. And invariably, as was the case with this recommendation, the response was, "That's not only going to benefit people in color. That's going to benefit everyone in terms of talent retention." And as we were going through that process, it took us maybe four or five of these before we finally started to get it, because the response was the same. "That's going to benefit everyone. It's going to certainly benefit minority managers, but it's going to benefit everyone."

03-00:09:33

Meeker:

Well, could we take that one example of the interregional transfer. That also, however, bucks up against what some people have described as a core value of the organization, which is regional autonomy, which I know has more to do with the medical groups than it does with the health plan. But still, was there resistance to perhaps more central office control over issues of hiring and retention, whereas previously regions had assumed that autonomy?

03-00:10:10

Knox:

Yes. I think that the business case for this particular recommendations, and others that were related, the benefit, the mutual benefit probably overrode concerns about how influential is central office and to what degree are they minimizing or compromising regional autonomy. So it's really sort of a hard argument. It's a hard position to take an opposing position to when someone is saying, "We've got some great folks in California who are relocating to Washington, DC, and we want to make it easier for you to hire those folks. We want to make it easier to keep that talent in the program and for you all to

be the beneficiary.” It’s almost counter to your own self-interest to oppose that for any political reasons. And that’s what we found in looking at these kinds of recommendations. It really was about ultimately, how do we maintain, how do we retain, and acquire the best and the brightest of a shrinking labor pool and remain competitive, enhance our competitiveness. So we really didn’t get resistance from regional managers in that regard. The other thing that was, of course, beneficial is that we had regional managers on the taskforce and medical directors on the taskforce. So it wasn’t as though this was an exclusively central office taskforce that we’re about changing the world and Kaiser Permanente.

03-00:11:59

Meeker:

Well, you described that regional managers were involved. Am I hearing you also saying that there were medical group managers, so that there were physicians involved in this, as well?

03-00:12:10

Knox:

Yes. Executive medical directors. So the regional manager is the equivalent to a regional president today. The executive medical director is that person’s partner, regional leader. So if you look at it in terms of regional CEOs, those were the executive medical director and the regional director.

03-00:12:26

Meeker:

So the medical groups were on board with this committee, as well?

03-00:12:28

Knox:

Yes. A medical director was a co-chair of the task group. So at any rate, as we began to formulate these recommendations, from the internal perspective it started to gain momentum and the idea that if we, in fact, improve a process or a practice that will benefit a group, if you expand that, it’s going to benefit everyone.” So we began to look at this more holistically, not losing sight of the idea of our original charge, which was to make sure that there were no barriers that adversely impacted people of color moving up into the management ranks.

By the same token, the best practices identified from other companies. Some of those were a fit and some of them were not based on the industry, based on cultural differences in our organization versus theirs. But those that we identified were certainly beneficial to the organization. One of those was the creation of affinity groups, that corporations that were effective at internalizing diversity, integrating it into the fabric of their culture utilized affinity groups pretty consistently. So we took those kinds of recommendations and then tried to begin pulling these two differing perspectives or areas of focus into a single report and recommendation.

And about the same time that we were pulling that information together, the Hudson Institute published its workforce 2000 report, which predicted dramatic changes in the composition of the population. Very significant

changes in the composition of the labor market with respect to growing numbers of women as new entrants to the labor market, growing numbers of immigrants into the labor market, and substantial increasing numbers of people of color. So we began to ask the question, “What does this bode for us?” because clearly the implications are probably larger than equal employment opportunity and the composition of our workforce. So if, in fact, there are going to be these population shifts and increasing numbers of women and people of color entering the labor market and employed by companies, these are, in fact, our future members. They are the pool from which we will select our future workforce and the migration of people of different backgrounds into the workforce means that they are going to be bringing, particularly with recent immigrants, cultural traditions and practices that we may not be aware of that could, in fact, impact quality of care and the way in which we practice medicine.

So the agreement, consensus of the group, was lets take it upon ourselves to sort of broaden our charge, because not only do we have the opportunity to address this issue of workforce and upward mobility within the workforce as it relates to people of color, there are other implications. And if we are really adept at acquiring new skills and new practices, it very well could manifest unique opportunities for us to grow our membership, because we’re able to customize care and delivery. To the extent that we are able to demonstrate that we are a unique employer with a long track record of equal opportunity, support, and advocacy, we may be more attractive to applicants of color. So there’s a real opportunity for us to take this and really leverage it to competitive advantage. And that is the framework within which this national diversity agenda finally was developed.

03-00:17:28

Meeker:

So could we pause on that last point just a second?

03-00:17:30

Knox:

Yes, sure.

03-00:17:31

Meeker:

It sounds like what you’re describing is how, in essence, it broadened from just about diversifying the employment, employee, demographic, to beginning to think about things like culturally competent care and beginning to think about things like the changing larger demographics of, say, the service areas and how that might relate to marketing and membership and so forth. There’s been a long tendency amongst physicians to want to think about patients in a universal sense, not divide them according to what might be social rather than only biological categories. So generally doctors have been pretty open to looking at male and female and the ways in which they differ, but have been less open, with some notable exceptions, certainly, in the history of medicine to thinking about, “Well, what’s the difference between a Latino and then, perhaps, an Italian or something?” What was the response amongst the

physicians on this panel to the best of your memory to beginning to think about the diversity of the patient population?

03-00:19:00

Knox:

Yes. I think that the more sophisticated view of this evolved over time. I think what we looked at was really what was in front of us. There's going to be a group of folks who look very differently than we do who will be entering the labor market and from whom we will be recruiting, enlisting new members. And so what do we do about that? When we looked at that, we said there are three areas in which we have to be conscious. One is the workforce, which was our original charge. The second is if there is a significant immigrant populating entering the labor market and the workforce, does that mean that we have to do things differently, at least in terms of language, addressing differing cultural beliefs, and does that materially change the way in which we interface with our members? I think that's really as far as we had gotten with that. I don't think that at that point we were looking at the idea of health disparities or significantly customizing care beyond providing language services, and even that was rudimentary. If we had a Latino housekeeper, to pull that person into an exam room to interpret was not an uncommon practice. So this really evolved over time and it was really foundational, I think, in terms of our thinking. This is now 1991 and these folks are saying that in nine years things are going to be very different. And we know, in looking at our centers in California in particular, it's already happened. So are we prepared for this? And if we aren't, and the answer was no, we aren't, what can we do in order to be prepared. And furthermore, if we are successful, is there some way in which we can leverage this in order to build the business. So that was sort of the thinking.

And then an answer to your question. There was lots of dialogue about whether or not fairness and equity and equal treatment was being undermined by now starting to look at different populations and what their needs are. And some of that debate still goes on today. It's not like it's in the so distant past. But I believe that with the emergence of compelling data around health disparities and effective interventions that work, that most people are on board that there's benefit in customizing care. But the introduction of this agenda was not without some pushback on why are we doing this and does it make sense. Is it consistent with our mission and all of those things.

So the report was pulled together looking at those three areas of opportunity, recommending to Jim that there are significant advantages if we undertake what is really a cutting edge agenda. Nobody else is really doing this. And granted, it extends beyond what you charged this task group with doing, but if you look at the logical extension of diversifying the workforce, these other two cornerstones of what we're calling the National Diversity Agenda are a benefit and they're natural extensions of leveraging the assets of a diverse workforce. So Jim liked it, took it to the board, the board liked it, and it became policy for the program, that the National Diversity Agenda would be

implemented in each of the regions. And this goes to some degree to regional autonomy. Recognizing the disparity in resources, the impetus based on either more or less diversity within a service area or a region and the like. But the bottom line was that this became policy for every region with the charge of implementing the National Diversity Agenda.

03-00:23:58

Meeker:

Well, I want to ask you about what happens once it becomes policy, but I have some more questions about the taskforce and the report itself. It focused on race and ethnicity, largely on categories that you find in the census today. It, I believe, did take statistics on gender, as well, but it didn't, from what I recall, include recommendations around gender. In other words, women in the workforce. What was the reason for that?

03-00:24:36

Knox:

That the representation of women in the workforce was superior, significantly superior to that of people of color. And I'm trying now to remember what the specific numbers were. But it was something like thirty-six percent, thirty-four or thirty-six percent people of color in the nonmanagement workforce and then into the teens when you entered management. So it was like half. And I think even though those numbers had been presented to Jim before, I think that for whatever reason, it just jumped off the page at him with this particular report, saying, "How do we go from thirty-six percent to eighteen percent or fifteen percent as we enter the management ranks?" That just doesn't make sense. So the idea was for a specific focus on minorities. There really wasn't a focus on women. We included some data on women simply because we had the data. And again, with this idea that the degree to which we improve practices for a given segment, it improves the results for everyone. So we wanted to look at women and see what we could do in the way of upward mobility. But there representation was significantly better than that of people of color.

03-00:26:03

Meeker:

And what about providing these reports to your boss, the CEO. Was this something that had been requested of you as part of your job or was this something that you kind of took on proactively to say that the CEO needs to pay attention to these figures?

03-00:26:20

Knox:

Yes, I think it was the latter. And what occurred prior to this period was a significant focus on women. When I joined the program in 1973 as a personnel director, in Northern California there was one woman among fifteen or so personnel directors and there were no administrators, medical center administrators who were women, and one woman who was an assistant administrator. So some of the first work that we did was how do we address this issue, because here we are with a workforce that's eighty percent women, and when you look at the leadership of the medical centers, they're invisible. And typically, the highest ranking woman official in a medical center was a

director of nursing. So we created an internship program that was designed to move women into this position, which was preparatory to going into an assistant administrator position, and then subsequently into a medical center administrative position. That program was very successful over a number of years.

03-00:27:42

Meeker:

Do you recall who was the initiator or the director of that program or who was maybe heading up it?

03-00:27:48

Knox:

The initiative came out of our group in the legal department, Bob Erickson's department and was implemented in the medical centers. Now, I'm trying to remember who the regional manager was in Northern California at that time. It could have been Karl Steil. And the regional manager bought into and endorsed the program and sort of sanctioned its implementation the same in the north. And that's where most of the activity in terms of very rapidly moving women into senior levels of medical center management occurred.

03-00:28:32

Meeker:

So did you have this model in mind when you started sending these figures to Jim Vohs?

03-00:28:38

Knox:

Well, the idea with sending this information to Jim was that we wanted to take a look at what we looked like program wide, because looking at individual regions was really not so telling in terms of how well we were doing. So I prepared regular updates for Bob Erickson and for Jim, really to look at how much progress are we making from one period to the next, and obviously the progress in management for people of color was minimal. And so that gave us an opportunity to talk about innovative things that we could do, outreach that we could undertake, what we were then calling action oriented programs that we could engage in that would hopefully feed the pipeline and help to diversify the management workforce. So it was the idea of keeping those data in front of these leaders to show that even if you look at the workforce in total, we're making some progress. When you segment the workforce, and particularly at the influential levels of management, we're not doing very well at all, so we need to do some other things around development.

03-00:29:58

Meeker:

One thing that comes across in the report, and also other people I've talked to about it, and not just in this report, but actually in this question about diversifying workforce and promotions and retention overall, is this thorny issue of perception versus reality and the ways in which members of different ethno-racial groups think about those statistical inequalities that exist and why they exist. In the report, there was one passage that said, "Ethnic minorities believe that whites have more opportunities for advancement than minorities," but then it also said that whites did not agree with this point and that there was

further difference of perception amongst members of the ethno-racial minorities, particularly, well, Asians, Latinos, and African Americans, and about their perceptions on why the statistical differences existed within the management population. How do I put this into a question? I guess as someone who has played a key role in this taskforce and who, in some ways, initiated these questions being asked, how do you sort of manage those conversations so they don't get bogged down in debates and bad feelings and instead actually move toward some sort of policy change and resolution?

03-00:31:47

Knox:

Well, the survey that you refer to was the first diversity survey ever conducted in the organization. We were asking these questions and being able to segment the responses by population group. This idea came from our discussion of best practices with external organizations. Xerox was one of the key contributors in this regard, in that they had been doing this for a number of years, surveying their workforce every year, asking them how are things going, what are your perceptions about fairness and opportunity and things of that nature? The survey results were not significantly different than the dialogue that existed on the taskforce, and principally people of color saying, "We've got a workforce that's not very happy. And if we fool ourselves into thinking that everything is okay, then that's exactly what we're doing, is fooling ourselves." So why don't we ask them how they feel? We knew that African Americans at that time were the largest population group of color in the organization.

03-00:33:09

Meeker:

As employees or members?

03-00:33:11

Knox:

As employees. As employees. And the most discontent in terms of upward mobility. If you look at this in terms of most discontent, it was African Americans, then Latinos, then Asian Americans. And the anecdotal data was around there just simply are disparate rules being applied and what works for a white does not work for an African American or any other group that you wanted to compare to whites. Whites did not feel that that was the case at all. So if you asked the question is there discrimination in the workplace, it would parallel that sequence. African Americans saying, "Absolutely," Latinos saying, "Yes, we think so, too," and the Asian Americans saying, "Yes, but not overwhelmingly," and whites saying, "No." So there was lots of debate on how much of this information would be publicized, and more importantly, what were we going to do about it?

So that really gave some additional impetus to the potential of staff associations. Folks need a forum in order to be able to talk about their experience, be able to bring their concerns to management in a proactive and productive and collaborative kind of way and it is a great vehicle for promoting inclusiveness. The fact that the organizations sanctioned staff associations and encouraged people to join them and for those very reasons

really took us a long way in terms of integrating diversity as a value in the organization.

03-00:35:20

Meeker:

About these sort of different perceptions and different realities and maybe I shouldn't make those two distinct because maybe they're the same thing. But looking at, for instance, a statistical difference in the number of African Americans, for instance, in management positions, and needing to have a conversation about that. On the one hand, that can be a conversation about—I don't want to say benign discrimination, but neglectful discrimination or something versus outright racism on the part of people in charge of promotions. So on the one hand, it sounds like institutionally there's a conversation that might need to happen around racism and about prejudicial views individuals continue to have. On the other hand, it's a large institution and large institutions oftentimes don't want to have those conversations for a variety of reasons and instead come up with bureaucratic solutions so that no one's feelings or no one individual is getting challenged, but there is a way in which a policy can be implemented that can perhaps result in the desired end result. And it sounds like the way that you're talking about it, that there was kind of more move to try to develop a bureaucratic solution as opposed to trying to confront maybe racist attitudes on the part of managers in the organization.

03-00:37:10

Knox:

Yes. I think that's an interesting question. This dialogue didn't start with the convening of the taskforce. There has been diversity training and we went through exactly the experiences that many corporations went through. That diversity training manifested in finger pointing and blame and guilt and pushback and resistance and all of those things, and it was really sort of common that you would hear white men say, "Okay, it's diversity training. Let's put on our flak jacket. We're going to go in and get beaten up." And a lot of that was in fact the case. That there is obvious discrimination that occurs in the workforce. The data bears it out. What are we going to do about it? And those were not easy conversations, but they were necessary conversations to get us to a point where we could talk about an overarching agenda to address these issues in a programmatic and comprehensive way. I came to central office in 1977 as we were just starting diversity training and building awareness and things of that nature. And I remember our diversity conference for a number of years really being almost a battleground. Those of us in the legal department who were advocating for equal employment opportunity implementation of affirmative action programs and the like and those represented by human resources, ironically, who were sort of keepers of the flame, who said, "Well, things are not as bad as you say. We are not particularly interested in the government dictating to us how we run our business, etcetera."

But the diversity conference was a forum in which we would set the objectives and priorities for the next year, and invariably we would come loaded, saying, “These are the things we’re going to do in order to comply with the law, but also to establish ourselves as leaders in this area.” And we had knockdown, drag-out fights around that. So the impression that we’ve always been enlightened on these issues, we were probably enlightened compared to others, but if you focused on our behavior, it was no less a rocky road in Kaiser Permanente than in many other places. And I remember Bob Erickson sending me out to regions to develop their affirmative action programs and regional managers just simply not having time to sit down with me to do that. And one particular instance, I went to the Texas region, had an appointment with the regional manager at maybe ten o’clock and I’m sitting there, it’s now 12:30. This guy has not come out to invite me in, so I end up calling Erickson to say, “What should I do?” And Bob calls the regional manager and miraculously I get some time with him. But it was that kind of thing. It was, “Let’s ignore it, see if it will go away. Let’s resist it to see if barriers are constructed that can’t be removed.”

And it was over time that we sort of got in sync in terms of aligning our rich tradition around these issues with what was happening contemporarily, what was happening in the day. So it was not an easy task and I think that the work of the taskforce was a milestone, sort of a fork in the road, if you will, because it changed the conversation about equal employment opportunity and affirmative action. It shifted it from a government mandate, and oftentimes an unwelcome mandate, to one of we had better diversify our workforce if we want to remain viable as an organization and competitive in this environment. We need the language skills, we need the cultural knowledge in order to provide high quality care and in order for our members to be satisfied. And if we don’t, then we’re just simply not going to be around. So that enabled me to have conversations with people that brought this issue to a very personal level. We are now facing competition for members. The degree to which we are able to appear attractive to new members, to customize care, to create a welcoming environment for them so that they want to join us and they stay with us, will very much influence the degree to which this organization is successful, the degree to which we have to consider layoffs that could effect your job and could effect my job, and the things that we need to do are very clear in terms of broadening the diversity of our workforce, creating as welcoming an environment as possible to attract the top talent, and to do these cutting edge things that we know are responsive to the needs of a very different membership base than we’ve ever had before. So I think that was an unanticipated benefit of the work of the taskforce, is that it simply changed the conversation in the organization in terms of the drivers for this work.

03-00:43:20

Meeker:

I think that’s a really interesting point and it makes me think about a real kind of shift in the discourse around civil rights and race during the 1990s, because, in essence, that is also very similar to the argument I think it was Sandra Day

O'Connor made in the Michigan affirmative action ruling, in which it was less about equaling the playing field and it was more about exposing the law school students to a diverse environment because that is a necessary part of training in order to practice law in a diverse workforce.

03-00:44:01

Knox:

Right, right, right. Yes, and that's the world that we now live in, so that is as critically important to a well-rounded education as anything. Yes, yes.

03-00:44:10

Meeker:

Interesting. But it's much more of a marketplace driven solution or motivation rather than an ideological one or even a Constitutional one.

03-00:44:25

Knox:

Yes. Yes, I think that's right. And I think the other thing that occurred—and it's been so long ago I can't remember the specifics now. But there were a number of studies that were done that talked about corporate leaders. Took the Fortune 100 and those that were listed in the Fortune 100 ten years ago and those that were listed in the Fortune 100 today. And of those that had completely disappeared, there was alignment between that phenomenon and the diversity of their workforce and their willingness to change. And, of course, that's one of the benefits of a diverse workforce, is that you bring in differing perspectives and you have cultural knowledge represented in the room that aligns with affinity groups in the community, potential purchasers of your services or products, and the degree to which companies were able to realize and value that and create that within their workforces, they were successful. Others who didn't became dinosaurs and disappeared. That too became a very compelling driver for this. So it was like if you don't believe it, just take a look at what's happened over the last ten years.

03-00:45:51

Meeker:

So when you had mentioned that African Americans, Latinos, and Asian Americans had sort of different responses on this survey, I wonder if there was any trepidation about exposing those differences in the context of this report for fear of stoking sort of inter-ethnic rivalries or something like that. I think about that in the context of some of the solutions that are planned about recruitment, such as targeting historically black colleges. You look at say Latinos in California, the largest growing ethnic group, and they're not attending historically black colleges. And so I'm kind of wondering, the discussions that happened around the potential of creating rivalry or exacerbating rivalries that maybe don't exist to the degree to which they could after a report like this. You see what I'm getting at?

03-00:47:02

Knox:

Right. I do, I do. The report did not create reality, though, and people experience tension in the workplace on a daily basis. In some respects, the report validated what people already knew, what we knew on the taskforce, but also reflected what people experienced in the workplace. The focus on

African Americans occurred for two reasons, particularly with the example that you gave. One is that African Americans were the largest minority population group in the organization. So if we're not doing something that can impact this group, what are our chances of doing anything that's going to impact folks who are lesser represented in the workforce? The second was that there were institutions that were historically African American, historically black colleges that didn't exist for Latino, still doesn't exist for Latinos, and what we do today with respect to Latinos is look at the geographical sectors of the country in which the population of Latinos is greatest, and then look at those educational institutions where the likelihood of greater enrollment exists. So the advantage of focusing on African Americans were that there were institutions we could target. There were civil rights organizations that we could link and partner with and there were community organizations that were involved in job preparedness and things of that nature that were identifiable. The existence of those types of organizations for Latinos came later. And then for Asian Americans, the success that they experienced in specific professional higher level, higher paying occupations were certainly a factor. So if you're looking at the workforce up to the management ranks and you look at the highest paying positions, nursing, lab, X-ray, etcetera, we've always had a very large representation of Asian Americans in those positions. And then when you look at management, there were occupational specialties that related to those health occupations in the professional ranks. So you had a manager of pharmacy or you had a manager of X-ray or radiology and the Asian Americans had opportunities in those areas. So the experience was different, even though it was somewhat limited in that regard. So when you looked at broader management, administrative management, the numbers fell.

03-00:50:20

Meeker:

Accounting, law.

03-00:50:21

Knox:

Yes, exactly. But the experience for Asian Americans was decidedly different from that of African Americans and of Latinos.

03-00:50:32

Meeker:

Interesting. Well, I'm still kind of interested in the differences amongst groups and Asian Americans was a hugely broad category. Some might even say that there's more difference within this notion of Asian American than there is, say, between Japanese Americans who've been here for many decades and WASP Americans, right? Or Japanese American families who've been here for many generations, right? So if you think of like Hmong immigrants versus fourth generation Japanese American, that's a huge difference. I guess maybe even moving beyond the report, and I think that thinking about those kinds of differences probably is beyond the agenda of the report, but I guess the office sort of encountered considerations of intra-ethnic or racial differences and tried to incorporate those into thinking about achieving sort of workplace representation and equality.

03-00:52:04

Knox:

Right. Yes. And I think what probably typifies that is the diversity survey that we did five years ago that listed subgroups of Asians, subgroups of Latinos. It was the recognition that lumping broad categories really was not instructive nor informative to us. So the difference between the experience of a Filipino nurse and a Chinese nurse, an example, is like night and day. Continues to this day to be a very different experience. So in order to obtain data that allowed us to customize interventions, training, etcetera, we needed to know what the subsets of these larger groups and how they were experiencing the workplace.

03-00:53:08

Meeker:

Well, how was that survey and perhaps the knowledge generated from that influenced the work that you've done?

03-00:53:18

Knox:

The work that we've done on the clinical side has been dramatically influenced by the differing cultural experiences. It's underscored by the difference in health status and the health disparities that effect specific populations. So from a health perspective, it is mandatory that we look at the smallest gradation, if you will, of larger population groups in order to be responsive to their specific needs. The member demographic data collection initiative that we've undertaken in asking our members their race, ethnicity, and language preference—the ethnicity list is now 230 separate options and for that very reason, that we want people to, number one, to be able to identify themselves quite precisely, to see their ethnicity listed, and to be able to select that. And that then enables us to utilize that data more effectively. So there's absolutely no question but that our earlier focus on the broad categories and our absolute delight if we showed progress in those has become more sophisticated over the years in recognizing that when we look at diversifying the workforce and we look at diversifying the workforce to bring in specific knowledge and skill sets, that we have to look at this more finitely, if you will, then we did twenty years ago.

03-00:55:18

Meeker:

So maybe moving beyond the report. Can you tell me about how the Office of National Diversity was established?

03-00:55:29

Knox:

Yes. It's actually a part of the report. One of the things that the taskforce accomplished—some of this was actual foresight. The focus on the three areas of the diversity agenda were certainly deliberate and really insightful and visionary in terms of where our focus needed to be under those three broad buckets in order to achieve our objectives. The task groups experience in knowing that the organization had created very effective documents and initiatives and processes and recommendations over the years. This organization probably has the brightest workforce overall, all things considered, than any other. So the ability to generate ideas and to generate solutions is something that comes almost as second nature to our organization.

What we do with it, how we implement that is a different story. This group had the foresight to say, “Now, we’ve been here before. We’ve come up with a very good product. How do we ensure that this doesn’t just simply get celebrated and then placed on the bookshelf and collect dust?” And we’ve seen that happen. So the task group did two things. One was the creation of an oversight body that eventually became known as the National Diversity Council. But the idea at the time was we wanted to create a senior leader oversight body that had direct accountability for implementation of the National Diversity Agenda in the program. Just monitoring and follow-up and things of that nature. The other was to create an officer level position that had responsibility for developing and advancing the program that became the vice-president for diversity, the position that Alva Wheatley eventually took, and leading what was then called the Diversity Project. So included in the recommendations and the implementation of the taskforce report was the creation of those two entities. So that’s how this office came into place.

Alva’s primary responsibility in coming into that role as the first vice-president for diversity was to look at ways in which the report could be implemented. So she had responsibility for creating the first Diversity Council, had responsibility for looking at ways in which the region could identify a starting point for implementing the agenda, and then a huge role in terms of advocacy, because simply by virtue of the taskforce recommendations being accepted and endorsed by the board, the work was just beginning. So the Diversity Council would meet monthly in a different region and interface with the regional leadership while meeting in that region around: what are you doing, how can we help, what progress are you making, what are the challenges, etcetera. So that was really the focus of the work.

Also, what came out of that initial Diversity Council was how do we develop a product that will help clinicians get their hands around this, first of all, but a tool that will enable them to interact more effectively with an identified racial or ethnic group within the membership. And our first provider handbook on culturally competent care came out of that group, led by a medical director who was a member of the council, and written in a language that physicians in particular would appreciate and providing key information on cultural beliefs, incidents of disease, and other cultural considerations that a provider needed to know in order to most effectively interface with that member.

So I would say that if we looked at the early days of the council, those were the key accomplishments. The very strong advocacy at a critical time in implementing the taskforce recommendations, the creation of this product that remains today a signature product, and we now have nine of those provider handbooks, and the establishment of the expectation that regional leadership would interact with the National Diversity Council as a partner and as peers in implementing the agenda.

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04-00:00:00

Meeker: Okay. So you mentioned Alva Wheatley was the first director of the office. When did you move over from the legal department to this office?

04-00:00:21

Knox: In 1995. I was at that time the corporate manager of Equal Opportunity Programs and a large focus on compliance and affirmative action programs introducing new requirements. During that time, or prior to that time, we introduced the Americans with Disabilities Act, which was another big cultural change in terms of making reasonable accommodations for people with disabilities.

04-00:01:01

Meeker: I wonder how the changing sort of political environment of the late eighties and early nineties vis-à-vis—on the one hand you have expansion through the ADA, and then you have some contraction, at least on the state level, about affirmative action. How did this impact your work doing compliance?

04-00:01:25

Knox: I think that we had some pretty significant momentum built, and we also had just an enormous champion with Bob Erickson, who was probably the number two executive in the program in terms of authority and stature, who was just a very strong advocate and really from the old school in terms of his interactions with the Kaisers and the traditions and values that were foundational to the program. So I think that it cut through a lot of potential barriers. The *Bakke* case came out during that time and the view of many that that signified an end to affirmative action. “We don’t have to do this anymore.” And then when Prop 209 passed, people were really convinced that the day of focus on principles of equality and particularly affirmative action, affirmative outreach and things of that nature, simply were no longer required.

Bob was nearing retirement during the mid-nineties and that was when the Prop 209 ballot proposition passed. And we really did have to go on a campaign. We had to make a trip around the regions to reinforce where we were with respect to equal opportunity and that we had always taken the government’s requirement as the floor rather than the ceiling and saw exceeding those as being consistent with our values, and that none of that had changed as a result of the passage of Prop 209. It was a very interesting process, because by this time Bob had moved out of the general counsel role. I want to say that. He may have been at the very end of this. But if he hadn’t already moved out, he was transitioning his replacement in.

04-00:03:49

Meeker: I think there was a period of time that he was no longer general counsel, but he was still serving maybe on the board or something along those lines.

04-00:03:57

Knox:

Yes, he was serving on the board. He was also on the National Diversity Council during that time. But the approach that we took with respect to Prop 209 and our posture was very different than it would have been had Bob been general counsel at the time. We had a series of meetings. I chuckle because, in retrospect, some of this is so bizarre based on where we are in many respects today. It certainly doesn't mean that we have arrived by any stretch of the imagination, but we're certainly not where we were. We had a series of meetings around what position we should take with respect to Prop 209 and I developed this really extensive business case on how this is going to impact the diversity of graduate schools and how we rely on those institutions for our leadership and how that's going to impact our ability to achieve our objectives and an on and on and on. So there was a compelling business reason for us to take a position on this was the bottom line. We can't afford to sit on the sideline. During the course of the debate around this—and we were leading members of a number of groups that were opposing Prop 209. Not as an institution, but as individuals, as individual managers and others.

04-00:05:37

Meeker:

So the institution itself didn't take a stand on it? Is that what you're saying?

04-00:05:40

Knox:

Exactly, exactly. And this really sort of underscores how this would have been managed under an Erickson leadership versus a non-Erickson leadership. So as we were having these at least weekly meetings on where we were and whether, in fact, we should take a position on this. The first proposal was if we can become a part of a larger consortium, then that would provide some insulation for us and prevent us from being targeted. What drove that thinking was PG&E came out very aggressively saying this is not in the interests of the country. It's certainly not in the best interests of our business. We have been practicing affirmative action. It's integrated in to the way in which we do business. We've seen the progress that we've made, etcetera. We simply oppose it. And, of course, the governor, his position was, "Private sector, this is none of your business. We're talking about the public sector here, we're talking about public policy, etcetera." And to this day, I don't know how he got away with this. But he essentially said if you take a position counter to this initiative or this ballot proposition, you are going to have less access to the governor's office. We are essentially going to be unfriendly to you and the comments that they made relative to PG&E is, "You guys can forget any initiatives or proposals that you want to work through state government based on your opposition." It was mind boggling to me. But he did send a message to corporations in California that, "I'm serious about this. And if you want to join PG&E then oppose this ballot initiative."

So that drove a lot of conversation around so maybe there is safety in numbers. So that was the first. I solicited all of the health care organizations in the Bay Area. Here are the reasons why we as an industry need to oppose Prop 209 and it's predictable what's going to happen if it passes. So all of these

folks, the Catholic Healthcare, all of these health care institutions signed on. So I go back to the group and say, “Here it is. Here’s the group. They’re ready to stand with us and take a public position.” “Well, they may isolate health care. So if we could build a broader coalition.” So go back, build a broader coalition. In fact, a national coalition. We had folks from Washington, DC. We had corporations in Washington, DC saying, “We sign on. We stand with you on this. This is counter to the progress that we’ve made. There’s no upside. There’s only a downside.” So I take that back. This is a coalition of almost a hundred companies. “Well, we’re the biggest player among this group, so it would be easy to isolate us. Maybe if it were a broader based coalition.” So I go back and we get advocacy groups, we get professional associations. To make a long story short, there was a series of these kinds of things. We’re that close to saying, “Okay, we can do this.” The last proposal was, “Let’s bring together some of the top CEOs for an in-person meeting and get their commitment that, in fact, we will form a united front here and go public at the same time and oppose this ballot initiative and by virtue of doing that, there are others who are going to be sitting on the sidelines who will join us because they are facing the same kind of intimidation that we are facing.” So I take this to the group. Dave Lawrence was the CEO at the time.

04-00:10:38

Meeker:

When you say the group, do you mean the board?

04-00:10:39

Knox:

No, this was a group of senior leaders.

04-00:10:45

Meeker:

Sort of like the management team?

04-00:10:46

Knox:

Yes, that direct reports to the CEO. And Dave was squeamish around this and the implications. So I bring this proposal about convening the CEOs and Dave thinks that it’s a good idea. He thinks that one of the strategic moves that we could make was to bring someone in to kind of present this case who certainly wasn’t aligned with an anti-209 advocacy posture. So I called Condoleeza Rice, who was at Stanford at the time, and actually knew her cousin, who’s at polar opposites of the political spectrum. But she arranged for me to have a conversation with Condoleeza and I talked with Condoleeza about this and talked about it really from a primary focus on academia. You know who she was. And she thought, “Well, I think that you’re right. When are you all planning to meet and I’ll see if I can attend.” Well, as it turned out, she was in Southern California on the night that we were pulling together the CEOs.

But here’s how funny this was. There were CEOs who were asking where was the meeting place. What restaurant would we be meeting at and was there a way to enter the reserved room without walking through the restaurant and perhaps being identified and the purpose of the meeting then becoming public. It was all this intrigue. So we have the meeting and there are those who are

very pro-active. Herb Sandler, who was the CEO of World Savings, the CEO of PG&E. I can't remember. There were a couple of others. Bank of America CEO. So we're having this dialogue, and it's going on and on, the pros and cons, and I remember Herb getting up saying, "I didn't come to a dinner meeting to debate this. I thought we were the CEO group who understood this and we were about putting some money in the pot to publicize the position that we were taking." Well, that scared the hell out of some of the folks in the room. "Well, I'm not certain that we're ready, that we're at that point yet, Herb." So we had further discussion. We didn't reach a consensus. The agreement was that here we are, twelve CEOs who are pretty much on board, otherwise we wouldn't be here, but we need to have some others join us. Well, that sort of fizzled out.

Up until the day before the election, we were still on the fence with this, and Dave had indicated, "I think that we're there." And so each of these meetings, which were now more frequent, "I think that we're there." We're thinking the next day we're going to finally stand up and say, "Here's where we stand on this, and here's why." Well, that didn't occur and needless to say, the proposition passes. And Dave sends out a communication to the workforce trying to explain why we didn't take a position on this and reinforcing our values. It was really very hollow. People were wondering why this was sent.

The timing was such that the day following the election was the first day of the National Diversity Conference, which was a tradition in the organization. So this may have been our eighteenth or nineteenth conference. And a large gathering of advocates. So Dave, of course, is on the agenda to deliver the keynote that kicks off the conference. And I'm talking with Erickson about, "How should we handle this, Bob, because I'm really not inclined to apologize for Dave not taking a position, nor explaining the letter that he sent. I think that Dave should do that." Bob says, "I couldn't agree with you more." He says, "Give him the same respectful introduction that you do every year, but you don't field the questions, he fields the questions." Boy, they reamed him. It was like two hours of how do we rationalize all of the rhetoric around who we are, what we stand for, and then we don't take a position on this critical issue. And ironically, Dave was on the board of directors of PG&E, which had stepped forward and was hung out to dry. They were left there on a limb that got sawed off. So it was, needless to say, a very interesting time, but it highlights the sort of change from strong advocacy and lack of equivocation on these issues under an Erickson driven agenda and then subsequent to Erickson stepping down.

I know I'm digressing here a little bit, but I think to a large degree, when you look at the orientation toward diversity, it is more prominent with Halverson than it has been since Erickson left. Halverson, this work is second nature to him and I would suspect that were we facing a Prop 209 issue today, there would be no question but that KP would be out front. I'm trying to remember the number of years later. A similar initiative advanced by Connerly that

attempted to make unlawful outreach around research and things of that nature.

04-00:17:59

Meeker: Statistics.

04-00:17:59

Knox: Anything that was population specific he felt was discriminatory. And Kaiser Permanente did take a position, a very firm position, on opposing this initiative and bringing others into the dialogue around this as to why they, too, should oppose it. And we actually had at our diversity conference that year, the election leading up to the ballot initiative, we had Ward Connerly and Eva {Patterson?} debate the issue and then Kaiser Permanente leaders stand and say why we were opposing the initiative. Well, that's polar opposites of where we were in 1995 with Prop 209. So it's a journey.

04-00:18:58

Meeker: Well, it's interesting. I was taken aback, as I did look at some of the agendas of these conferences, and see Ward Connerly amongst other people. I think Linda Chavez from the Bush Administration also was invited to speak. So the idea of the corporation, Kaiser Permanente, taking a stand or moving into the political realm is interesting, and the trepidation with which it's done. Was there an equal effort to make a stand around 187, the immigration initiative?

04-00:19:30

Knox: There wasn't an equivalent initiative in the organization. One of the, I don't want to say requirements, but an essential component, I would say, of the organization taking a public position was demonstrable health nexus. So all of these arguments that we put together to encourage the organization to take a stand really was embedded in here's the impact on health care. Here is the impact on our ability to continue to deliver informed care and things of that nature. So I think it probably was the inability to really craft a health oriented argument or driver for the organization taking a stand.

04-00:20:50

Meeker: So 1995 you joined this office. In what capacity at that point?

04-00:20:55

Knox: As vice-president for diversity.

04-00:20:56

Meeker: Oh, okay. So you moved into this role. What was your agenda? You had described what Alva Wheatley was able to accomplish starting out this office. What did you hope to accomplish starting out?

04-00:21:10

Knox: Really taking this to the next level. What Alva accomplished was the beginning of strong advocacy and it was critically important and she did have the support of Dave Lawrence in reaffirming that, in fact, this was a policy for the program. But the idea of going out and interfacing with leaders and having

those very difficult conversations around why this work needed to go forward was just critically important. The introduction of an educational product was critically important. So my thinking was how do we strategically put together the Diversity Council, because the council that Alva put together, one of the primary areas of focus was equivalent representation of medical group and health plan employees, strong presence of physicians, and then racial and gender diversity. My thinking was our effort is to integrate this into the business, so consequently, an additionally important component here is occupational diversity, so that we not only have those vital perspectives represented on the council and can anticipate pushback and get advice on how we position things to move effectively forward. Many of these individuals are in a position to actually pilot initiatives, so they can make the decision themselves in order to undertake a given initiative, and what better way to advance an initiative than to be able to say, “We piloted this for a year. Here’s the progress, the successes that we achieved, and we think that it has application and benefit across the program.” So that was the first thing, was to look at the diversity council differently and it’s role differently.

The second was to develop a small staff for the diversity office, because Alva had an administrative assistant and then three full-time consultants. My sense was that in order for us to integrate this work, we, number one, needed a permanent staff. Number two, we needed to do an assessment of what are the critical needs in the organization. What essentially is the low hanging fruit, which is when I hired Gayle Tang, because she was doing great work with interpreter services in San Francisco, and the degree to which we could increase the sophistication and efficiency and effectiveness and accuracy of interpretation would be an opportunity for us to get an early victory, and one that is clearly demonstrable in terms of its impact on care, care outcomes, member satisfaction. So we established that function and we established a workforce function and then set out to develop initiatives that the organization could fairly easily buy into.

The second thing was how do we move from the theoretical to the practical. And the success that we had had with the provider handbook, the first provider handbook, said to me that we—actually, there were two things. One was related to the National Diversity Council. How do we change the perception that this is still somehow a health plan initiative? And the way in which we do this is to get a high profile executive medical director to head up the council or be the co-chair of the council. So I recruited the medical director from Southern California, who was at that time probably the most highly regarded and influential medical director in the program, Oliver Goldsmith. And we were able to really focus on the clinical aspects of the diversity agenda. And so that was the first thing. The second was moving from the theoretical or the educational to the practical, and it appeared to me that the logical extension of the provider handbook, even though we were working on two additional provider handbooks at the time, was how do we

operationalize this? How do we take this learning and, in a deliberate way, integrate it into practice?

So the idea of a Center of Excellence that would focus on a specific population with the intent of reducing the incidence of disease within that population was a way in which we could accomplish that migration to the practical in a very impactful kind of way. So myself, Peter John, who was then the Executive Director of the Care Management Institute. He was also a member of the National Diversity Council. He and I and Oliver talked about this concept and what we needed was a pilot site. So Fred Alexander was the medical director at the West Los Angeles Medical Center, and this was a largely African American Medical Center, and at that time, a predominantly African American community. So to target the African American population, to get the buy-in of the chief official of that medical center and to partner with them on what are the areas that we should focus on in causing some impact, all of those pieces were in place. So Peter and I flew down to Southern California, met with Fred. Fred was completely on board. He says, “Last ten years, this is the very thing that I’ve been trying to accomplish and here it is, so sign us up.” And that became our first Center of Excellence and it got great publicity, got great results within a relatively short period of time, and so that then became a key initiative for us. And it was really almost an after thought in these terms. What we knew we wanted to do was to be able to implement culturally informed interventions into our care practice. And the identification of diseases that we wanted to impact within that population was just sort of a national migration of this thinking or evolution of this thinking. Then it dawned on us that what we were actually doing was undertaking an effort to eliminate health disparities, which was a much broader agenda and one which the council eventually adopted. But that was probably more serendipitous than anticipated or deliberate.

So I think that those efforts resulted in making a concept that was in large part theoretical in the eyes of many something that was practical, tangible, and resource oriented. So that was one of the things that we wanted to accomplish in establishing this office and implementing the diversity agenda. Following that pattern, we looked at each of the other areas and said, “Okay, what can we do practically in the way of national initiatives that move this work forward?” and sought to do that. So that’s what we tried to—

04-00:30:46
Meeker:

Well, I know that we probably don’t have much time, but just taking that one step further. Once you establish these Centers for Excellence about African American health, and I imagine that deals with diabetes and other issues in West LA, and then I know talking with Dr. Sandel at Vallejo around disability—how then do the learnings and the practices in those centers spread throughout the system? That’s probably the next difficult step to do. What does your office do to encourage that?

04-00:31:24

Knox:

That was part two of my collaboration with Peter John, who really doesn't get enough credit in terms of his role, particularly in the early days as executive director of CMI and in his role as a council member, because it was Peter. As we were coming back from the meeting with Fred I said, "I see a proliferation of these centers across the organization and sharing of best practices." And he said, "A way in which we can do this is the creation of institute." Being the executive director of the Care Management Institute, he was thinking along those terms. I was thinking about some type of entity, but quite frankly, I was really thinking about an advisory board, maybe a subset of the council. It didn't occur to me until Peter mentioned it that the viability and the credibility of an institute had very distinct advantages and enabled us to be really programmatic in our approach to it.

So one of the key roles of the Institute was to coordinate the Centers of Excellence, create an infrastructure that qualified applicants to become Centers of Excellence, and to develop a communications vehicle that allowed for the transfer of knowledge across the program. So if we were able to validate an effective practice for a given population and we knew that there was this population density in other regions across the program, we shared that best practice. So that continues to this day to be a central role of the institute, is validation of effective practices and sharing of best practices or knowledge transfer across the program.

04-00:33:26

Meeker:

How are populations determined?

04-00:33:29

Knox:

How are populations determined?

04-00:33:32

Meeker:

Yes. So, for instance, a population of people with disabilities, which is a really broad group. Some people fill that category for their lifetime, sometimes it's just a temporary state of being. African American has a different kind of identity all together. I don't know all of the Institutes that exist today, but I understand there is something about Islamic woman and like Fremont or Hayward.

04-00:34:07

Knox:

Yes. That's not a center. But in answer to your question, the centers now are more driven. The establishment of centers are more driven by the emergence of populations that require some specific focus and present an opportunity for member growth for us. So if in Colorado, as an example, the projection that the Latino population, the size of the Latino population is going to double in ten years, a person from the Colorado region—Carla is buzzing me. The Colorado region saying, "We have an opportunity and a need. The number of Latinos in our membership is growing. Are there ways in which we can customize care to address their needs? Are there ways in which we can

improve their clinical care experience, etcetera.” How about establishing a Center of Excellence that can focus on these, and at the same time, if there are replicable practices from other regions that have also focused on the Latino population, for us to be able to have access to those and integrate those into our work. So it really is driven by those factors now.

Earlier on to your question, it was not unlike the work of the task force. We looked at broad categories. So African American was just simply African American at West LA without looking at any other factors. So I think that our approach has become more sophisticated. So if we look at a Center of Excellence for African Americans in Georgia, as an example, or Washington DC, we would be looking at, so, of this population, what proportion of those are Africans, not African Americans. What proportion of those who might otherwise be considered Latinos, but based on skin color, or are from the Caribbean. So the broad brush approach just simply doesn't work these days. But as this work was getting started, we were still cutting edge in looking at broad population groups and customizing initiatives to address those.

04-00:36:53

Meeker:

Well, I should probably let you go. I think that we've covered a huge amount of territory here and great information and fascinating stories, 209 and so forth. Is there anything you'd like to add at the end? Do you have any final thoughts?

04-00:37:10

Knox:

Let's see. I think as we look at this body of work, there are some iconic figures. Erickson clearly is one of them. George has emerged as one of them. I didn't anticipate that when he joined. You know, white guy from Minnesota. I said, "Oh, god, we're starting all over again." And as it turned out, this guy was so advanced in his thinking around diversity, at one point early in his career had been a diversity trainer. And his initial conversation with me about the importance of diversity and the fact that Kaiser Permanente's reputation with diversity's success was a primary driver in accepting the position of CEO. So I think that those two characters are very important. I believe that the standard that Henry Jay established early on by making hard decisions that were on the right side of history, that were in many respects pragmatic, but in other respects were really able to navigate through the foolishness. So if what was guiding a given practice was maintaining discriminatory practices or segregation or things of that nature that had nothing to do with the business, he was able to navigate through that very clearly. And I believe that we've ridden that momentum. It, in many respects, defined who we were as an organization and that has carried us through some really tough times. I believe that the organization will continue to be a leader in this area. My objective was to see that diversity was a primary consideration when you talk about what Kaiser Permanente is as an organization, increasingly utilizing our diversity assets as a driver of the business, identifier of new markets, and a

vehicle to retain members, because we've become good at what we do in recognizing and valuing diversity and customizing care accordingly.

But that next level of work in which Kaiser Permanente gets identified almost exclusively for what it's doing around diversity is left to this next generation of leaders. But it's been a fascinating journey for me over almost thirty-seven years, and the changes that I've seen in the organization and key individuals who have been instrumental in reminding us of where we started and what we are supposed to be about and the importance of holding on to those values. So I think that's probably as much as I would like to say.

[End of Interview]