

# *Dr. Rod Grant*

## Hillsborough Remembers

Dr. Rod Grant began practicing Optometry in 1949, taking over the practice that had been in his family for three generations. Dr. Grant tells of the many changes that technology has brought to the medical professions over the years.



[START TAPE 1, SIDE A]

*This is an interview with Dr. Rod Grant (RG), a retired optometrist currently living in Sun City Center, Florida. Dr. Grant is going to talk to us today about doing business before technology. This interview is being conducted on July 5, 2001 in Dr. Grant's home in Sun City Center. The interviewer is Marti Everitt (ME), representing the Tampa-Hillsborough County Public Library system's oral history collection project.*

[Recorder is turned off and then back on]

**Marti Everitt:** *All right, this is Dr. Grant, and we are going to talk about your optometry business practice. And I think you said that you did it in Ohio? Where did you start up?*

**Dr. Rod Grant:** Akron, Ohio.

**ME:** *When did you open your practice?*

**RG:** I joined my father. He joined his father.

**ME:** *Oh, so it was a family.*

**RG:** I was the ( ) generation in the practice. We started in 1896, and I joined it in 1950.

**ME:** OK.

**RG:** Actually, December 1949.

**ME:** *Now, you--. An optometrist fits people for glasses, right?*

**RG:** He examines people for the need for glasses. Fits contact lenses, fits glasses, does training, different kinds of therapeutic things for the patient. At this point in time now, though, the optometrists are also treating patients for diseases and surgery. But they use new possible anesthetics and possible drugs.

**ME:** *Did they do that when you first started?*

**RG:** No. It's something that is happening ( ) year.

**ME:** *What was it like? What was your office like when you first went into your father's business?*

**RG:** Well, when I tried to join my father, he was the optometrist. And my uncle was the optician, in fact. And the two of them were conducting the practice, which had just gone through the war years. And my father was towards the end of his career, as was my uncle. I remained with them for four years in Akron. And I was ( ) Cuyahoga Falls, which was a suburb of Akron, which I thought, with the downtown traffic ( ), the suburbs were the places to be.

**ME:** *You were probably right.*

**RG:** Well, as it turns out, I was.

**ME:** *I can remember when I was a child going to the doctor's, we always went downtown to the doctor. We got all dressed up, and it was always an event.*

**RG:** Well, of course, it was still somewhat the same. You know, Cuyahoga Falls was a large enough community for doctors who grew up there for many years. ( ) instead of going downtown, you went to the doctor in Cuyahoga Falls ( ). But the suburbs ( ) Cuyahoga Falls were growing rapidly at that point. So it looks like a great place to be.

**ME:** *What kind of equipment did you have in your office?*

**RG:** Well, I don't know exactly how to answer that. I ( ) the specific need for refracting them. When I joined my father, he also had the equipment that was needed for making lenses. But that was not a profitable enterprise, and ( ) himself of that.

**ME:** *But he used to make the lenses for the glasses themselves?*

**RG:** At one time, yes. The man who made the lenses retired, and so that's how the practice was dropped. ( ) minor part in preparing lenses for the glasses, and then just fitting the glasses and ( ) for the patient.

**ME:** *Mm hmm.*

**RG:** And of course--. And my father and I did some of that, also. At that time, optometrists were involved in fitting the glasses, as well as examining the patients for the neutral glasses. Those contact lenses evolved. And contact lenses were just starting to come into practice ( ). I started my practice back in 1950 ( ).

**ME:** *What did you think about it when people first came out with contact lenses, and how did your, your clients feel about it?*

**RG:** Well, we don't call them clients; we call them patients.

**ME:** *Patients [Laughter].*

**RG:** Prefer [Tape skips], if you want.

**ME:** ( ).

**RG:** ( ) because ( ). What was your ( ) change of ( ) practice of optometry because this is fairly new ( ) glasses. ( ) always ask about it, because initial hardware ( ) quite large, but they call them ( ). ( ) the white part of the eye ( ) colored part of the eye. These were difficult ( ) and relatively uncomfortable. And then they came out with a smaller ( ) better accepted by the public ( ).

**ME:** *I had a ( ) when I was a girl, and it took me weeks to get used to them. But I loved them once I got used to them.*

**RG:** Well, that's the way it was. Some people had a difficult time; others ( ) very readily. I wore them for a while, but I had problems with allergies, and that forced me to stop wearing them. ( ) early '70s, one of my early patients, ( ) years old--

**ME:** *Oh, wow.*

**RG:** Fifty--

**ME:** *He'd be fifty-three.*

**RG:** Fifty-three right years old now, so--

**ME:** *Is he still wearing contacts?*

**RG:** He's still wearing contacts.

**ME:** ( )?

**RG:** ( ).

**ME:** ( )? *What about the office-type work and secretarial--?*

**RG:** I know you ( ) that. My father had a lot of secretaries during the war. By the time ( ) was different. Actually, they had left. And so he was doing the bookwork himself, and business was all done by hand. He kept a ledger of--. All the transactions were in the ledger. And when it came to the end of the month, we had everything by hand ( ).

**ME:** *No calculators.*

**RG:** No calculators. We had sales tax in Ohio, and so we had to add everything up to make sure the tax was done properly. So there was probably ( ).

**ME:** *Right.*

**RG:** Adding machines were in use, but we never had one in the office. And I never even thought to suggest that we get one.

**ME:** *When you went into your own practice, did you?*

**RG:** Well, when I was--. It was hard for me, because one of the

optometrists in Cuyahoga Falls became ill-- had a heart attack-- and needed help. ( ) help him maintain his office, and I was with him for about a year, I believe. Then one afternoon, a physician decided to call ( ). And he wanted to sell the practice. And I found out later on that he tried other physicians, and nobody wanted the practice. In fact, he had been a patient of my grandfather's ( ) knew about him ( ).

I bought his practice. He had an adding machine in his office. I moved into his office, and I stayed with him for a year. When he finally decided to quit, ( ) that put me on track for modern [Laughter] techniques. So then I stayed in his office for oh, probably, probably three, four years. [Pause] I don't--. Think it was eight years. Could it be that long? Anyway, ( ) was at the head of a long flight of stairs ( ). It was difficult for some of the old patients, you know, because they got discouraged by ( ). ( ) after forty-five years.

**ME:** *So you did your whole practice in Ohio, then.*

**RG:** Yes.

**ME:** *Did you ever have a computer?*

**RG:** Back in 18--, 1982, I got a computer because I thought we should have one in the office ( ).

**ME:** *I would imagine that would help a lot with scheduling of patients and things.*

**RG:** Well, I didn't use it much for the scheduling; I used it for financial aspects of the practice. Scheduling on a computer is kind of tricky, I think. We had a big book that we used, and when you want to schedule an appointment for a patient, you'd simply open the book and see where the empty spots were. But on the computers, I believe they take it one day at a time, and take forever for them to try to schedule an appointment. Yeah, because I just did it a couple of minutes ago. It took about five minutes for me to schedule an appointment.

**ME:** ( ) computers aren't making life easier.

**RG:** ( ). [Laughter] Yes, it's a more time-consuming arrangement, I think, than it was before.

**ME:** *What about the equipment that you used to actually do the exam? Has that changed a lot?*

**RG:** You have the chair and the stand- the chair, of course, for the patient and the stand for the ( ). The chair and the stand have remained pretty much the same after all of the years that I was in practice. We went from a hydraulic chair to an electric hydraulic chair, which is an improvement. The instruments that you use for examining the eye became more efficient, easier to use, but essentially it was the same technique. Even ( ) the electronics there ( ). [Pause] There's a change. But ( ) end of my practice, ( ) my first year, probably the first half of my

practice was pretty much the same. ( ) electronic equipment.

**ME:** *Did you have to go back to school to learn how to use it, or did they send people?*

**RG:** You learn it on the job. It wasn't that different, actually ( ).

**ME:** *I know that when I get my eyes examined, it happened ( ) for a long time. ( ) say, forty years I've been going to the eye doctor.*

**RG:** Of course, the doctor you go to knows how to change the equipment.

**ME:** ( ).

**RG:** I had the latest equipment. Some of the later equipment is ( ) equipment, ( ) electronic readings, and ( ) computerized in some degree. You then have separate ( ) determine what the patient's needs were, and then you check them out again. Or at least, I would check them out. ( ).

**ME:** *How long have you been retired?*

**RG:** Seven years.

**ME:** *That's not that long. ( ) 1994.*

**RG:** I retired the day I turned seventy.

**ME:** *Well, happy birthday and happy retirement, now. [Laughter]*

**RG:** Thank you.

**ME:** Do you--. Have you been--. You retired in Ohio. ( ). Have you been back there?

**RG:** Well, my niece took the practice away from me, so I come back to see how things are going on. Of course, she takes care of my wife, and my wife ( ) as well.

**ME:** And has she ( )?

**RG:** Yes, she came ( ). We ( ) within the ( ) that she is now in is in the boarding house where she was a tenant. But that was back in 1984, I believe. So it's an older home now, but ( ) when I started out, there were five of us who owned the building. ( ) some of the people who were not owners move out and ( ) larger space. And when I retired, the ( ) across the hall retired shortly thereafter. And my niece took over ( ). And so she had more than double the space that I had. And--

**ME:** Op--, optometry runs in your family, then, doesn't it?

**RG:** Certainly. My grandfather was a physician, and my father was determined that he ( ) optometrist ( ). [Pause] You don't have a list of questions to ask.

**ME:** Oh, I have a list, but I've kind of gone through it already.

**RG:** Oh! Well, I have the, the discipline enough to ( ) what you are interested in, but I have the, the privilege enough of being involved in the association of optometry in Ohio. And I became eventually the president of the association--

**ME:** Oh, really.

**RG:** --and eventually became president of the state forum, which is the body that examines ( ) professional ( ) practice ( ).

**ME:** Mm hmm.

**RG:** ( ) the privilege of starting up in the, the association, the governing body of the optometrists in Ohio- one that's still relatively unstructured. And we worked long up there to help set up the structure to help it become very efficient and ( ).

**ME:** So tell me about that; tell me what you did with that.

**RG:** We started out originally with a group of people meeting on the weekend, four times a year, and--, in a hotel in Columbus. ( ) capital, and we were meeting on Saturday afternoon until late Saturday evening. Then we'd break, and we'd spend Sunday morning and go through till lunchtime on Sunday. And we usually had enough time to conduct the business that we had. But we still got late, and it was a long session for us. But eventually, we got the feeling that after we hired an executive secretary, and we rented an office space--. And that has gone on to the point now where we have an executive secretary and assistant. And I think we have five or six office personnel, and we own our own office.

**ME:** Wow.

**RG:** ( ).

**ME:** So now it's not--. It's a full-time thing now, rather than a flex, part-time position. And did you receive candidates as they finish their education?

**RG:** Well, when after I retired from that ( ), I'd been out for about ten years or so. I was selected ( ) by the governor of the state to run the state forum. And this is a state body which we governed and ruled optometry and official health ( ) private practice.

**ME:** Mm hmm.

**RG:** When I got on that board, our job was to--, one of our jobs was to accept applications for licenses in the state of Ohio. And we gave a test, and we wrote the test that we gave. And that has gone to the point now where we have professional people writing the test and what we call the national board ( ) region in Ohio ( ) country.

**ME:** Right. So I imagine every state has a board?

**RG:** Every state has one; states like Florida and California and Arizona are a little more difficult to get into, because they somehow seem to manage to put road blocks in the way of people who want to come in and practice, ( ) other states.

**ME:** Oh really? Did you run into that?

**RG:** I never tried to transfer; I retired. ( ).

**ME:** Yeah.

**RG:** But some people like to retire early, and move to Florida to earn a little extra money ( ) profits. And it is difficult for them to do that. They can do it, but--

**ME:** How do you suppose the state of Florida makes it difficult to move someone?

**RG:** Well, I think optometrists in the state of Florida are already inundated with optometrists from all over the country coming in and setting up practices, and maybe even practices on less expense. ( ) pensions and--

**ME:** Mm hmm.

**RG:** --other income where they might not feel a need for keeping their fees high as the optometrists who ( ).

**ME:** Right, ( ).

**RG:** It's that way ( ).

**ME:** I would imagine so. I guess you have to protect yourself.

**RG:** Protect your ( ).

**ME:** Right. Right.

**Unidentified Woman (Grant's Wife?):** ( ).

**RG:** Right. Well I--. Yeah well, when I went into the eye doctor's, ( ) a heart problem, he had an office down there. ( ) on their own ( ).

**ME:** And you kept track of your patients and your--

**RG:** ( ).

**ME:** Mm hmm.

**RG:** ( ) training application.

**ME:** What would that be?

**RG:** Well, ( ) to do with people who are not able to efficiently use that. One of the things that is necessary for people to be able to use artificial means to move them ( ). It is also possible for people who are crossed-eyed to learn how to keep their eyes together and not be cross-eyed ( ).

**ME:** And you would have exercises that they would do?

**RG:** Well, exercises, yeah. A training technique that requires ( ) complicated aspect of optometry ( ).

**UW:** Hand, hand-eye coordination.

**RG:** Hand-eye coordination ( ).

**ME:** Right.

**RG:** ( ) cover it up. ( ) have head trauma, and have vision problems resulting from head trauma ( ).

**ME:** That's pretty interesting. Now, ( ) thing called a lazy eye. I don't know what they call it now--

**RG:** Basically.

**ME:** --where they would take--  
[Laughter]

**RG:** ( ).

**ME:** ( ) over one eye, and that would, I guess, make the weaker eye do the work ( ).

**RG:** It's a rather tricky procedure ( ) get into more trouble. ( ) cross-eyed or ( ) eyed--

**ME:** Mm hmm.

**RG:** ( ) eye exam ( )--

**ME:** How do they usually--. I know in my school-- the elementary school I went to-- we had an awful lot of cross-eyed kids. How do they usually treat that?

**RG:** Well, ( ) regulate ( ). Of course, surgery can be done also. But surgery is also tricky, because if you don't get the brain to work with--, the eyes working together, they won't see together. ( ) brain is working successfully ( ). ( ) optometrists are--, have always been very much involved in trying to ( ).

**ME:** [Laughter] ( ).

**RG:** ( ) this is something that isn't being properly attended to. ( ) adequate or not for the child.

**ME:** Well, they do test them in the school.

**RG:** But they don't--. They test them with an eye chart.

**ME:** Right!

**RG:** An eye chart ( ). Doesn't tell you ( ) track properly ( ). The state

of Ohio ( ) professional exam details  
( ) examination ( ) for school  
children--

**ME:** *Mm hmm.*

**RG:** --( ) before they started up, and  
( ) for many years.

**ME:** *What sort of things?*

**RG:** ( ) I just mentioned.

**ME:** *Right. But I'm wondering how  
long it would take to do that sort of  
testing.*

**RG:** Have you ever seen Keystone  
Seniors? It's a place where you put  
cards ( ).

**ME:** *Mm hmm.*

**RG:** ( ). This is a series of cards  
designed to test the different people--

**ME:** *Mm hmm.*

**RG:** --( ) in different ways, more or  
less what we ( ), and looking at the  
card on the wall, and looking at the  
other ( ). ( ).

**ME:** *Mm hmm.*

**RG:** ( ) [Pause] ( ).

**ME:** *I don't remember seeing--. All I  
remember seeing in school eye  
charts--. I know that in high school  
they have like a ( ). And if you take  
the ( ) to do it in the library, which all  
I know about ( ) all these little  
stations, and it's like Boom!-- all at  
once. ( ).*

**RG:** There have been many studies  
made over the years ( ). You can't  
perform when ( ).

**ME:** *And you don't do well ( ).*

**RG:** ( ).

**ME:** ( ).

**RG:** [Pause] ( )?

**ME:** *Yes, that's far enough.*

[Recorder is turned off and then back  
on]

**ME:** *When you got your first  
computer in 1982, what did you want  
it to do for you? What did you intend  
to use it for?*

**RG:** I think mainly I was interested in  
putting financial things on it, keeping  
track on the books that way. And in  
my experience, ( ) computers for ( ).  
But my niece, I know after she took  
over, changed many of the things  
that I was doing out there. At the  
time I started in computers, there  
was no real software being put out  
for the optometric practice. It wasn't  
too long after that that people started  
devising these softwares that we  
could use in our office.

But I had a fellow optometrist who  
actually shared the same building.  
We had offices in ( ). ( ) more  
computer-literate than I was, and he  
helped me get started on some of  
the things that I needed. ( )  
developed our own software  
program, so I never really did ( )  
interest.

**ME:** Specifically for optometrist.

**RG:** Right.

**ME:** Did they use ( )? And I'm not sure how that it worked, but I'm sure they can use computers now to scan people's eyes, and--

**RG:** That's what I--. I tried a refractometer. It's a computerized instrument that will actually track the patient, and you can tell almost immediately what's refracted ( ). But these things are--. There's a lot of science to the practice of optometry, besides ( ) medicine. And the science, of course, ( ) optometry ( ) how much they need. And so one of the ways of helping us arrive at the decisions ( ). As far as computers are concerned, you can get all kinds of information on computers ( ).

**ME:** [Laughter]

**RG:** ( ), and you can get printouts on how your practice ( ) practices from month to month and year to year. You can track down these figures and ( ), for the most part. But computers ( ) add a structure to the business end of the practice. ( ). As far as the professional part of the practice, examining the eyes ( ) small ( ) to determine how to use it even more.

**ME:** What would something like that be?

**RG:** Well, there's a retinal camera, where you can take pictures of the retina of the eye. And cameras are instruments of the measure of

curvature of the surface of the eye in a much more orderly fashion than they used to. ( ) major movements of the eye ( ). So you're much more better prepared to examine the eye in all its different aspects.

**ME:** So it would help you make a decision about what would be best for the patient?

**RG:** That's right. [Pause] Optometrists, being non-medical, must refer patients to a physician in ophthalmology. ( ) referral, and some of these instruments are designed to enable us to do this--

**ME:** Right.

**RG:** --so we could better be able to, could better be able to determine the need to ( ). Medical aspects of the practice of optometry now are ( ). Now they use some--, a certain kind of medicine for treatment of the eye. There's no surgical treatment of the eye available to optometrists at this point. They don't treat that sort of thing. But it's a different practice than it used to now, as it--

**ME:** Helps you do a, do a better job.

**RG:** Well, they, they--. Optometrists maintain that it's a desirable aspect of ( ), because optometrists are scattered about in the ( ). Ophthalmologists tend to congregate in the bigger cities and in the areas where there are good-sized hospitals, where optometrists, for the most part, have been able to ( ) country, where there are no hospitals readily available. And they get patients who have problems, like

pinkeye or something infectious, that's easy to treat. It's much easier for the patient if the optometrist can take care of that. ( ) see an ophthalmologist.

**ME:** *But a patient would be much more likely to come to an optometrist first. I mean, I would think that the optometrists would be the ones who would be sort of the first line with some of these problems.*

**RG:** Well, certainly, they--. In the rural areas, that's true. In the cities, that's not necessarily true. Ophthalmologists do the same things that the optometrists do. And of course, these physicians, they're ( ) optometrists, and so people who--

**ME:** ( ).

**RG:** Well, that's definitely true. But people who feel they need the best for their eyes and can afford it ( ) an ophthalmologist, rather than an optometrist. This has been a problem since Day One, I guess. The ophthalmologist ( ) and the optometrist are ( ). ( ). One of the reasons ( ) because the ophthalmologists think that generally that such things are not necessary. ( ).

**ME:** *Uh-huh.*

**RG:** ( )--

[END OF TAPE 1, SIDE A]

[START TAPE 1, SIDE B]

**ME:** *Dr. Grant, you were just telling me about how, how optometrists are*

*educated. Can you tell me about that--, a little bit more detail about that?*

**RG:** Well, I was an optometrist for ( ). I had my entire career interrupted by the war; spent three years in the army overseas. And then I got back ( ) through school and get out in the real world. ( ) optometry school ( ). And so I went back to college for a year and a half, and then went to optometry school. I had been ( ) four years in college ( ) because of the war and different problems ( ). But I went to optometry school and had two years of optometry school.

And then I qualified to take the Board of ( ). Since that time, most of the universities of optometry--. Well, most of the optometry schools across the country have four-year courses. And they'll also have internships in places like Veterans Hospital, which has become very widespread among optometrists. And they--.

Optometry schools themselves will offer graduate courses, to a varying extent, in optometry. ( ) optometrists now, in order to profit, will contract their license after four years of college and four years of optometry school. They cannot have the internship that the physicians have, but they do have the internships that optometrists have. They ( ) become a year after graduation to ( ). So the optometrists are better trained and ( ) more time.

**ME:** ( ) your internship with your father, and then with those other people that you practiced with.

**RG:** I had one job internship.

**ME:** OJ--, OJT?

**RG:** Yeah. Well, optometrists are highly trained at this point, and ( ) improve on what you're doing.

**ME:** I'm sure they do improve every day.

**RG:** Optometry schools are looking for grants for research, which has always been available for medical school. Now it's becoming more available for optometry school. Research has been--. Optometry is growing ( ).

**UW:** That's the one thing ( ).

**RG:** While we're talking about things of interest, you might be interested in the fact that I spent a year in a refugee-- a year-- a month in a refugee camp in Thailand--

**ME:** Oh, really!

**RG:** --( ) optometry.

**ME:** No kidding. Now, did you go over there--

**RG:** This is a rotary-sponsored ( ).

**ME:** ( ) doctors. Were the alum doctors out to--

**RG:** No. Rotary sponsored this through what they call their 3-H Club. It's actually--. It was--

**UW:** ( ) American ( ).

**RG:** Yeah, American ( ). So rotary paid for my airfare over there ( ), and my stay there. And I paid for my wife to go along with me, and we stayed in a small village in Thailand where--, close to a refugee camp. At that point, the refugees were made up of Vietnamese, Cambodian and Laotian.

**ME:** Was this--. When was this?

**RG:** This was back in 19--

**UW:** ( ).

**RG:** --87. At that point, the camp that I was sent to was the last stop ( ) refugees might have gone through before they were assigned to whatever countries willing to accept them. ( ) other countries willing to accept them had certain standards or certain things that they needed to go by before they were sent there. And in order to read or see the things that they're supposed to work on, they had to be able to see.

And many of these people were elderly people who had lost their ability to ( ) people who had to have glasses. We had to determine what kind of glasses were needed for them in order to do what ( ). And so we had a constant stream of people coming through the ( ). ( ) screening people and trying to get glasses to them.

What we did was to do a not very detailed job, because we only had certain kinds of glasses that would fit

them. We fit them, of course- fit them for near-sightedness or far-sightedness. ( ) determining a ( ) detailed examination ( ) kinds of glasses ( ) made it much more difficult to determine ( ). So we--. What we did was determine which near-sighted glasses or which far-sighted glasses would be most effective ( ).

**ME:** *Was there a language barrier?*

**RG:** Very--, very much so.

**ME:** *[Laughter]* ( ).

**RG:** We had Laotian people who would come in there who had not had a written language for--

**UW:** ( ).

**RG:** --had not had a written language for more than five or ten years at the most.

**ME:** *Wow.*

**RG:** Yeah, they, of course--. We needed a translator for them, but we sometimes had a translator for them and had a translator for the translator ( ). ( ) sign language. You can see it in my patients up on that picture on the wall there.

**ME:** *Oh, yeah.* ( ).

**RG:** One of the, one of the things that they did after we fitted them with the glasses to determine whether they could really see or not was to ( ). ( ) see what they were doing.

**ME:** ( ) *upside down.*

**RG:** Some people had a very flat nose, and it was very difficult to fit glasses to them. So she put her glasses on upside down into one little string, I think, that ties around her ( ) there--

**ME:** *Oh, yeah.*

**RG:** --to help hold the glasses in place. But an effort to--. ( ) satisfactory, but it worked out pretty well. Strictly speaking, a lot of these people were quite ( ).

**UW:** You can see ( ) in the background.

**ME:** *Look at that.* ( ) *that is beautiful.*

**RG:** ( ) that picture. ( ).

**UW:** ( ). It happened in the gunfire coming from the guns.

**ME:** ( ) *ordered guns into their* ( ).

**UW:** ( ). In a lot of the cases, some of them may have had scars, and some of them end up on their heads. And the people kept asking us for a ( ) or something.

**ME:** *A head injury.*

**UW:** A head injury. And that may have affected--

**ME:** *Their vision?*

**UW:** --their vision.

**RG:** ( ).

**UW:** Yeah, ( ).

**ME:** *Were you guys in any danger?*

**RG:** Well, I went up to a, I went up to a border camp that they had on the border. ( ) went into the hospital, and ( ) big aerial shot ( ) bomb shelter ( ) outside. And there was a warning while we were there that the ( ).

**ME:** *Did you ever go to the shelter?*

**RG:** No. I didn't.

**ME:** *Oh, you didn't?*

**RG:** No. So, that--. I think of people fighting in Cambodia for ( ). The men would come back in camp. And then their wives and children come out, and they run through the back ( ).

**ME:** ( ).

**RG:** See, but the rebels in Cambodia shell a camp because the people don't know ( ) stop.

**ME:** *Well, I really appreciate your--*

[END OF TAPE 1, SIDE B]

[END OF INTERVIEW]