Interview with Ken Malone
Sunday, March 23, 2014

Transcriptions Part I

(0:26)
Katherine Cai: So welcome, the first question is, are you originally from Houston, Texas?

(0:30)
Ken Malone: I am, I was born here and my dad worked for Gulf Oil so we moved around Texas quite a bit. I was here through the first grade and then we moved to Dallas and then Abilene, Texas. While we were in Abilene, he died and so we just stayed there for the rest of my high school and after I graduated from high school I came back to Houston and went to the University of Houston so that’s where I got my undergraduate. **laughs**

(1:12)
Katherine Cai: Can you explain your involvement in the Houston community before ’73?

(1:17)
Mr. Malone: Well, it’s safe to say that back then it was a kinder, simpler time and I didn’t have much involvement in the community, I was a college student and I was actually working full time the whole time I was at U of H, I was just trying to make enough money to pay for my school and my car and all that kind of stuff and so I wasn’t really active in anything. And, I didn’t come out until I was what, 18 years old, so 19, and so I have kind of sketchy knowledge of all that and it was quite different back then, more dangerous to be gay than it is now, although it’s still not too much improved in some respects, but I was just concentrated on getting out of school, and that was my main objective (**laughs**) at that time.

(2:12)
Katherine Cai: Did you have any specific experiences, whether personal or professional that made you feel compelled to get involved specifically those with HIV/AIDS?

(2:22)
Mr. Malone: Yeah, that’s a great question, you know when I was in high school, we have our obligatory counseling session with the school counselor where she asks you, “What do you want to do when you get out of college?” and of course I had absolutely no idea and I said well I’d like to go into business or something like that. At that time, the career de jure was computer programming, which of course I had no interest in it at all and I didn’t even know what they were talking about basically I said says and she said, “Well I guess there’s always some use for that, and I’m like ohh, it’s helpful” so I, you know I went into the oil field business right out of college because I happened to be working at Bayroid, and it just kind of worked out to where I worked into a job there and I stayed 20 years and in the meantime all of my friends started dying of HIV and in fact my first friend to die of HIV was 31 years ago next month in April and at that time we didn’t really know what that was all about because people would call it lots of things like “gay cancer” and all this kind of stuff and I remember Chuck called me and he was at Methodist...
Hospital and they put him in isolation for six weeks because they couldn’t figure out what was going on with him. And, he had a great job by the way, he worked for Aramco and he kind of jumps and says well I think I have gay cancer, and I go “oh, what’s that, what’s that all about” and all of the sudden it’s like frightening because you didn’t know exactly what was happening around you and who knew the horrors that were to unfold after that. And he died on April 27th, 1983, and he actually became my inspiration for a lot of this and I didn’t know it at the time because I didn’t know, I didn’t have enough life experiences to know what I wanted to do with my life or how it was going to affect those changes.

(4:26)
But, one thing that was interesting, I lived overseas in the late 70s, I lived in London and I came back and literally didn’t have a job, they said they would kind of just keep me until they found something for me to do and of course I didn’t know what that was going to be and it actually turned out to be a turning event in my life and they have a program at United Way called the Loan Executive Program and what that does is companies will loan somebody to run campaigns with United Way. Now, I didn’t have any idea how to do that, you know and public speaking, I thought “are you kidding, I would never do public speaking” and of course that’s “never say never” because that’s exactly what you’re going to wind up doing and as it turned out, it opened my eyes to the social side of needs and what our community at large was going through and this is simultaneously with HIV stuff so it was all kind of working in that direction for me and I was on the allocations side of it and so my career was always in finance up to that point and so I actually worked myself up to one of the lead volunteers in the area, the area I liked, it was adult rehab services and we had 65 programs in that area so we had to review each one of them and see if the allocations were correct, were the agencies doing their job and all that and of course some of them were and some of them weren’t and I also learned about the world of politics, and how sometimes you don’t, you don’t need to say everything **laughs and I found out very quickly about how that works.

(6:18)
But, at the end of my career at Bayroid, I had been there for about 20 years and we went through a series of corporate rater takeovers and the company was sort of left and a guy who had bought NL Industries and who was our partner company he just wanted the money and it was like overfunded piece of pension program, which he got, and he terminated the pension plan and then they kind of dispersed the company and it was like a garage sale and my unit at Bayroid sort of became a stand-alone company, which was odd, cuz I never, well I didn’t know anything about this, it was just happening in front of me, and at that point I was manager of international accounting, so I started with a marketing degree which you are trying to do nothing, except for maybe sales and I parlayed that into a finance and accounting career. But, of course if you lose your job like I was about to do in 1992, nobody will hire you for that because you don’t have the degree so it was an obvious problem.

(7:27)
So when I, when my job went to Aberdeen, Scotland without me, I decided to, I wanted to go into the non-profit category and I had already been on the Board of the Assistance Fund since 1989 and one day the Chair of the Board called me and wanted me to go to lunch so we did and he, he
offered me the job of Executive Director, I’d be the first one, well okay and United Way wouldn’t even hire me because I didn’t have any paid experience so I said “Well, don’t even call me if you’re not going to even interview me, I don’t even want to talk to you” and they finally came up and said well it’s the loan executive program, you were one so we think you could do that and how big of you so I went and interviewed and the same day as it turned out I got the job offer from the Assistance Fund and I said, “Good, I’ll tell them,” so then I said “Oh, I’m so sorry but I’ve got another job I’m going to take that, well you know the rest is history and I had found my niche and I didn’t know it necessarily, but I knew that’s where I wanted to be and all the time I still didn’t know how to communicate what was inside of me as the inspiration to the outside world and I was still not comfortable about talking about being gay, I wasn’t comfortable about a lot of things in my life and the HIV stuff was just kind of thrown in there and one thing you do, I guess in a stressful situation like that is that you compartmentalize and just go I’m not gonna think about that, put that over there and think about that later.

(9:04)
Well in the meantime, people were dying every day that I knew, or knew of and I was, I am a member of the a group called EPA, Executive and Professional Association of Houston and it started out as a gay and lesbian networking social deal, but you had to be a degree professional or own your own business to become a member, and it took on new meaning and all of the sudden we had to start doing fundraisers for the community because there was no government programs to help, I mean it was just like those were the Ronald Reagan years and they were silent on the issue of HIV, so we said we have to do something, we have to do something now, the house is on fire, we can’t wait to put the fire out, we can’t wait for someone to come in and do this, and that’s what we did, it was really the best thing that could have happened and we finally affected change in the system and you know the Ryan White program, a lot of those other things have helped but we didn’t have that back then so, you know you get into it and you say well this is what I’m going to be doing and it worked out to be the best thing ever for me, I could never have predicted it, looking back at on high school and Mrs. J says “What do you want to do when you grow up and everything?” and I don’t know, well this is it and this is what happened and you know, but that wasn’t even known back then, so I guess the key thing is to always be aware of what’s going on around you, what the possibilities are, and what your role in that is going to be and that’s really where it has to go.

(10:45)
**Katherine Cai:** So you mentioned, kind of like your path to the nonprofit world, did the nonprofit administration side always interest you or was it more kind of like the missions of the nonprofits?

(10:58)
**Mr. Malone:** It’s the mission, the mission to me, if like, I could go work for other agencies I guess, but like MS is big and cancer and all that, but to me the issue is HIV, that’s really central to my passion, and interestingly enough at Thomas Street, where I now work, the doctors there don’t want to do primary care if it doesn’t involve infectious diseases, it’s just not interesting, you know, it’s sort of that’s how I feel about it too, it’s interesting enough, don’t get me wrong, I mean I’m sensitive to it, it’s just that me, I identify this as where I really want to be and it worked out that way. I was lucky.
Katherine Cai: So returning to your experiences with the Assistance Fund, when you started at the Assistance Fund, what did you see as its role within the context of HIV/AIDS?

Mr. Malone: Well, our central role was to preserve people’s *co-prehensions* and that’s how the Assistance Fund really got started, was to, what would happen is you get, and these were people who mostly had jobs and insurance and so what would happen is you would get sick and couldn’t work anymore and so you would lose your insurance and you wind up at our doorstep next to the Hospital district and back then it was not so much fun because there was not a whole lot of help available medically, unfortunately.

So, our role always was to raise money to pay the insurance premiums and it was an unrelenting job, to raise money and we’d say each month we meet and decide well how much do we owe this month and it’s like $20,000 dollars and we would have you know just enough to pay or not even have enough some months and so we would just get our checks *out* and start writing checks to make up the difference if we didn’t have it. I mean, that’s how it starts, you know, and to me it’s just like it was like oh my gosh you know, what are we doing here, it was, it was really, well it was fascinating and wonderful.

As years went by, did you notice more like community buy-in, was it easier to raise funds?

Mr. Malone: Well, in the gay community it was always easy to raise money from that, and that’s really where it started, there were a number of organizations that were helpful, and United Ways was always helpful, actually, we got a Venture Grant from them early on, and the really hard part was to crack into the straight society. And to, develop a network of giving that didn’t rely just on the gay community because that, it gets exhausting after a while to constantly owe stuff, and nothing free and work out how much it’s going to cost and you learn that you need to widen your base of support and frankly you know straight white women were the first group that really kind of stepped in, and mostly designers and from the Assistance Fund point of view, a lot of the people we helped, were from the design industry.

And we are actually a part of Diffa, I don’t know if you’ve heard of them but the Design Industry Foundation Fighting AIDS and they actually started their Houston chapter the same time they started the Assistance Fund. That was our genesis and we, they then split us apart because the Assistance Fund part was too, too much for the rest of it to handle so we were spun off as an independent agency, a 501(c)3 on our own, and we went right on from there.
Katherine Cai: How would you describe, so you kind of mentioned your relationship with this design organization, but how would you describe your relationship with the community and how it translated into your work, for other nonprofit organizations as well at the time?

(14:52)
Mr. Malone: Well, hm, I guess the way to describe that is we fit into a niche that nobody else was providing anything for, so usually you know it’s just like business, I mean and that’s what I tell everybody well it’s just a business a lot of the time, people don’t quite understand that, but that’s one of the reason my background at Banyard was so good, I dealt with finance, and audits and stuff that was very important and how to deal with grants, but when there’s an overlap of an agency and say two organizations that do the same thing, that’s when you have a lot of problems and the turf battles start, and you know that’s sort of how it works so you know we were in an area that nobody was wanting to deal with and really insurance even today even with the Affordable Care Act and that’s part of my job at Thomas Street is to deal with that and has its own challenges, but it’s complicated and not many people understand it, but I got very well-versed and quickly on it so **laughter**

(16:05)
Katherine Cai: During what years, so I’m going to transition a little bit in your experiences… During what years were you involved with the AIDS Action Foundation and what was your perspective while working there?

(16:17)
Mr. Malone: Well, as I started with the Assistance Fund, your view then translates into how do I want to move forward with this, cuz obviously if you stay doing the same thing over and over again that doesn’t really help. I mean it’s helping someone obviously, but if you want to really make an impact, where is your next step, and I really thought that joining the Board of the AIDS Action, actually the Foundation is where I really wound up, but the AIDS Action Council, which is a (c)4 organization, 501(c)4 and it’s, basically political action and so what we did there was to come up with the you know agendas and talking points and various things related to Ryan White reauthorizations and several of those and our other key issues in the HIV community like prevention and treatment, you know, whatever the issue was at the moment, we would dig in and we had staff, and actually this is in Washington DC and they would help spread the word then we would make trips to Washington DC and do member visits in the Senate and House and all that. It was really kind of fun.

(17:34)
Katherine Cai: So, what were your experiences in terms of working with at a national level in nonprofit, versus the local?

(17:41)
Mr. Malone: Well, you, you have more visibility and you see what’s going on in other communities firsthand because it was all made up of executive directors from say Aids Project Los Angeles, plenty of California-based organizations were represented and a lot from New York, you know like Gay Men’s Health Crisis, now GMHC and some other big organizations like that and
what you find out is that Houston, Texas, and the middle part of the United States, we call the fly-over territory because there was not a lot of representation in DC for our constituents here so I felt like I was making up for that and putting forward their voice. For people that didn’t have one, I was going to be their voice, and it worked out, it was a lot of fun, had a good time.

(18:36)

Katherine Cai: And how did you personally feel working with particular clients, or your patients or community members at any of these organizations?

(18:46)

Mr. Malone: Well, you know the fun thing is dealing with the patients and that’s what really drives the whole process. I ran into my old boss from Bayroid, oddly enough, Australian guy who oversaw the whole thing actually and ran into him at the opera and he said, “Oh, well what are you doing these days” and I said “Oh” kind of related to what I was doing, and he says “Well, don’t you find that depressing” and I said, “no, I don’t find it depressing at all, I mean I don’t know what you’re talking about necessarily, well I knew what he was talking about, but when I go there and I said, “no, I feel like everybody I help, even if they die, I’ve helped them” and at that point, pretty much when you found out you had HIV/AIDS, you didn’t last very long, 18 months max, you know but usually it was worse than that so I said well, “No, I feel like I’ve helped them” and that’s really the main thing, so not depressed and I never have, and even when it was a difficult patient, I see something good, and I mean you have to, that’s they’re not always in control of what’s going on around them and you have to either help manage that for them, but I think that’s the best part of the whole thing is dealing with the patients and clients and I think people in HIV will tell you that’s exactly how they feel about it too. That they promote that, otherwise you wouldn’t do. I have a saying that “you don’t go looking for this kind of work, if finds you,” and that’s really true because who would find this, I don’t know where you would find it, I guess you could, I just don’t think of it like that, but it finds you.

(20:38)

Katherine Cai: Have you had the opportunity to work with patients like outside of a formal network, so maybe you mentioned like in California or in other areas?

Mr. Malone: Not really, most of it is local, but I mean you know I’ve met people from across the nation and the rest of the globe basically in various formats. It’s always interesting, different people.

Transcriptions Part II

Margo Fendrich: Currently, you’re at the Thomas Street Health Center as a part of Houston Health System, right? What was the transition like to go from administrating non-profits for so many years to go into government agency administration?

Mr. Malone: Well, in certain respects, not a whole lot. From a job aspect, just a pure job aspect, I was executive director of the agency, so I was over the whole thing and the boss, and when you go
to work for a governmental-type agency, you’re not the boss, unless you happen to be the boss, and I was not. So, it’s a different mindset where you have to kind of follow along. You’re still implementing change and looking for things, but it’s a little different aspect of it, but it wasn’t a whole lot different, because I was used to grants and how they work and what our role in grants management was. Thomas Street is largely grants driven—Part A, Part C, D. We have AETC, which I’m over that right now, and a training center, and a few other things. It’s all with Ryan White. Then we have grants from NIH, and from the CDC, and we have a lot of things going on at Thomas Street, so government is a way of life for us, and we’re governmentally created as well. So, it’s a different aspect, a little bit, but it’s kind of the same thing, not too much difference.

Margo Fendrick: I know that the RUSH opt-out testing program was implemented in 2008, the same year that you joined Harris Health System.

Mr. Malone: Correct.

Margo Fendrick: Were you involved in helping implement it, or how did you become involved with the RUSH program?

Mr. Malone: From the Assistance Fund, of course, we merged the Assistance Fund and Montrose Clinic to form Legacy Community Health Services. I was there eighteen months, and then I left. My next job in life was at Thomas Street, although I didn’t know that when I left, so I was still active with the Ryan White Planning Council.

At one of the meetings, I ran into a lady Nancy Merchant that said, “You know, I need to talk to you. I haven’t seen you in a while.”

And I said, “Well, I’ve been busy, you know, doing things.”

She said, “Well, I’ve got this program coming up I think—I’d like to hear what you have to say about it.”

I said, “Well, okay, we’ll go to lunch.”

So we went to lunch and she starts talking about the Routine Universal Screening for HIV [RUSH], and of course I got real interested in it, and I thought, “Ooh, I want to do that.”

You know, before she even offered it to me, I said, “Oh, I’d love to work on something like that, Nancy.”

She says, “Well, we were thinking you might, and would like to offer you a job to do that.”

I went, “Oh my god.” You know, that’s sort of how it happens, you know, and I said, “Yes!”

She says, “Well, what kind of salary?”
I says, “Oh, we’ll work—we’ll worry about that later. Let’s just talk about the job, because I don’t really care about what it necessarily pays,” which I don’t necessarily, although you do.

It was really interesting the way it came up. We had gotten—We had collaborated with the City of Houston to do the routine screening, to set up routine screening for HIV in non-traditional areas, and to do a structural intervention with management. In other words, we’d say, “Hey you need to do this, and these are the reasons why,” and convince them. The whole idea was to start in the emergency departments what have been traditionally resistant to any kind of prevention activities, even though that’s where it should be, because people come in very sick, they can’t really figure out what’s wrong with them. Sometimes they send them home with just aspirin, basically, and they’ve got PCP, pneumonia, or something like that going on, because it’s hard to detect all that.

We came to an agreement with salary and all that, and I started. Even before I became an employee, they had a trip to Ft Worth to JPS Network, which is their hospital district in Tarrant County to see their program. They let me go on that paid for. I thought, “Wow, this is great.” You know, I couldn’t believe it. Then, about a month later, I started actually at Harris Health. It’s still called Harris County Hospital District; that’s the legal name. They just do business as Harris Health System now. It kind of went from there.

My first meeting was with the chief of emergency services at Ben Taub Hospital. There had been some groundwork laid obviously—it wasn’t just because I came in there and presented this program—but it turned out that it was an easy sell, and he was solidly behind it from the very beginning. I thought, “Wow! That was easy. How’d that happen?” You know? Of course, the hard part was implementing the program, but that was my job. So we formed an interdisciplinary committee, different departments around the hospital and across Harris Health, and started, and you know the rest is history. Expanded from there to LBJ Hospital, then to the other 12 community health centers that we operate, and also now in the homeless program that we have—healthcare for the homeless.

**Margo Fendrich:** What would say would be the most important aspect of the RUSH program: the opt-out testing, the connection of HIV+ individuals who test positives to resources, such as the Thomas Street Health Center, or...?

**Mr. Malone:** Well, just to look at Ben Taub Hospital, they have about 10,000 visits a month there, so it’s heavy traffic. There are a lot of people who come in that have HIV that don’t know it. The whole idea was to test people that would normally not get a test. We decided that the population we would go after are the people who are getting a blood draw anyway, because to change the procedures to then give a blood draw for someone who doesn’t really need one was going to be a real hassle, so we didn’t do that. You know, since the program has been implemented, there have been over a thousand new diagnoses. So that’s a thousand people or more that did not know they were positive and found out at the emergency center. We have another 5,000 people come through there that are positive and either didn’t tell us, or just got another test, or something like that.
The whole idea is to—and this has been the really good part about it—we have a service linkage worker station at the hospitals, that their function is to link them to care, the positives to care, and also to counsel the previous positives and make sure that they’re in care, and where are they going, and what’s going on with them. The whole idea is to link them to care. Of course, Thomas Street is where I’d prefer them to come to, because it’s the best, you know. But, you know, then you start dealing with the practical side of the situation: it’s 7 miles from Ben Taub to Thomas Street, but it might be 700 because for them to get there is a real challenge. A lot of people don’t have cars. They don’t know how to manage the transportation system such as it is here. It’s really hard to get people to stay—to get in care and to stay in care. We developed quite a technique with each one of the service linkage workers modeled by interviewing and they’re well versed—of course if you worked at Ben Taub, you have to be the best, otherwise it will chew you up and spot you out.

Margo Fendrich: How has the Thomas Street Health Center Health Center’s role changed over the years, especially as new treatments have become more widely available on the market? Has that changed how patients are treated, or has there been a shift to more social support versus direct treatment, medical treatment?

Mr. Malone: Well, that’s an interesting question actually. We follow the health care trends. We’re parallel to that. We’re riding right along with it. We live in the age of customer satisfaction, patient satisfaction, and the first two or three questions on the surveys are, “how long did you have to wait for something?” So, that kind of gives you an idea of what we do now to make people happy. That said, Ryan White changed over the years from being largely a social support system to a more medical model. Of course, Thomas Street being all medical anyways, we do have a large social support, social services component of that. We do everything there for the patient as well. We have 8 medical case managers, and we have 13 service linkage workers that work in and around Thomas Street. So, we cover the population well. We have 6,000 unique patients at Thomas Street, so we’re the largest provider of HIV services in the county and the surrounding area. We have followed that into the new era of the Affordable Care Act, and we have extensive research programs. We’re the only ones that do that, actually. We have both medical schools there: UT and Baylor. It’s a unique combination of things. Thomas Street was one of the first standalone public clinics in the United States. 1989 is when they got started, May of 1989, and it’s come a long way too. We’re in an old railroad hospital. At the beginning, it only occupied the first floor and a half, basically, of that until they could renovate the entire clinic. So, we’ve grown with the disease as well. Back then, there was not much more than palliative-type treatments that you could offer a person with AIDS. We’ve truly come of age, and the services are pretty good.

Margo Fendrich: What new roles have been added to the Thomas Street Health Center this year? Are there more anticipated as the Affordable Care Act signup date comes close?

Mr. Malone: One thing that will be good for us is the insurance component, so it will take the burden off the taxpayers locally. We’ll be able to bill insurance for all of those visits. The whole thing changed when the antiretroviral meds became available in 1995/96. That was an about face for all of the industry. People started getting healthy all of the sudden, and we’ve responded to that
as well. We have really been successful at treating the entire patient, from just not the medical
eeds, but the social needs—as I’ve mentioned earlier. Right now, we’re transitioning from an
HIV-only clinic, which has been a hard sell to the culture at Thomas Street, but we’re now a
prevention clinic, or PREP, you know, which is pre-exposure prophylaxis for discordant couples
and other high risk negatives, and we also have an NPAP program just starting, which is the
non-occupational prophylaxis. It’s been interesting, because we now have 60 people enrolled in
the PREP clinic. Well, we can’t call it “PREP” anymore; it’s prevention clinic. I keep saying that; I
should not do that.

Dr. Sharlene Flash is just wonderful. She is on the cutting edge of this. “We’ve got a PREP clinic.”
Well, yeah, you have three people in it—we have 60, so we’re doing really well. It’s interesting
that we’re on that cutting edge again. We’re moving forward, head back. Same thing with the
RUSH program (Routine Universal Screening for HIV). We’re the largest program in the United
States, basically, to do that. We’ve done almost 400,000 tests since the program started in 2008.
And we’re recognized as leaders, so it’s good.

Margo Fendrich: Are you still involved in some capacity with the nonprofits that you used
to work for? Is there any collaboration among them and Harris Health?

Mr. Malone: Yeah, I’m still involved with that, because what you find—and this is not a slam
against the other agencies—but they don’t offer the full range of services that we do. So if their
patients get really ill, they’re going to be referred to Thomas Street anyway. It’s all the same
doctors is really what you find when you really get into the medical situation, because, just because
they work at Ben Taub, doesn’t mean that they’re not at the top of their field, and working at
another clinic that’s there part of the time. It’s interesting that it’s all come together like that. Yeah,
we’re still together. In fact, we write letters of support for other agencies when we have to and they
need us to refer things to them, or perform things for them—we do that. It’s a big community, and
people work together pretty well.

Margo Fendrich: How would you describe the landscape of HIV/AIDS prevention,
treatment, and discourse today, and what do you see it moving towards in the future?

Mr. Malone: Well, that’s a great question too. I wish you could come sit in my office and hear
what I hear everyday, because you would be amazed at the lack of knowledge that people tend to
have about their bodies and about basic diseases, and what they’ll say. People will rationalize their
behavior to fit whatever it is they want to do. A lot of that is not healthy. We’ve gone from the
Republican era with the Bush and Cheney people, where we couldn’t even mention anything but
abstinence-based prevention, which doesn’t work. I mean it’s good for some people, obviously,
but that’s not the answer. Couldn’t even use the word “condom” a lot of the times. It’s moved in
the right direction, but there is still a lot f ignorance out there. Our society doesn’t want to have
those difficult conversations. It’s like the ones about mental health. They don’t want to talk about
that either, because nobody wants to recognize the fact that they might not be okay upstairs. It’s
still a big taboo. Well, this is still the same thing with all things sexual, and it’s a shame, because a
lot of people are getting infected. There’s no need for that. There just isn’t. It’s still a very
preventable disease if you don’t do drugs, and drink too much, and all this kind of stuff. What you’ll find is that people get in situations where they do all kinds of things that they would never do otherwise, and all of the sudden, they come down with something, and then it’s too late. Part of the deal is at least we’re moving forward we have the PREP, the NPAP, and all that. But we still have a huge education for the public to do. Really, if you’ve heard some of the things—oh my gosh—what makes you think that’s okay? I sound really old, don’t I? But that’s really kind of what you go. “Oh my god, you know, no.” You know, we’re all human; I understand that. We all have our fallibles and our own issues, and I understand that. But there’s certainly a way to get around that and to do better, and we need to find that way. We’re getting there, but it’s a slow process. I could talk a long time about that. It’s a hot topic. Just, some of the stories are like, “oh my!” It’s not easy to shock me at this point. I’ve heard just about everything.

*Margo Fendrich:* But definitely the shift is moving more and more toward preventative?

*Mr. Malone:* Well, that’s one of the things is the Affordable Care Act, is to talk about prevention. When you think about medical treatment, it’s all based on, “Well, we’ll treat you once you’ve got it.” Well, that’s not probably the best way to do that. We can avoid getting it, and you don’t have to be treated for it, right? It’s not rocket science. Come on, let’s do something about it before it happens. A lot of that, people are scared of change. It’s real hard to affect that kind of change. It just is. Nothing different about that.