

Oral History with Vanessa Johnson

From the collection of the UCLA Library Center for Oral History Research

Please note that this transcript is being made available for research purposes only. Should you determine that you want to use it in any way that exceeds fair use, you must seek permission from the UCLA Library Department of Special Collections.

Interview with Vanessa Johnson
SESSION 1 (7/23/2020)

[00:00:01]

KIM: Good afternoon. Today is July 23, 2020. It's 2 pm Pacific Time. This is Kelsey Kim for the Center for the Study of Women. I'm speaking with Vanessa Johnson. Thank you, Vanessa, for joining us today. My first question for you—just a basic question—when and where were you born?

JOHNSON: I was born in Galveston, Texas. I'm from the Houston-Galveston area. I'm a native of the area and I was born in the area.

KIM: Oh, awesome. Yes, you're still in Houston, right?

JOHNSON: Yes, I'm, literally, back at home. I was lucky enough to get a tenure-track position six miles away from where I grew up.

KIM: Oh, that's awesome. Can I ask a little bit about your family? Who did you live with, growing up?

JOHNSON: I lived with my mom and my dad, and I have three full siblings. When I was forty, I found out I had a half sibling. But, I grew up with my three full siblings and my parents.

KIM: Where are you in the lineup of siblings? Are you oldest? Youngest?

JOHNSON: Yes. They call me bossy. I'm the oldest.

KIM: You're the oldest? Oh, very nice. What did your parents do for a living?

JOHNSON: My mother stayed home with us. My dad worked at one of the refineries. He worked for Amoco oil for, like, thirty years before he switched companies. But, that was when I was an adult.

KIM: Can you tell me a little bit about your relationship with your family? Did you get along with your siblings and your parents?

JOHNSON: Yes, we're a pretty tight-knit group. Of course, you have a little bit of sibling rivalry and, you know, the normal sibling battles—but, in general, we're pretty close.

KIM: And, as the oldest, you had said you were the bossiest—or, they called you bossy?

[00:02:10]

JOHNSON: Yes. Still do.

KIM: Do you remember anything about your childhood home? For example, were there any smells that you associate with your home?

JOHNSON:

I saw that question (in the interview template). I didn't associate any particular smells with the home. But, in hindsight, both me and my father believed that there was mold and all in the home. In fact, we pretty much know, for sure. I remember people talking about mildew. I, sort of, remember seeing it, but, it totally makes sense now. It was one of my grandfather's rent houses, and we stayed in that house until my dad built a new home for us. When I was nine, we moved out of that house.

KIM: I remember reading in your pre-interview that you said that—kind of what you were just talking about—you only, retroactively, realized that you were exposed to mold, and that, at age ten, you said that you had lung cancer.

JOHNSON: Yes.

KIM: Can you tell me what that was like?

JOHNSON: It was crazy because, I started getting pneumonia twice a year, starting in the first grade. I was just having this recurrent pneumonia. They never could figure out how to get my lungs decongested, so to speak. I think, we started nebulizer treatments. Every time I would get pneumonia, I'd go through—stay home a week from school and go through a course of antibiotics. It was recurrent. Then, fourth grade, I remember that I'd gone in for a bronchoscopy. I think that's when they put me on the nebulizer treatments. Then, on Mother's Day of fourth grade, I remember being upset with my mother because I wanted to go to Sunday school and she didn't feel like driving me. Thank God she didn't, because, at about the time that Sunday school would have started, I started coughing up blood. They rushed me to the hospital and I was—for three days, about every three or four hours, I was coughing up pints of blood. On that Wednesday, they went in and took out the upper right lobe. Went home. Recovered from the surgery. We went back about a month later and, what my parents understood to be the case was that, I was going to go through another bronchoscopy to just check to make sure that everything looked okay. When we got there, they told us, No, she's scheduled for a second surgery because we found a malignancy, so we're going back in to make sure that we got it all. I don't know how my parents missed that. Of course, it was really upsetting to find out—number one, that I had cancer; number two, that I was going into surgery the following day. So, they went back in. They cut out more of the bronchial tube. Really, I haven't had any problems with my lungs since then.

But, during this whole process—first grade to fourth grade—they never knew what it was. They just thought I was getting pneumonia. I've looked at the medical records and they still didn't really have a diagnosis. They had all these weird hypotheses about how that could have

happened. I wasn't a smoker, of course, at ten. My grandfather smoked, but I didn't spend a whole lot of time around him while he was smoking. He generally did not smoke in front of us as the grandkids. So, it was just a mystery. But, now, as I said in my pre-interview questions, we really think that it was, probably, associated with the mold exposure and my inability to detox them all.

[00:06:37]

KIM: That must have been so terrifying, as a kid.

JOHNSON: I don't think I was old enough to completely understand. I understood enough. I remember fourth grade—I think it was my fourth-grade teacher—telling me that it was going to be okay, because she knew what was going on and she had breast cancer. She shared that with me—It's going to be okay. More than anything, I just enjoyed getting gifts and being doted on. Probably not as serious as I should have been about the situation. I mean, I can only imagine how my parents were coping with all that—

KIM: Yes.

JOHNSON: —in hindsight.

KIM: Were you the only one of your siblings to have these health issues? I know you mentioned, your mom also had some issues, but, what about your brothers and sisters?

JOHNSON: Well, all of us were always sensitive, but we had thought that—we always had eczema and things like that. But, nobody else had anything close to cancer, in terms of dealing with illness. As I say it, I realize that my youngest two siblings never had any problems, but, most of their lives was in the newer home. They didn't spend much time in the older home.

KIM: After that experience, what was it like for you? I'm not an oncologist, but, having lung cancer at such a young age—that seems like that might set off some alarm bells for people. Doctors might be, like, Oh, maybe there's something in the environment, then?

[00:08:31]

JOHNSON: They didn't consider that, at all. When I looked through the medical records, it's like they were clueless. They didn't connect it to the environment or even question anything about the environment, at all, which is sort of interesting.

KIM: I guess, maybe, perhaps at that time, environmental illnesses weren't really recognized back then, possibly.

JOHNSON: Yes, but, I'm thinking about, even, now. When you go to conventional medical doctors, they don't know anything about mold illness. It took me three years to find a healthcare practitioner to work with to start getting well.

KIM: During your childhood age, did you enjoy going to school? It seems like you missed a lot of school during the illness.

JOHNSON: Thinking back, I was kind of a sickly child, but, for the bouts of pneumonia, it would be a week—a week in the fall, a week in the spring. It wasn't an enormous amount of time. Of course, I think it was probably at about two months when I had the surgeries. But, you know, what did happen—I do remember being out of school, but, part of that—well, I guess, it was the tail end of school, because it happened early May. So, I recovered over summer. I didn't even miss a whole lot of school for that. I do remember missing some time and, finally, going back and having some time left in school. Yes, I mean, I was a good student. That was something they noted in the medical records, which, I found surprising. They talked about the fact that there were no developmental issues in terms of mental ability, or whatever. I loved school. School was, sort of, an escape from what was, sometimes, a chaotic household.

KIM: What were your favorite subjects?

JOHNSON: Back then—because I started out as an engineering major in college—it was, probably, math.

KIM: That's fascinating. I'm looking at the childhood era, right now. After high school, did you go directly into college?

JOHNSON: Yes, yes.

[00:11:09]

KIM: That's when you majored in engineering?

JOHNSON: I started out in engineering. I didn't finish it.

KIM: What did you switch to?

JOHNSON: To business. I was, actually, doing fine in the curriculum, but, I had an internship after my freshman year and I was, like, I don't want to do this. My dad was kind of leading me in the same direction that he went. Also, because, anytime you're good at math and science, people push you in that direction. So, I started out engineering pre-med. Then, I just, totally, changed course.

KIM: Awesome. Then you went into, you said, business?

JOHNSON: Yes, marketing.

KIM: Then, what did you do after college?

JOHNSON: I came out and I, actually, graduated during the summer, because—being the oldest of four, my dad was, like—because I switched my major, I had to go an extra year. So, he was, like, Look, you need to get off my payroll. You have to get out because I have other ones coming in. So, I rushed and finished up over the summer. I came back home and worked for Rice University for six months, in their athletic academic advising office, and, basically, used their career services to find my first real job. I was in a sales training program—a management development program—with Frito Lay.

KIM: Before you found your “real job,” did you have any other work experience, prior? Even, just, part-time jobs in high school, or anything?

JOHNSON: No. My parents always told us that our job was to do well in school, and I was really active. I ran track. I played volleyball. I don't think I played volleyball in high school—I played in junior high. But, I ran track in high school. I was in the band for two years. I was really focusing on getting college ready. The only part-time job I can remember having is tutoring elementary school kids in math.

[00:13:22]

KIM: Was your mold illness—even though you didn't realize you had it, at the time—was that an issue when you were playing sports?

JOHNSON: No, it never was when I was playing sports. Well, let me take that back, because, I did start having—it was the primary reason I didn't run track in college. They were trying to recruit me to run track in college. I started passing out in the middle of races. To this day, we don't know what was causing it. Knowing what I know, now, about my body and detox ability and, in retrospect, realizing different times in my life I would experience some of the cognitive effects of the mold illness, and things of that nature. That may have had something to do with it. But, my lung capacity is that—because, what happens when you have part of the lung removed at such a young age, it just expands to the size of the other lung. So, like I was saying, there are no deficiencies in lung capacity. But, I did start passing out in some races, which, my mother was very alarmed about and told me that she didn't want me to continue to run in college.

KIM: That is pretty alarming.

JOHNSON: It's crazy. At the time, I didn't think it was. I'm, like, Oh, I recovered. I'd pass out and then be back up the next hour to do the long jump.

KIM: Your coaches must have been terrified.

JOHNSON: Yes, I don't think that that was a pleasant experience.

KIM: When you were in college, did you do any other types of extracurriculars, since you couldn't do track anymore?

JOHNSON: Just flag football. We had a flag football team. The Black Student Association had a flag football team, but, that's it.

KIM: Oh, that's nice. For flag football—and this is just a tangent—I heard you're not allowed to wear shorts with pockets in it. Is that true?

[00:15:31]

JOHNSON: You know what, I don't know if we had that rule. It probably was in place, because it can get pretty rough. I remember, my team broke a girl's nose. You're not supposed to tackle but you end up having some body contact—so, there probably was a rule. I don't remember, in particular, but, you probably shouldn't, because people can grab for the—yes, I could see where that would be a rule.

KIM: You said, after you started working at Rice, you used a career center to find your next job. Was it at this job that you started having issues with the building and the mold in the building?

JOHNSON: No. At Frito Lay, it was a sales management training program, and I had to learn the field job before I went into more of a corporate setting. I think, at that time, that building was pretty new. I don't remember having any problems, at all, at Frito Lay. But, I've had several jobs where I had the problems that—where I had to leave was all the way in 2012, for a small technology company that I'd worked for for about—nearly a year, before I left—before I had to quit, because the environment was making me sick.

KIM: How long did you stay at Frito Lay?

JOHNSON: I was at Frito Lay for—I think it was about a year and a half. Then, I followed the HR director from Frito Lay, who left to go to Quaker State. He had promised to transition me into more of a human resources role, because I'd been in the sales training program. He brought me on at Quaker State in sales training, kind of leveraging both skill sets. I stayed with Quaker State for about the same period of time. You know, Frito Lay was a year. It was almost exactly a year, and then I went to Quaker State. I was at Quaker State until Quaker State was acquired by Pennzoil, and that's when I headed off to business school. So, I left there, went to business school. I definitely think that there were some effects of the mold illness, that I wasn't aware of, while I was in business school in New York. I was in an older building. They didn't have central

air and cooling. I even remember how all the condensation and stuff—there was definitely—it was an older brownstone. I got what I thought was just depressed, because I had experienced some depression in college, which, I all now think is totally related to the mold illness and what was happening with my body and all that stuff. I do think I was experiencing some of those symptoms, which I didn't recognize as symptoms of my mold illness, when I was in New York.

KIM: Oh, I see. So, because you didn't recognize it as related to mold illness, you didn't ask for anything from the landlord, or—?

JOHNSON:

No. By then, I knew that I had some allergies, because, in my early twenties, I finally got allergy testing and I had quite a few. The only sort of accommodation that I had was—because, you know, in New York, there were grad students who, actually, had roommates. First of all, I was, like, I was almost thirty years old. I was, like, I'm not sharing a room with someone. I used my allergies as an excuse to have a single room within the brownstone.

KIM: How long were you in New York for?

[00:19:25]

JOHNSON: For two years. I did a full-time MBA (Master of Business Administration) program.

KIM: What did you do after that?

JOHNSON: I came back to Texas. I got out of New York as quickly as possible. I went from Manhattan to Waco, Texas, if you can believe that. I had culture shock on the way to New York and on the way back. I worked for Raytheon for a year and a half, but, then, they wanted to move me to either El Segundo, California—because that was also a management development program—or back to Boston. I'd done my internship in Boston—with no cost-of-living adjustment. I was, like, No, I don't think I want to do that. Plus, at the time, there was some kind of drama going on in my family and I wanted to stay close to home. So, I left that program and came back home and applied to law school. A lot of the executives that I'd worked with at Raytheon were also attorneys. That was an interest that had always been there. So, I applied and started the part-time program and decided that the part-time program was not a fit. I think, after about two weeks, they agreed to let me transfer into the full-time program, but I had to wait a year because they were already oversubscribed in the class. That worked out for me in terms of, I probably needed a break after everything that had been happening. For that year, I, basically, moved back—because I had come back down to Houston. Then, I went to Dallas for about a year and worked for Rent-A-Center at their corporate headquarters. What did I do after Rent-A-Center? Rent-A-Center—I was there for a year and then went to law school.

After law school, I worked in a public interest role with Texas CBAR (Texas Community Building with Attorney Resources). I'm thinking that, I was having a lot of problems with my

allergies and getting ill and things of that nature during that period of time, but nothing major. So, I left CBAR to go back into human resources because I was making no money as a public interest attorney—a JD-MBA making less than \$40,000 a year. I'm, like, This is not going to work. I have student loans to pay off. So, took a role back in human resources with Dubai Aerospace (Enterprise)—StandardAero, in Dallas. I was there for, I think, about a year and a half. They were having a lot of business issues and my boss—the person who hired me—was fired. Then, I decided I wanted to come back to Houston. I quit at the end of the year, came back to Houston, and, pretty quickly, found work. Ended up working for Weatherford (International). At Weatherford—now, in hindsight, I recognized I was having problems in the first building that we were in, and then, we went into a brand-new building and I was feeling better. But, left Weatherford and then went to this employer that, ultimately, was kind of the straw that broke the camel's back and made me really ill.

[00:22:47]

KIM: When you were at Weatherford, were your colleagues having issues, as well, in that building?

JOHNSON: I don't remember people having problems, but, I do remember one of my teammates saying—well, you know what, actually, my boss in that building was having problems with inflammation. I remember, we discovered Nopalea and I bought a three-bottle pack and I gave her one of the bottles and she was, like, This actually works! So, she, actually, was probably having some problems, too. I distinctly remember one of the administrative assistants on my team coming to me and saying, You've just been different. I'm, like, What are y'all talking about? They were, like, No, you've been acting different. Are you okay? I'm, like, Yes, I'm fine, I don't know what—I hadn't recognized any difference in my behavior but they said that I was behaving differently.

KIM: At that point, had you asked for any accommodations or air purifiers or anything?

JOHNSON: No, because I wasn't having anything that was that—because I've always had really bad allergies and stuff like that. So, I managed it. I do remember, before I went to Weatherford—or, the first week or so—I had broken out from something, but that was a normal occurrence. I was always sensitive—didn't necessarily know, exactly, what was causing it. I just tried to manage it. Until I went to the final employer—a corporate employer—I didn't have any problems managing it, or, at least, I didn't think that I was having any problems managing it.

KIM: When you were at the employer—the straw that broke the camel's back—what were the first symptoms, or, what made you first realize that you were having mold or environmental-related illness?

JOHNSON: When I finally realized that it was the environment, it was because I was having oral allergy symptoms, but it was becoming more and more difficult to manage. I remember,

going on an antifungal, which wasn't a completely abnormal occurrence. Periodically, I would get problems with my skin and have to—and taking the antifungal and feeling better. Then, as soon as I stopped, the symptoms came back—probably ten times worse. The main symptoms that were really disturbing and started to make me realize were—basically, I started breaking out in these patches all over my face and neck. Then, as it progressed, I was getting flu-like symptoms and a weird soreness of my palate. That was one of the things that was different from anything I had ever experienced. In hindsight, even the first week or two that I was there, I was getting really, really tired. I think that was because of the environment. Also, I gained weight at that job, which can also be a symptom of the mold illness. All of a sudden, it was more difficult. There wasn't anything drastic—I always managed it—but it was a distinct change in my ability to get the weight off. But, it was the skin infections and then, when I really figured out that it was the environment, is because I was on vacation for a week and my skin completely cleared up. That's when I finally—like, it has to be that building, because we had moved from one area of the building to another and it got worse in the second location. It was more of an enclosed space and they had just done some major renovations to that area.

[00:26:51]

KIM: Once you figured it out that it was the building, what were your next steps?

JOHNSON: I went to my boss and I said, Something in this building is making me sick. I'll go to the doctor—because I was in HR, I was an attorney. I knew the accommodation process. So, it started out, like—I'm going to go get these tests so that we can figure out what needs to be done. I knew that I'd need to have a medical opinion to get the accommodation. But, that's where the drama started. There were some other factors related to the job. They hired me, specifically, to bring their immigration program into compliance, but they weren't very happy with me getting them into compliance because they had been doing so many illegal things. So, that tension was already there. Then, once I start complaining about the environment, they used that to try to discredit me. They were not cooperative at all. The complicating factor was that I couldn't get the paperwork. The doctor filled out the paperwork, but she wouldn't literally—she said, Yes, she's sick, yes, it seems like it's related to the environment—but she would not check the box and say, Yes, she has a disability and needs accommodation. It was like she fundamentally did not understand that I was not trying to get some kind of disability check. I needed her to say that so that I could get an accommodation in the work environment.

I asked to be moved to a different floor, to be—because I was actually supporting two different teams in HR. I asked to move to that—because we would move all over the place because we had conference rooms all over the place. I noticed that I was doing better on certain floors. One of the floors was where the group that I supported sat. I asked to be moved and they refused to do that. They were just total pains in the ass, basically, about the situation and just used it to kind of—I was trying and trying and trying. I was getting sicker and sicker and sicker and couldn't get any help. I went to a second doctor. She was more cooperative. She, actually, wrote a letter, but she would not fill out their forms, and that's what they were insisting on. I'm an attorney, so,

towards the end of that, I went and got representation. Then, it was really not a positive situation, at that point. Ultimately, I quit, because I was, like, This place is going to kill me. I'm just getting sicker and sicker and sicker and sicker, and I know it's this place. I have to get out of this environment. So, that's what I did.

KIM: One thing that we've seen with people who have gotten sick at work was just that, once they take a vacation or once they start working from home, they just feel immediately better. Then, that's the point where they realize that it's definitely the building.

JOHNSON: Right.

KIM: Were your coworkers and colleagues getting sick, as well?

JOHNSON: Yes, there were so many people in my group who never had allergies a day in their life. They were having recurrent sinus infections that they couldn't get rid of. There were a lot of people exhibiting symptoms, but, no one to the degree that I was. Everybody else, really, was kind of running scared. I wasn't scared to speak up, but, they weren't listening. They weren't listening, at all.

[00:30:28]

KIM: So, your colleagues generally believed you, but the bosses didn't?

JOHNSON: Right. I don't even think that the bosses didn't believe me. They were just using it as an opportunity—pushing me out, in hindsight, is the way I feel about the situation. Because, there was no excuse to not—and it's like, Really, I can't go? You place the other HR rep with their team, but I'm asking for that accommodation to see if that helps with me feeling bad, and you won't do it? Come on, now.

KIM: After you left that company, where did you go?

JOHNSON: Because it was, like, a ten-month process of complaining, I was trying to just find another job, but, it didn't happen and I had to get out of there. During that time, I decided, Well, what are you going to do? I ended up starting the Tax LLM (Master of Laws) Program. So, I went back to school.

KIM: You must really enjoy school.

JOHNSON: I did not enjoy the Tax LLM Program, but it was a way to transition. While I was there, I added the Health Law LLM Program and, so, that was a better fit. I just felt so hopeless, like, nobody would help me. I had gone to so many different doctors. They didn't know what it was, couldn't diagnose me, couldn't give me the paperwork that I needed to get accommodated at

work. So, it was a hardship to leave without another job, but that was the plan that I ended up devising. It was the only thing that I was able to easily transition to. So, that's what I did.

KIM: You had said that it wasn't until, I believe, it was 2015, where you actually got an official diagnosis?

[00:32:28]

JOHNSON: Yes, yes.

KIM: So, it was, basically—it's been three years from when you realized this is an environmental illness in 2012, to actually getting an official diagnosis. It took three long years to get that done.

JOHNSON: Yes. I had diagnosed myself. I knew it was something related to mold. I started researching and doing the things that I was learning about, but, it's so hard to find functional medicine practitioners—at least, back then, it was definitely harder than it is now. Or, I don't know if it's any easier, now, or if it's just the fact that I plugged into that community, so I know who they are and what they do and that kind of stuff. But, it was just my own research and trial and error. Then, once I finally started looking, specifically, for a functional medicine practitioner—because, what had happened with the physicians that I was seeing while I was at that last employer was that they were just putting—every time I would go, the allergy doctor would put me on a new medication. I was on five or six different medications. I was, like, this is not working. I'm not feeling any better. Once I got out of that environment, I was feeling better, but I still wasn't one hundred percent. Now, I understand why. With mold illness, just because you get out of environment, doesn't mean that you have gotten all the mold out of your system. I'm still having problems. I remember having hives for years. I was still having problems with my skin. Then, I started having problems with food intolerances and things of that nature.

Once I, finally, started asking for a functional medicine practitioner, I quickly learned that it's hard to find ones that accept insurance. Most of these people are opting out of the traditional healthcare system. They have cash-based practices and, because they are specialists, it's really expensive. There is one doctor who is pretty prominent. I think she has actually stopped practicing. She's, mainly, selling supplements and stuff, because she adopted a kid and wanted to raise the child rather than practice anymore. She still has a clinic, but I think—investigating, it was, like, \$2,000 to just see her. Now, she spent a half a day with you to figure out what was going on and come up with a plan. But, you know, I was coming out of being a full-time student and recovering from three years of not being at the six-figure salary that I had had before. I wasn't prepared to do that. Just, in general healthcare is expensive. Finally, I found—I remember, switching chiropractors because I'd moved from one side of town back down at home. Her husband mentioned that she did—it was a couple, they practice together. I, sometimes, met the husband, and he said that his wife was into functional medicine. I visited her and I started being treated by her. She did some testing but she wasn't familiar with the mold protocol—but she

knew, somewhat, what it was. She, finally, referred me to the healthcare practitioner that I'm working with now, but that took three years.

[00:35:58]

KIM: Yes, it sounded like that took a lot of navigating systems and having to meet people and doing a lot of your own research. I know, you talked about how, in the Western healthcare system that we have, right now, you were just being thrown medication. There was a lot of indifference. Did you ever face any outright hostility from medical professionals?

JOHNSON: Not really. The first doctor—if I had just had more energy, just been the kind of person—I would have sued her. It was just medical malpractice and she does not—she just didn't care. She just did not care, at all. I think there is also a racial component to the way that she treated me. She was just dismissive, like I was trying to scam her into getting a disability recommendation, or whatever you call it. The second lady, who was a fungal specialist—which is crazy, now, I'd love to go talk to her—like I said, she was very helpful. And, the doctors that finally got me to the doctor that is helping me now were helpful. I think, I avoided the outright hostility, but, you still did get a lot of people who, just—even the dermatologist. I remember being upset with him. I remember leaving an appointment and crying because he just gave me another set of drugs to take, and I'm, like, This is not helping. So, no outright hostility. I was lucky in that way. But, I was definitely dismissed. I definitely had to be my own advocate, in terms of my health care.

KIM: Yes, that's definitely something that we've seen a lot with people who have environmental illness issues—just having to be their own advocate.

JOHNSON: There are a lot of people that—they're told, Oh, you have psychiatric—I didn't go through any of that, thankfully. Maybe, some of my doctors knew me well enough not to even come at me like that.

KIM: Once you did get this diagnosis, what happened next for you?

JOHNSON: Well, the difficulty was that I got the diagnosis, and then, I realized that my new work environment was moldy and was making me sick. That's what's crazy for me—it's such a gradual process. If you've had allergies and you have been doing all this stuff your whole life—especially the cognitive effects, I don't realize them until I'm coming out of it, until I start to feel better. Then, I realize, Oh, wow, I was having major brain fog. I remember being in that building and just always feeling tired. I just thought that I was a new professor and doing a lot of work. Then, I remembered, in hindsight, I was having problems doing comparative negligence calculations. I was having problems remembering—and realizing just how much I was being affected, cognitively.

Thankfully, my new employer—University of Houston-Clear Lake—they have been very accommodating. They have worked with me. I've been more hesitant to ask for accommodations than they've been, in terms of willingness to provide. I did have a little bit of a problem with HR, but, again, being the advocate and the kind of person I am, I got them straight pretty quickly. I did have to go above that individual's head, but, once that happened—because one element of my treatment, at this point, is that people know that I'm an attorney. So you get a certain amount of respect. I don't want to say that my current employer is afraid of me, but, I think that does factor into their willingness to accommodate. At the same time, I feel like I had PTSD from the previous situation. This was a job that I had wanted for, like, twenty years. So, in many respects, I was hesitant to ask for the accommodations, but, I had to, because I was starting to get really sick again. They've been extremely cooperative. I couldn't ask for a better group of people to work with. We've had to make a couple of changes. They've been willing to make adjustments for me. The problem is, is that people don't understand, and it's kind of exhausting—especially if you're sick—to try to educate people about it and all the complexities of it. People just do not understand.

[00:40:56]

KIM: It sounds like they have, for the most part, been trying to be understanding about it—

JOHNSON: Right.

KIM: —and not like the other job that you had.

JOHNSON: Right. The polar opposite.

KIM: At what point did you get into the workplace advocacy that you've been doing? You have a blog going, you've written pieces on environmental illness at work, and made recommendations. I'm wondering how that got started.

JOHNSON: Well, I was, like, this shouldn't happen to people. Thank God, I had a family that I could lean on, financially. I was able to move in with my mom, and I just took the hit, financially, for those two years. I would encounter people who refused to make that choice. That's a difficult choice. Luckily, I'm not married, I don't have any kids. It was only me, and, so, I could think about—I could prioritize my health. I knew that, literally, if I'd stayed there, at that last employer—corporate employer—I probably would not be here today. I was able to make that difficult choice and leave, but, I see a lot of people who can't. I shouldn't have had to go through that. I should not have had to leave a six-figure job that they failed to follow the law and accommodate me. If we had done everything we could and I still couldn't do my job, then, I would have happily left. I would have been, like, You've done what you were legally obligated to do. I was just incensed that I went through that and that other people are going through it—because people just aren't informed. In the health law program, we had to write a short piece. I had already created that change petition—because, in the process, it took—litigation takes two

years. I had sued that last corporate employer. So, I was just mad. We, finally, resolved it, because I just wanted to move on with my life. But, part of working through that and the anger associated with that is what started the advocacy—that, this shouldn't happen to people.

[00:43:19]

KIM: What was the reception you got for your advocacy—all the pieces that you wrote and all the blogs that you wrote?

JOHNSON: I haven't written that many. I really would like to do a whole lot more, but the demands of my tenure-track position have prevented that. Now that I'll be submitting my tenure packet in September, I intend to pick that up more. I mean, it was rewarding. After that piece was published on the University of Houston Law Center website, people started reaching out to me. They started contacting me. That's how I met Kaeley. There's another woman in Arkansas, at a university—because schools are notorious. It's crazy, when I think about it, because Kaeley is at a school, this woman in Arkansas is at a school, and then, there was one lady, here in Texas—she wasn't at a school, but she's just gone through it—and multiple employers. Honestly, she's a little strange and paranoid, because you can have not only cognitive effects. I really feel like I'm like Dave Asprey. I think I get mold rage. If I'm really sick and it's affecting my brain—it's inflamed—I'm a little belligerent—not to the point that I can't function, but I do see an element of that. I almost think that, this one individual that I've communicated with over the course of the past couple years, is experiencing things like that. She's very paranoid, and it's prevented her from getting accommodations at employers because she's just—I don't know how to explain. I think it has to do with her illness—with her condition.

KIM: What are your future plans? I know you said you wanted to expand on this after your tenure.

JOHNSON: (unclear)

KIM: Congrats, by the way, for coming up in September and for getting tenure.

JOHNSON: Well, we'll see! Wish me luck. I just submitted the packet. The evaluation process will be over this next year.

KIM: Oh, yes, best of luck in that. I don't know what the politics are like, over there. How is the tenure process over there?

JOHNSON: I think—well, first of all, we have a good group. I'm not at a tier one research institution, so it's probably not nearly as intense as it would be at UCLA. Also, we got a new provost a couple years ago and, now, we actually have an official policy. So, I think it's going to be pretty straightforward. Plus, I think, pretty much, the attitude at my school is that they don't hire you on if they don't think that you can get through the tenure process. It doesn't mean that

everybody does, but they're there to support you. So, fingers crossed, I'm hoping that things will go well.

[00:46:17]

KIM: Yes, best of luck. I can't wait to follow up and hear more about that after September. I'll have to check back in. Anyway, I have two questions. I'll start with one, actually. Before you got involved with this workplace advocacy, did you dabble in other forms of activism or advocacy before? Did you consider yourself an advocate before?

JOHNSON: I think I have, sort of, an advocate, activist personality. So, I had, in the informal sense—and even in my HR roles—that's why I'm happy to be out of HR. Depending on the kind of organization you're with and their ethics and their approach to things, you're really an agent of the organization. But, I've always advocated for employees. My parents taught me to do what's right. If you do that, then you don't have to worry about anything else. It might not be advantageous in the short run, but in the long run, that's what you're supposed to do. Then everything will work out. That's kind of what I was doing in that last corporate role—advocating for everyone. It was, like, we're all getting sick. I know, y'all aren't as sick as me, but, something is wrong here and they need to do something about it. I think, that's just my basic personality. But, like I said, it was the anger of having to go through such a traumatic experience for no good reason, as I saw it. Number one, the employer had the legal obligation to provide a safe workplace and, two, they had an obligation to accommodate people at the workplace that was causing problems for individuals. I think that's why I've ended up in law.

But, formal advocacy? No, not at all, other than—I did a short summer fellowship to learn about community organizing with the Obama Foundation. I don't even know if it's the Obama Foundation, but, the organization associated with the Obama campaign. That's all the formal community organizing training that I've had, but, I had never advocated in any kind of formal capacity.

KIM: You said, you're interested in expanding on this work after tenure. I was wondering what your plans were, for expansion?

JOHNSON: Well, one, I want to actually do a full-blown legal journal article about it. I'm intending for my scholarship to kind of focus on the intersection between health law and employment law. With that, I'd like to do some pieces related to environmental illness, environmental justice, and things of that nature.

[00:49:07]

KIM: That's exciting. You had also mentioned that, from doing this work, you got in touch with a lot of people who have had similar experiences as you. Would you say that it became a community group for you?

JOHNSON: In a sense, yes. I still communicate with—well, Kaeley is a Facebook friend, now. We met in person when I was at a workshop in North Carolina. Then, the lady in Arkansas, whenever she sees something, she sends it to me. We communicate regularly. I haven't heard from the paranoid person in a while. She says that she would be—because, literally, she does not want even me to know where she is, because she's that paranoid. She said something about moving to Houston and that she would reach out. But, those people, I keep in touch with. There have been a couple other people that have reached out and I've just provided basic advice. A lot of them aren't even aware of the accommodation process, or, if they're here, locally, give them the name of my healthcare practitioner, given that it took me three years.

Ultimately, I think, the website that I've started, and that I haven't done a whole lot—if nothing else, I just want it to become a repository of resources, because more and more practitioners—I don't know if it's just the practitioners within the functional medicine world—because I watch online lectures and things of that nature. Literally, I just finished watching one from the Toxic Mold Summit that they're about to have here in a couple weeks, right before this interview. More and more physicians are learning about it. If nothing else, just providing a central place where people can go to get hooked up to resources, so that it doesn't have to be three years until they find a physician. If they get sick, they can actually get diagnosed properly—things of that nature.

KIM: Yes, that's great. It's great that you're making your own hub for people to find resources. That's one thing that we've seen a lot, with this project. There have been a lot of people who rely on community groups—a lot of them online, like, Facebook groups that specialize in MCS (Multiple Chemical Sensitivity) and other types of environmental illnesses.

JOHNSON: They have a bunch of groups. I'm a member of a couple of them, but I don't spend a whole lot of time, because sometimes it's depressing. People talk about folks that have died or people who have committed suicide. It's awful. I mean, sometimes the information, depending on who's offering it, isn't that sound, but you can get some good information, depending on the group. They have a Mold Avoiders group, they have a—yes, it's a bunch of different ones. I don't spend a whole lot of time in them.

KIM: Yes, I've heard similar things about people who kind of take or leave the experiences that they have there. Some people think it's very positive, where they can get information, but there's also that downside to it, that it could be a sad place to be, sometimes.

JOHNSON: Yes.

KIM: Then, with that said, have you ever partook in any mental health counseling, either formally or informally, to cope with your illness?

[00:52:44]

JOHNSON: Not so much to cope, but I did when I was—because, like I said, I really, honestly feel like I have a bit of PTSD from the traumatic experience with—so, I talked about being hesitant to ask for accommodation and navigating that, especially in light of the tenure process. I would think, I don't want to make anybody mad around here because I want to get tenure. I did see a counselor for—and I've gone to counseling throughout my life. As a young adult in college, I started seeing a counselor. I'm in and out of counseling when I feel like I need it, anyway. But, most of what we talked about, when I went right after I started at university was dealing with managing the illness and being afraid about the tenure process and that kind of stuff. Then, talking about relationships because managing the illness has affected some relationships. Even at this point, sometimes I step back and realize how many things I do on a daily basis to manage it, but it's just, now, such a part of my routine, that I don't recognize it as being something exceptional—but it really is, in terms of everything that I do to manage things.

KIM: Can I hear a little bit about what you do to manage things on a daily basis that you've normalized, but, I guess, others have said to you that aren't?

JOHNSON: Well, number one, you have to—really, to have an effect on it—change your diet. So, there's a lot of stuff—I think about the last three guys I've dated and them commenting about, Yes, you eat weird things. You've got a funny diet. I've tried to follow the Autoimmune Protocol. It's difficult because it's so restrictive. But, I stick to it, to a large degree. I'm definitely not perfect on it. So, that alone just complicates things, because it's so restrictive.

Then, I take a ton—I'm afraid to, even, calculate how much I spend per month on supplements. It's ridiculous. Then, I've tried a lot of different things to help, but it's been expensive. I've done hyperbaric oxygen therapy. I even own my own ozone generator, now, and I'm seeing some results of that, so I do that, regularly. Over the course of the illness, there are different modalities I've used and things that I've done on a daily basis—some, a little on the weird side, that I'm not going to name, specifically, here—but, it's a lot. If I probably had to sit down and figure out how much time per day is actually devoted to it—but, like I said, it's become normalized—it's, probably, a couple hours a day of things that I do—extra—to manage my illness. Then, I was an undergrad at Tulane in New Orleans. I went back to New Orleans twice in this past year, and I realized New Orleans is not the place for me. I get sick every time. It's not anything drastic, because I'm far enough along in the healing process that it's not a major hit. Everything is all so moldy in New Orleans, especially post-Katrina, so, there's no way I could ever—because I was thinking about even applying—pre-COVID—to do a summer teaching position at my alma mater. I even talked to one of the people at the business school about it, but, after my second trip there this year for a conference, I was, like, I can't. No. I cannot spend any extended period of time in New Orleans.

[00:56:44]

KIM: You had previously mentioned that, because of your family, you were able to get out of that job that was making you sick. So, it sounds like your family has been pretty supportive of you, but, do they also believe your symptoms? Do they think that you're exaggerating?

JOHNSON: My symptoms were—it was on my skin. If you have big patches on your face and your neck, it's pretty obvious, and they saw how it would clear up. Now, they still don't fully understand the illness. They'll do things and I'm, like—especially when I was extremely sensitive. For a portion of the time, I was living at home, because I didn't have the financial resources to live anywhere else. I remember my mom having an air freshener. I took it down. I was like, That's it—I'm bossy. But, that being a point of contention, later. Like, Why are you trying to run my house? You know, old-school parents. Or, my sister coming over and helping my mom paint. I was just, like, Y'all are killing me—literally. Don't you realize that? Even, my mother, she cleans a lot. She uses really harsh chemicals. Especially when I was really sensitive, that was not—and, sometimes, I just had to shut up and deal with it—know that I'll have to do some extra things to detox, later, if I started feeling bad. They don't fully understand. Like I said, it's exhausting to try to—and that's another reason I wanted to have the website, is to help people understand the illness.

KIM: Have you found your friends—or, like, other people in your life—have understood what you've been going through?

JOHNSON: They don't completely understand, but I've kept in touch with a couple of people from that last corporate job. Both of them have left, as well. Neither one of them really had any major health problems at the job. They knew that it was just a toxic environment in general—both physically and emotionally. That place was a mess.

Then, my friends will—well, pre-COVID—when we go out to eat, and things like that, they're trying to find places where it would be easier for me to find something that I can actually have without making me sick or causing me problems. They've been understanding in that way. I think the biggest challenges is in dating.

[00:59:25]

KIM: Would you like to talk more about that?

JOHNSON: Well, just the fact that, typically—because, I'm pretty much an introvert. The kind of activities that I enjoy is, you know, going to dinner and talking, or things like that. They definitely notice my diet, so that's been commented on. I dated a guy for about a year and a half and it was long distance and he was living in an older home and didn't—I didn't have any problems with it, but I was concerned that I would. Then, he expressed concern, in terms of thinking future for us, because he likes to travel a lot. I was traveling and stuff, but, it's difficult for me, and I have to carry a ton of supplements and stuff like that with me, in order to stay well. I feel like that did affect the relationship. I think that's the hardest part.

But, in general, it's mainly the diet that people—and, I think I can probably be annoying, in the sense that, I've learned so much during the course of this—I'm not necessarily judging them or expecting them to abide by the same rules, but I try to educate them about their food and about different things that aren't good for them. I've had comments about that being annoying.

KIM: You had also mentioned COVID a few times. I was actually wondering, given everything that's going on, right now—a lot of quarantining or social distancing—how has COVID impacted you?

JOHNSON: I mean, I've been blessed. With my job, we went remote. In fact, even though they've accommodated me and they put me in the newest building on campus, they don't maintain those buildings well. So, I had started feeling some slight effects. This has been a benefit for me to be able to be completely away from those buildings—not have to do extra things to detox, because I'm in my own home in a very controlled environment. Luckily, for the fall, our president and provost made it our decision about whether or not we wanted to return to campus, so, I don't have to. I was talking to a colleague that I'm working with on a paper. She's at a school in New Jersey, and she still doesn't know. I've heard that from lots of teachers. Even on main campus, here—because I'm at Clear Lake—we're all part of the same system, but, it's actually a separate legal entity. I'm over at a teaching institution, even though I'm at an AACSB accredited business school. Main campus—the tier one research institution—because they have athletics and stuff like that, I think, partially, it's a financial decision. Right now, they're scheduled to go back. I've seen professors—my former professors from the law school—commenting about that and about not wanting to go back. It's probably an eventuality—especially with everything going on in Texas, right now, given that we're going through a surge—that we're going to end up online, anyway. So, why don't they just make that call? Luckily, I haven't had to deal with a lot of that. Because I'm so far along in my healing—it's a constant process, but I'm doing pretty well—I haven't been concerned. I probably should be, given my medical history. I, probably, would not have the greatest outcomes if I were to get it, given that I've had lung cancer. Then, it's, basically—it induces an immune dysfunction. So, it's this same sort of similar process—that whole cytokine storm. I probably should be concerned, but I'm doing everything to be cautious about it and to, like—I should be strong enough if I do get it.

[01:03:41]

KIM: Yes. That's great that you're allowed to make the choice to stay at home.

JOHNSON: Yes, yes, I'm happy about that. I'm really lucky that I haven't had that stress, because I see what it's doing to some folks. And, I don't have any kids, so I don't have to worry about them going back to school, either. My cat can learn at home!

KIM: I just have a few more questions that are more overview questions. One thing that we're interested in, at CSW, is the experiences of women, but, also, looking intersectionally, as well. I wanted to ask you, Do you think that either gender identity and/or race has impacted your experience with illness, in any way?

JOHNSON: Definitely. My current healthcare practitioner, who I, literally, trust with my life, because he knows what he's doing—I'm a little upset with him, right now. He's the total opposite in terms of political—and, it's something to be expected down here in Texas—because I'm very liberal. He's made comments that have made me question whether or not I want to continue to be treated by him. Not anything directly racial, but sort of microaggressions. Then, just the fact that he's aligned with some political aspects that I just don't agree with. I've seen him say things and then think about it and try to clean it up. Because it took me three years to find him and I feel like he's doing a good job, I will put up with that.

That first doctor that I talked about, that, if I weren't so sick, I probably would have sued her—I definitely think there was a racial component there. She characterized my job as, like, an administrator and stuff. I was an HR generalist—so, a professional. I have multiple HR certifications. Went in there like I'd normally go to work—in a suit. She was just very dismissive. Even in the paperwork that she filled out, she filled it out as if—and there's nothing wrong with being an administrative assistant—but I was not an administrative assistant. She didn't know anything about me. She didn't know that she was talking with somebody with three degrees from very reputable institutions. I definitely think there was a racial component to that. I think, more than anything—but that's just my life, in general—I've probably been more affected by race, than gender. But, even now, I think I've just been oblivious to some of the gender discrimination that I've experienced, because I've typically been in roles that were predominantly staffed with women. I think intersectionality definitely comes into play in terms of discrimination and the treatment—the health inequities.

KIM: Yes, it definitely seems like the issues you've been facing have been happening in the medical field. That's terrible. I'm sorry.

[01:07:02]

JOHNSON: Well, especially, as an African American in America, it's the stuff you deal with everyday, anyway. Sometimes, you don't even recognize it, because it's just a normal part of your existence.

KIM: Yes. I'm glad that you were able to speak about race, because that's one thing that we want to hear more about. Even though we're CSW—Center for the Study of Women—we do want to hear diverse voices. Not everyone we talked to speaks about race. I'm glad that, at least, we get your voice in there. So, thank you for sharing that.

JOHNSON: Oh, you're welcome.

KIM: I just have one last question to sum everything up. How do you think society will view environmental illness in ten years?

JOHNSON: I think society is going to be forced to deal with environmental illness. I think that, even now—in fact, I have a cousin, and—who's the other person? Well, I met a colleague from when I was in a board. It was another person—oh, it was my best friend from grad school—have all been diagnosed with lupus. With both my cousin and my best friend from grad school, I don't think they have lupus. I think they have mold illness. My cousin—she was perfectly fine, bought an older home, and started having all kinds of problems. Finally, bailed out of the home—sold the home. She's getting better, but, she's been diagnosed with lupus. Now, they're putting her on all these pharmaceuticals. I think, the toxicity of our air, our water, our food, is causing a lot of these things, or, at least, making things worse for those of us with genetic predispositions to not be able to detox things. I think, society is ultimately going to have to deal with it. They're going to have to face what they're doing to people and the damage that it's causing. I even think that environmental illness is directly related to the higher incidence of autism, at this point. Some of the stuff that I believe, I recognize as normal, but, it's kind of out there on the outer edges of what's acceptable, in terms of mainstream medicine right now. I firmly believe, largely as a result of my own experience—I was the one person who was always at the doctor. I didn't have any problems taking whatever the doctor said at face value, and taking whatever medication—but, I was forced, just like, I feel like, society is ultimately going to have to deal with the realities. None of that was working. I had to try the alternative methods in order to get well, and that's the only thing that has worked.

KIM: Have you told your cousin that you think it's mold illness?

[01:10:10]

JOHNSON: Yes. I sent her a bunch of books, but, she's just not nearly as intellectually curious. She's just taking it for what the doctor says. Now, because the doctor told her—well, I'm concerned, because the doctor told her that there was close to zero chance of her getting pregnant and that she needed to get off of birth control because of the medication that she's on for the lupus. Now, she's pregnant. She's due to have the baby in two months. I'm seriously concerned about what the health of the child is going to be like, because I really do think—of course, I'm not expressing this to her. But, I seriously think that she's just, basically, toxic and probably has mold illness. I do think it's that side of the family that has the genetic SNPs (single-nucleotide polymorphisms). My doctor confirmed that I have the genetic SNPs that do not allow me to detox properly and that's why I got so sick.

KIM: Well, I hope everything ends up okay for her. That's really terrifying. Also, just the fact that the doctors are saying something—that it's lupus—and you have this whole history, you know your family medical history very well. You've experienced very similar things where you can kind of say, Is this really lupus? So, that is very scary.

JOHNSON: Yes. I helped her with the real estate transaction to sell her house and I was, like, I need to tell you something, but I'm not going to tell you now because then you will have to disclose it and I need you to get out of that house. But, I told her and sent her resources—but, same thing for my best friend from grad school. She knows that she's in a moldy environment. She has a million other comorbidities and health issues. But, she will not quit that job—has not even tried to leave that job. I really think—and it's just been recent that she got the lupus diagnosis—but, I've told her. I told her, directly. I was, like, I think you have mold illness, and until you start detoxing and getting that stuff out, you're not going to get well. She hasn't started—the last time I talked to her they hadn't confirmed. She was waiting on another test. But, you know, the drugs that they put you on to treat lupus are pretty serious pharmaceuticals. So, once she starts that process—because, I think that's part of the problem. It's not real easy—you get a diagnosis, and, once they get that, they just—even if it's not working—that's what they're going to pursue.

KIM: Yes, I heard, sometimes, for people with lupus, they give them chemotherapy and—

JOHNSON: Oh, wow.

KIM: —if it's the case where it's not even lupus—if it's mold related—that is only going to make things so much worse because—

JOHNSON: Right. Exactly.

KIM: —with chemotherapy, your immune system goes way down. That just sounds terrible.

[01:13:17]

JOHNSON: Yes. There have been three people in my life that have gotten lupus diagnoses, and I think it's mold illness.

KIM: Yes, I just hope everything is okay for them.

JOHNSON: My best friend from grad school—she's single. In fact, I think, she recently got married just as a backup plan, in case she gets so sick that she can't take care of herself. But, until then, she's not going to leave that job. She will not. I can understand that, to a degree, but—ugh. I mean, I'm happy. I was blessed that I was able to leave the job because, again, I don't think I'd be here if I'd stayed there.

KIM: I only hope that your friends and your relatives can—they have you as a resource—that they are able to ask you more things and not just assume it's lupus.

JOHNSON: Yes. I haven't told my uncle yet, because, I just don't want to worry everybody with the baby on the way. I told my cousin, directly, but she hasn't investigated. I think what's going to happen is that she's going to continue to get sick and then I'll raise my hand again and say, Hey, y'all need to try this. At least, go over here and talk to my doctor and have him run these tests. It sounds like—I mean, she's experiencing some of the same exact symptoms, like, the hives and the—I definitely think it's mold illness. She's not going to get better doing what they're doing to treat her.

KIM: I hope everything is okay for her and that, eventually, maybe, she'll be able to talk to you more about mold illness, then.

JOHNSON: Yes. My whole family thinks I'm weird, but, they are generally supportive.

KIM: That's all the questions that I have. Is there anything that you'd like to add?

JOHNSON: No. I think it's great that y'all are doing this project. I think it will be helpful for people. If nothing else, maybe, some of us can be resources for others that are not as far along on the healing journey, so to speak.

[01:15:45]

KIM: Okay, if you don't have any other questions, I can explain what happens next, if you'd like.

JOHNSON: Okay.

KIM: What we'll do next is that we'll transcribe the interview audio, and then we'll edit it. Then, once it's ready, we can send it back to you. You can take a look at it and let us know if you wanted to, say, redact things, or, embargo certain things, and we can do that.

JOHNSON: I don't anticipate that.

KIM: Sorry?

JOHNSON: I said, I don't anticipate wanting to or needing to edit anything. I didn't say anything that—I'm a pretty straightforward person, anyway.

KIM: I'll also send you a legal agreement and you can take a look at it. It's completely amendable to whatever you'd like. We can add things. You could take things out or edit things. Once you sign it, that would give us permission to be able to archive it and publicize the archive. I'll send you a follow-up email, because I'll need to send you a physical copy of the legal agreement. I'll also send you—I might have sent you the Word doc, already, but I'll resend it

anyway, so you can look at it. Feel free to let me know what changes you'd like, or, you can always make the changes directly on the physical copy.

JOHNSON: Okay. I don't think I received it, because I was looking for it and I think I even referenced—I was, like, I'll look for the legal agreement. When I looked at the documents, it was—the Chemical Entanglements Oral History Project document was the only thing that I had, I think.

KIM: Oh, okay. Yes, I'll send it to you. I'm sorry.

JOHNSON: Oh, no problem.

KIM: I'll go ahead and send that to you in an email. You could take a look at it, and then, I'll send you the physical copy. Do you have any questions, in the meantime?

JOHNSON: Nope. Nothing right now.

[01:17:36]

KIM: All right. Well, thank you so much. This was a lot of fun, which is a weird thing to say, given what we were talking about, but, I did really enjoy this interview.

JOHNSON: Well, I enjoyed talking to you. Let me know if there's anything else I can do to help with the project. Like I said, ultimately, once it gets past this tenure stuff, I really do want to focus my scholarship more along the lines of the legal aspects of environmental illness and the intersection of health law and employment law.

KIM: Oh, awesome. I hope, maybe, our archive will be of use to you, later on.

JOHNSON: Yes, maybe.

KIM: All right. Well, thanks, Vanessa, so much. I really, just—I enjoy talking to you. It's been so informative for me. So, I just wanted to thank you, again.

JOHNSON: You're welcome.

KIM: All right, well, have a great day.

JOHNSON: You, too.

KIM: Bye.

JOHNSON: Bye.

(End of July 23, 2020 interview)