

# **DEMOGRAPHIC DESTINIES**

**Interviews with Past Presidents of the Population Association of America**

**A Project of the PAA History Committee:**

**John R. Weeks, Chair and PAA Historian**

**Dennis Hodgson**

**Deborah McFarlane**

**Karen Hardee**

**Interview with Christine Bachrach**

**PAA President in 2013**

**Interviewed by John Weeks at the offices of Esquire Deposition Solutions, San Diego, CA**

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Dr. Christine Bachrach is currently Research Professor in the Department of Sociology at the University of Maryland, College Park. She received her BA in Social Relations at Harvard in 1972, her MA in Sociology (Demography) at Georgetown University in 1974, and her PhD in Population Dynamics from The Johns Hopkins University in 1979. From 1979 to 1988 she was a Statistician/Demographer in the Family Growth Survey Branch of the National Center for Health Statistics (NCHS) in Washington, DC. In 1988 she moved to the National Institute of Child Health and Human Development (NICHD), where she rose to the position of Chief of the Demographic and Behavioral Sciences Branch, and then to Acting Associate Director of NIH for Behavioral and Social Sciences Research from 2008 until she left government service in 2010.

**WEEKS:** We're in San Diego, California, interviewing Dr. Christine Bachrach, current president of the Population Association of America. This is actually the very first time that we've interviewed the sitting president because, of course, it's the PAA President Oral History Project, and we normally capture you guys after you've stepped down. But it's nice serendipity that you were in town. Another new thing, today, is doing the interview at a court reporter's office, where we've got—

**BACHRACH:** I'm innocent.

**WEEKS:** Yeah, I know you are. Well, you're not really innocent, you're guilty of having a long and productive life as a demographer, and that's what we want to talk about today. So let's go back to, say, your undergraduate degree, your undergraduate years at Harvard. From that basis, how did you wind up becoming a demographer?

**BACHRACH:** I found demography in my senior year at Harvard. David Heer was teaching a course in demography. And I had been a social relations major studying Freudian psychology, and by my junior year had decided that it was not for me. So I finished up my requirements and spent my senior year exploring the world, and I found demography and immediately fell in love with it. It was also the sexual revolution that led me to demography, because during my years at Harvard I volunteered for Planned Parenthood. When I took a course in demography, I discovered you could study fertility and family planning, and studying fertility has turned out to be my lifelong passion. So I was hooked.

**WEEKS:** Okay. So you were hooked there with the course from David Heer—

**BACHRACH:** Right.

**WEEKS:**—at Harvard.

**BACHRACH:** And when I left Harvard I was determined I was not going to continue in school. I was done with school. It was enough. I at least needed a break. So I wrote to every place in Washington, D.C., that did population work, asking for a job. I got a letter from Phyllis Piotrow, who was the head of the Population Crisis Committee at that point, telling me that I should go for a Ph.D. And I got an offer of a secretary job from a man in a federal office who told me that college gals make great secretaries.

**WEEKS:** Oh, okay.

**BACHRACH:** Eventually I found out that I could have a work study job at USAID if I enrolled in a graduate program. So very reluctantly I enrolled in the Georgetown Masters' program in demography so that I could have a job in the population field. And from there I got involved with working with Jeanne Ridley on her study of the low fertility cohorts of 1900 to 1910. In the

course of this someone convinced me that I had to go on and get a Ph.D., so I went to Hopkins and finished my training there.

**WEEKS:** Let's step back for just a second, because you have been in Washington, D.C., most of your life—

**BACHRACH:** Yes.

**WEEKS:**—except for that brief period up in the Boston area. Did you grow up in Washington, D.C.?

**BACHRACH:** I did not. I grew up outside New York. The reason I was drawn down to Washington, D.C., was that I married right after college.

**WEEKS:** Okay.

**BACHRACH:** And my husband was at Georgetown, in law school. So Washington was the area to go to, and that's worked out very well because there have been lots of opportunities there.

**WEEKS:** So from Georgetown you went to Hopkins. Why did you choose Hopkins?

**BACHRACH:** I chose Hopkins because of a deal that I made with my husband. He was getting his law degree, and he agreed to apply for jobs in places where I could go to graduate school. So he applied for law jobs in Ann Arbor, Michigan, the Wisconsin area, the Princeton area, and Baltimore. And I said, "I'll go wherever you get your job," and he got his job in Baltimore. So that's where we ended up. And that was probably pivotal, because that allowed me to continue to stay close to the many opportunities for population science in the federal government. Now there's one other detail about my life that's very significant that I need to bring in here, and that is that every department that has ever granted me a degree is now defunct.

**WEEKS:** Oh dear.

**BACHRACH:** Yes.

**WEEKS:** Just a coincidence, I hope.

**BACHRACH:** Hard to tell. Actually, some of them have just changed names, but I think that that's a unique distinction.

**WEEKS:** That's true. It's now sociology at Harvard, isn't it?

**BACHRACH:** It's sociology at Harvard. The Georgetown program closed down. And Hopkins changed its name from Population Dynamics to Population, Family, and Reproductive Health.

**WEEKS:** So who did you work with mainly at Hopkins?

**BACHRACH:** Jack Kantner was my advisor. Andy Cherlin came in just as I was writing my dissertation and became a member of my dissertation committee. Lois Verbrugge and Rafe Stolzenberg were there. It was a good group.

**WEEKS:** Your focus was on fertility and contraception issues. Tell us about your doctoral dissertation.

**BACHRACH:** My doctoral dissertation was a spinoff from my work with Jeanne Ridley. I had planned to use her data to look at the consequences of childlessness for social isolation in old age. As it turned out, her data weren't going to be available in time, and so I located some data—it was a Harris survey—and I did the same analysis. It was an exercise in efficiency to produce the document that would get me my degree and get me moving on my life again.

**WEEKS:** So you didn't see that necessarily as part of a research agenda?

**BACHRACH:** No, I never have been an aging person—speaking of scholarship, of course! My interest has always been in fertility. It was a very convenient, well-defined topic, and I just did it. When I got into the next stage of my life, I started going back into more work on fertility.

**WEEKS:** Well, yes, because it seems to me that the things that you've done since then are more in line with what Jack Kantner and Andy Cherlin, for example, have done.

**BACHRACH:** Right. And it was very much in line with what Jeanne Ridley was doing. And in fact, she was probably my major advisor during graduate school, because I worked for her the entire time up until the last year before I finished my dissertation, and working very intensively on the study that she was doing.

**WEEKS:** Going back to your time at USAID, when you were at Georgetown—now, what were you doing with them?

**BACHRACH:** I remember that we were in the beginning stages of thinking about the World Fertility Surveys. I remember that Ray Ravenholt, who was the head of the office, was a very controversial figure. But to be honest, I don't remember the specifics of what I did there.

**WEEKS:** All right. And so you finish up your doctorate, and what were your expectations?

**BACHRACH:** I decided I didn't want an academic job. I had seen a number of situations where women had been badly treated by academic departments. I didn't particularly want to teach at that point. And I also knew I wanted to have a family, and wanted to have a job that would allow me to enjoy my children. I enjoyed research and wanted to be good at it, but I didn't have great ambitions. So I looked at all the opportunities in Washington, D.C., and said, "I'm going to do something there." And I started interviewing with people and everyone said, "No, we only hire full-time." So I waited. After a month or so, a couple of the places that I had interviewed with said, "Come back—we'll hire you part-time."

I ended up taking a permanent part-time position at the National Center for Health Statistics, working on the National Survey of Family Growth. It was a very exciting time, when we were moving from having the survey cover only ever-married women and never-married women who had actually had children, to covering women of all marital statuses in the reproductive ages. We were finally recognizing, thanks in part to Jack Kantner and his

colleagues, that many of those never-married women who hadn't had children yet were still having sex, and that we needed to understand how they were avoiding pregnancy. That was a very exciting design issue, how do you move the survey from one to the other, maintaining some kind of comparability, but providing the information we needed on the single population as well. So it was a very good experience.

**WEEKS:** And were you successful in starting your family during this period of time?

**BACHRACH:** I was. I had two sons. The first one was born before I actually took the job. The second one was born about three years later.

**WEEKS:** And anticipating later questions, were these intentional pregnancies?

**BACHRACH:** Yes, they were.

**WEEKS:** Okay. So how did you get from the National Center for Health Statistics [NCHS], eventually, to NIH [National Institutes of Health]?

**BACHRACH:** Well, I'll tell you, it was because of a heart attack and thunderstorms that shut down the Atlanta airport.

**WEEKS:** Okay. That's a good story.

**BACHRACH:** When I had been at NCHS for about nine years, my husband had a heart attack, and I was scheduled to go down to the PAA meetings in New Orleans. It was my first discussant role. And I was very excited about this, because the people whose papers I was discussing were real leaders in the field, doing ground-breaking work on cohabitation. It was Bob Michael [University of Chicago], Sandy Hofferth [NICHD], Arland Thornton [University of Michigan], Robert Willis [University of Chicago], and Larry Bumpass [University of Wisconsin]. So I asked my sister-in-law to stay with my husband for a day at the hospital while I flew down to New Orleans and did my discussion. After it was over I got right back on the plane and started home.

Well, we got stranded in Atlanta because of thunderstorms. And the people I was stranded with happened to be Jeff Evans, Sandy Hofferth, and Virginia Cain, three members of the NICHD's [National Institute of Child Health and Human Development] Demographic and Behavioral Sciences Branch [DBSB]. So we had a jolly time sitting in the Atlanta airport talking about science and getting to know each other. And within a couple of weeks I got a phone call from Wendy Baldwin, who was the chief of the office at that time, saying, "Do you want to come over and work with us?" And I am sure it was because of those thunderstorms.

**WEEKS:** That is an interesting set of happenstance. And so they invited you over and—

**BACHRACH:** They invited me over, and I gave a lot of thought to whether or not I wanted to go from producing science to overseeing science. We had many opportunities to do research at NCHS, not just producing descriptive reports, but also writing and publishing journal articles. In the end I decided that it was a great opportunity, but it was a difficult adjustment. I found a little cartoon of a man standing right behind a plumber who was holding a wrench. The caption of the cartoon said, "If you stand real close and ask lots of questions, it's almost like doing it yourself." And that's more or less what it was like at NICHD. It was a very, very different kind of work to be doing, but it enabled you to think big, to think broad, to get to know everyone in the field, which was just delightful.

**WEEKS:** Well, tell us a little bit more about that, because most of us only see it from the outside perspective. So what's it like to be on the inside? Because there aren't really that many people in the demographic field who have been in the NIH.

**BACHRACH:** I always used to describe the job as involving work at three levels. The first level is just the get-it-done level. You've got reviews to attend, you've got applicants to talk to, you've got progress reports to review, you've got funding recommendations to write up. There's an

enormous amount of routine work that needs to get done. That's the bottom line. You learn how to do it, you do it. Some of that was very rewarding, especially working with applicants, unless of course you had to tell people that they didn't have a chance at getting funded.

And then at another level there was the work of leading or facilitating science. I never felt that I should be telling people where the science should go. Someone once came up to me and said, "Well, you know, you can just tell us to do research this or that way and we'll follow because you have the money." I said, "Why would you think I would want to do that?" The challenge as I saw it was following the lead of our best thinkers to identify promising directions or opportunities and help them become reality. This could involve developing new initiatives backed with funding or it could involve working with applicants who wanted to do exciting things, connecting them with other people in the scientific community, helping them get their science going.

**WEEKS:** Well, and I think everybody has the belief that, since NIH funds so much of demographic research, that the places where NIH puts an emphasis, particularly NICHD, puts an emphasis, is going to drive the field.

**BACHRACH:** It does.

**WEEKS:** Did you feel that way?

**BACHRACH:** Oh, absolutely.

**WEEKS:** Okay.

**BACHRACH:** My predecessor, Wendy Baldwin, promoted the idea of adding a child development piece to the National Longitudinal Survey of Youth. And that sowed the seeds for the development of an interdisciplinary research agenda in which demography reached out to developmental psychology and family scientists to get a better understanding the roots of healthy

child development and the importance of family change in this. And that became a very exciting part of the field for many, many years. It's one way in which our Branch and NICHD made a big difference.

Add Health [National Longitudinal Study of Adolescent Health] was another example. I think that study has helped to bring demography closer to health. I started asking people about how demography could contribute to health research early in my tenure as Branch Chief, in one of the strategic planning exercises we did with members of the field. But no one came up with good ideas. I got blank looks back then. But now health has taken over the PAA program. There are more papers submitted on health than on any other topic. So there's no question that the program has an influence. But the influence has to be harnessed to real opportunities in the field that people can get behind. That's why I always felt it was best to lead by following. And I think people appreciated that.

Then the third level at which one has to work at the NIH is the level of the bureaucracy. DBSB, now Population Dynamics, was one branch out of many at NICHD, and we needed to be effective players in the Institute to keep our funding levels strong. This required good strategy, teamwork and the ability to translate back and forth from the way we think in demography to the way that the NIH leadership thinks, and learn how to pitch what we needed in terms they could appreciate.

**WEEKS:** Okay. Now you, over time, kept moving up through the organization.

**BACHRACH:** Yes. I became the chief of the branch pretty early in my time at NICHD. I stayed in that position for 16 years, which is as long as anybody should have the authority to oversee a funding program.

**WEEKS:** What's the difference, in terms of being the chief as opposed to being a program officer, per se?

**BACHRACH:** Being the chief is the best job at the NIH, or at least it was when I was there. You have a certain amount of autonomy, you have the ability and the legitimacy to make connections across different groups, and you get to work with a terrific staff, which I had, and enjoy helping them be as productive as possible.

**WEEKS:** Were you the kind of person who gives autonomy to your staff, or—

**BACHRACH:** I thought I was. There were times when I put the brakes on people, or tried to shape their ideas, but we had a great staff and I hope I gave them enough autonomy to get great things done. They certainly accomplished a lot.

The other job that the chief has chief responsibility for is managing the optics of the Branch's position within the institute, which related to that third level of work I talked about. One challenge was getting the most resources you could for your branch without drawing the ire of other branches. When I took over the branch we were getting about 6 percent of the Institute's research funding, but we increased that to almost 10 percent. I was always glad that we never stayed above the 10 percent mark for long. It might have made us vulnerable.

Another aspect of Institute politics was promoting the behavioral and social sciences. NICHD had other programs that dealt with the behavioral and social sciences but for most of the time there was no one in a leadership position at the institute who came from a behavioral or social science background. So there was great potential for joint efforts with other branches, but making those actually happen was quite challenging at times.

**WEEKS:** Turf wars?

**BACHRACH:** At times. But ultimately we broke through the turf mentality, and when we did that the social sciences became more powerful at the NICHD than they had been. We were also very fortunate to have Duane Alexander, who was a pediatrician, but who had an appreciation for what we were doing and was incredibly supportive of our branch. I think our field owes him an enormous debt of gratitude.

**WEEKS:** Okay. So now you've got the branch chiefs within each one of the institutes, but the institutes themselves compete with one another for overall funding. Is that correct or not so much?

**BACHRACH:** Not so much.

**WEEKS:** Okay.

**BACHRACH:** The institute budgets tend to have momentum behind them. In some instances there might be a particular thing that Congress wants the NIH to do, and they may say, "We're going to give a large chunk to this institute and not that." So for example, they did that with the National Children's Study. At least initially, Congress gave the money for it to the NICHD. Later the money was funneled through the NIH director's office. But competition among the different institutes is less of an issue, at least at the program level. On the other hand, collaboration among programs in different institutes can offer opportunities, and that relates to my life after NICHD, when I spent two years as the acting director of the Office of Behavioral and Social Sciences Research at the NIH, which was wonderful in many ways. What I tried to do in that position was focus on the behavioral and social science community at NIH and try to get them working together more effectively.

**WEEKS:** Now, explain that particular office in relationship to the other things that go on.

**BACHRACH:** The office was created by Congress in 1995 because there were people in Congress who felt that behavior was very important for health.

**WEEKS:** Good.

**BACHRACH:** And that NIH wasn't particularly attuned to that. So Congress required that a coordinating office be created in the office of the director of the NIH in order to represent and advocate for behavioral and social science at the NIH. And it's always been a challenging role, because the leadership at the NIH remains very focused on biomedicine. They recognize that behavior is important, but it's a different kind of science, one that can't be done entirely with the tools they are used to.

**WEEKS:** Right. Has there been a director of the NIH who has not been a physician? They've always been physicians, have they not?

**BACHRACH:** Not entirely, for example I don't think Harold Varmus was a physician, but the directors tend to be biomedical scientists or physicians, or both. The interests of the NIH leadership are focused on genetics, on organ systems, molecules, cells. Behavior is sometimes viewed as just common sense, not the subject of real science.

**WEEKS:** Coming back to this idea of members of Congress pushing this, I guess members of Congress didn't come up with this spontaneously.

**BACHRACH:** Probably not.

**WEEKS:** From what community did these ideas come?

**BACHRACH:** There is an active advocacy community around behavioral and social sciences in Washington, D.C. The Consortium of Social Science Associations [COSSA] is at the heart of it. The Association for Psychological Sciences, which tends to work independently of COSSA, has also been an aggressive and effective voice. They have been "educating" Congress for a long

time, and I think that many groups worked together to get OBSSR [Office of Behavioral and Social Science Research], created. This was before I became deeply involved in behavioral and social science issues at the NIH level.

One example of their influence was their success in getting members of Congress were to ask the NIH to support basic behavioral and social sciences research. During my tenure at OBSSR there was this pressure to do something to show that NIH was responding to Congress's queries on this issue. We did endless reviews of basic behavioral and social sciences at the NIH and ultimately, under Raynard Kington, who was acting director of NIH at the time, we launched a major funding initiative for basic behavioral and social sciences research. So the advocates did have an effect.

**WEEKS:** And your role in that office is to coordinate and advocate, or—

**BACHRACH:** Yes.

**WEEKS:** Because there's no real money that flows through there, right?

**BACHRACH:** The office has enough money to play an effective role. My approach was to get things done quietly by using the money we had to leverage other funding from the Institutes. We stayed under the radar screen but still managed to provide a great deal of support to the behavioral and social sciences at NIH.

For example, we issued a program announcement on health disparities – a very common and unremarkable action in the NIH context. The work on this began before I went to OBSSR. It was a collaboration among many behavioral and social scientists from many institutes. At that time, it was clear that the then National Center for Minority Health and Health Disparities was mainly interested in training minority doctors. We felt that this left out a great deal of needed science, especially with respect to the behavioral and social mechanisms that create disparities.

And so we had a conference that highlighted the relevant science, we followed it with a program announcement, and the Office of Behavioral and Social Sciences Research promised to use three million dollars a year to co-fund the grants that were funded by the Institutes as a result of the announcement—a drop in the bucket, in NIH terms.

**WEEKS:** Right.

**BACHRACH:** By the time I left OBSSR, the institutes had committed about 125 million dollars' worth of health disparities research in the behavioral and social sciences as a result of this announcement, and they've committed more since then. The office managed this just by using the lever of three million dollars in co-funding. And the institutes provided the rest of the money. If we had asked them to spend that money up front on health disparities research, they would have said no. But that's the way the NIH is. You can use the systems that are in place, the mechanisms that are in place to get things done, and that's a fun part of it.

**WEEKS:** Okay. And was that your last position before you left NIH?

**BACHRACH:** Yes, it was.

**WEEKS:** And why did you leave NIH?

**BACHRACH:** I left NIH because after many years of science administration, I had some interests I wanted to pursue. I had gotten very involved in the field of population health, which I haven't talked about at all so far. And I had also gotten very interested in exploring whether we could develop a more scientific way of thinking about culture, and bringing that into our models in demography, because culture makes a big difference in how people behave. And I realized that, because I had stayed with the old retirement system with the federal government, I could leave the NIH when I was 59 with a federal pension, and leverage that to pursue my interests. I realized I had this opportunity about three years before I was eligible to retire, and felt, that is an

offer I can't refuse. So I took the acting position at OBSSR, in part recognizing that I was about to make a transition out of the NIH.

**WEEKS:** Okay. So now, tell me about population health, because since you left NIH, you've been on the road with that, I guess, as a focus. Is that right?

**BACHRACH:** With that and with my interest in culture.

**WEEKS:** Exactly. And we should just note for the record that people can read your presidential address focused on the topic of culture in *Demography*.

**BACHRACH:** Right. So, back to population health. I had started asking people about how could demography do more in the health area early on, because I recognized that, at some point, Duane Alexander was not going to be the head of NICHD and we might well be questioned, what are all of these studies on fertility and migration and family structure—why are we funding these? And so I began to explore that, but I really didn't know much, which was kind of funny. Both of my parents were physicians, and I had a degree from a school of public health, but my focus had always been demography, not health.

But that changed. I got a call from the then director of the Office of Behavioral and Social Sciences Research, Norman Anderson, who asked me to co-lead a trans-NIH conference on social and cultural factors in health. I said, "I don't know anything about health." He said, "You'll learn." So David Takeuchi and I co-led the conference, and it led me to this field of population health, which seeks to understand health from a very interdisciplinary perspective.

And soon after this conference happened, I got involved in the Robert Wood Johnson Foundation Health and Society Scholars program, which has a strong focus on health at the population, not the individual, level, and on all of the different factors, from cells to society, from health care to the built environment, all of the things that affect a population's health. What

they do in this program is they bring in really talented young people post-Ph.D., and give them two years of protected time to explore interdisciplinary scholarship. It's a wonderful program. I was on their national advisory committee for quite a few years, and was about to have to go off the committee because my term was up. But the job of co-directing the program came open, and I took it in order to stay on with the program.

**WEEKS:** Okay, so that's how that happened.

**BACHRACH:** I especially took to the idea of population health because of my experience at NIH, and especially in the Office of Behavioral and Social Sciences Research. The culture at NIH is all about finding cures for diseases, new pills, new technologies, and the evidence suggests that the effect of those things on the health of the population is relatively modest. It makes a difference, but what makes a much larger difference are the conditions of people's lives and their behaviors—the things that make people sick in the first place.

**WEEKS:** So how do you bring your background in family to that issue?

**BACHRACH:** There are connections, certainly, but I don't think we understand them that well. We are social beings and that has implications for health. If you isolate somebody entirely, they're not going to be healthy.

**WEEKS:** Right.

**BACHRACH:** Because we are social beings, we are biologically sensitive to our social interactions and environments. People's family experiences affect health because they're affecting our biology. When kids are abused in families, they are physically and psychologically changed in ways that are very unhealthy for them. So pursuing those issues of how these family interactions get under the skin, and how other kinds of interpersonal interactions get under the skin, is part of population health. I'm not actively carrying on a research agenda in this field. I

see my role as more of a continuation of what I did at NIH, of leadership and facilitation. I also think a lot about how to promote the message that Americans need to think differently about health: perhaps we're too focused on health care and not enough focused on how to structure our world in ways that will keep us healthier longer so we don't need medical care.

**WEEKS:** So how did that, then, feed into the time you spent at Duke?

**BACHRACH:** It didn't. It was the interest in working in the cultural arena that led me to go down to Duke.

**WEEKS:** Okay.

**BACHRACH:** When I looked around at the various places within reach of where I lived and thought, who would I like to work with, I thought of Linda Burton, Phil Morgan, Jim Moody, who is not a demographer, but a sociologist and also another non-demographer, Naomi Quinn, who is a cognitive anthropologist, and I said, "I want to spend some time down there and sit at these people's feet." So I left the NIH and basically went back to grad school to learn new things, but this time I didn't pay tuition and I didn't have to take exams.

**WEEKS:** Did you actually stay down there or you just flew down to—

**BACHRACH:** It varied. The first year Phil Morgan generously gave me funding to go down and spend three days every other week at Duke's Social Science Research Institute. After that first year I was offered a visiting professorship that was joint between Duke and UNC, and I lived down there for a semester. I taught a course in health disparities and just loved it. After that my travel to Duke tapered off a little bit, especially once I got into the work associated with the PAA presidency. But I learned—I'm still learning—a lot from the people down there.

My interest has been in trying to make the connection between what we know about the brain and how our brain learns culture. How do we learn how elements in the world around us

should be construed, how different behaviors are to be construed, what's appropriate to do in various situations? How do our brains keep and manage all this information, and use it to help us navigate in the world? And then, can understanding these mechanisms help us, as scientists, model culture and its expression in the world?

**WEEKS:** So have you been behind this push that the Obama administration has made on brain research at Francis Collins—

**BACHRACH:** I have not been behind it, and I believe their interests are pretty far afield from what I'm talking about.

**WEEKS:** Okay.

**BACHRACH:** Although they do seem to have some interest in social neuroscience, and that's a step in the direction that I'm focused on.

**WEEKS:** Okay.

**BACHRACH:** But, you know, most of the work in the brain so far has been on brain process, because that's what you can observe, in imaging techniques. It hasn't been on brain content, the information that people actually carry around with them in their brains. And of course, both are important.

**WEEKS:** Okay. And so now you're at Maryland. How did that transpire?

**BACHRACH:** I started up a connection with Maryland early on. I met with Sandy Hofferth and she invited me to develop a courtesy appointment with the Maryland Center for Population Research, so when I wasn't down at Duke, I would come down to Maryland and go to seminars and meet with people. When I got the invitation to run for the presidency of PAA, I had to call around to different population centers and say, If I were elected president, would somebody actually support me in doing this? Because the job requires some administrative support. And

Maryland said yes, so that really solidified the relationship there. And since that time I've become a research professor in sociology as well.

**WEEKS:** Good. And getting to the PAA now, you're not just president, you've been very involved in a variety of ways over the years. And you've been in a position to help shape the direction of the field. How do you see, over the course of your career, that the PAA and the field have changed? Or have they, in your mind?

**BACHRACH:** I think in some ways we haven't changed that much. We're still a modest-sized organization which for many of us has provided a warm and supportive professional home. On the other hand, our field has experienced some very important changes that have enriched it greatly. What's happened is that we've been willing to move away from the core of demography—migration and fertility and mortality and a focus on data and numbers and getting things right with our methods, which are still very important—to being expansionary and—

**WEEKS:** Expansionary. Define that term for me.

**BACHRACH:** Okay. Stretching out to get involved in topics that belong to other fields. So, for example, we moved into the area of child development for a while. We developed collaborations there. And we developed a whole cadre of people who know child development and the family and demographic methods, and created a little subfield that became very productive. In the '90s anthropological demography got a lot of attention and brought in notions of culture and qualitative methods, which were less a part of demography early on. We're being expansionary with health now. PAA is the professional meeting that most of the RWJF Health and Society Scholars go to at this point. We had people presenting at PAA this year, and health was the largest topic on the program for the first time ever. I think that it would probably not be good for PAA to be *overrun* by health, but the marriage of demography and the more health-related

concerns of epidemiology and basic biology and neuroscience has created a very productive and exciting dynamic, and so I think that PAA is enriched by this happening. It has also helped PAA become more interdisciplinary. We've also gone from being more about the numbers and what is happening to trying to understand what's happening, and I find that very exciting.

**WEEKS:** Do you think that there has been more of a blending, say, of demography and public health? I mean, coming out of Hopkins, where you've got strong sociology but also a very powerful school of public health, were you involved in both of those programs, or—

**BACHRACH:** You know, there's a bit of a gulf between public health and demography. One way that is expressed is in the orientation towards action. In demography, for better or worse, we are all about our science, and somewhat conservative when it comes to trying to change the world. We may have concerns about policy issues and making life better for people, but what comes first on our plate is to do good science. And then if you have good enough science, that can inform these larger goals. In public health, there's more emphasis on action, at least that's my perspective, and I'm sure it is way too black and white. But I do think that there's a gulf there.

It comes up constantly when I see people interacting at meetings within Health and Society Scholars. At what point do you move research to policy or practice? Is it when you have something that you think works, deep in your heart, and for which you have some supportive data, or is it much later, when you've got foolproof data that, under many different kinds of circumstances, pulling this lever is going to result in the outcome you want? I don't think we've worked through that very well. It needs more attention.

**WEEKS:** And does the PAA facilitate that kind of activity?

**BACHRACH:** The PAA has been very careful in its public positions. And I'm sure that you have, in your histories, the reasons behind why we tend to focus primarily on what is relevant to

doing our science and not taking these other positions. I think that the PAA has basically staked out its territory, and I'm very comfortable with that.

**WEEKS:** How do you feel about the fact that the Population Association of America is one of the larger academic groups that, by and large, doesn't have home departments back in the universities where most people come from? How do you think that influences what happens in the organization?

**BACHRACH:** I think it's probably good for it. I think it helps to make us effective as an interdisciplinary field. But it also means that we need the infrastructure that ties us together, like the association and the centers programs that NIA [National Institute on Aging] and NICHD fund. We also need the many centers that manage to get along without funding from NIH. We need centers all around the country in order to provide the intellectual homes that help people do their science.

**WEEKS:** Right. When you were at NIH for all those years, were you pushing centers in a particular direction, to do certain kinds of things?

**BACHRACH:** I don't think we pushed the centers to do particular types of science, but we were pushing them to be innovative and strategic. We would have an annual branch retreat when I was at NICHD, and in the mid-1990s, we met once for a retreat at my house. We were going around the table and each person was saying, what is it that we really need to do in the next year? And Jeff Evans spoke up and he said, "We need to revamp the centers program." And I kind of looked at him, because that's exactly what I was going to say. And what we were both feeling was that the funding for the centers needed to be more competitive, because in order for centers to really push the edge of the envelope and keep the field moving, they need competition. So we redesigned the centers program to increase competition, by allowing places that didn't already

have funding to get into the mix and compete for funds. And I think that that was very, very productive. Unfortunately now we're in a situation where funding is being cut back and everyone is struggling and we have way more centers trying to compete for that same shrinking pool. But I still don't have any regrets. I think it was the right thing to do.

**WEEKS:** So, where do you see things going in the field, over the next few years?

**BACHRACH:** I think we're going to keep rolling with health for a while. I think immigration needs to be strong. We didn't get as many submissions to the annual meeting in the immigration area as I would have hoped, and I think that field needs to grow. I'd like to get us back to thinking about fertility some more. Research in that area seems to be dormant—

**WEEKS:** In the U.S. or globally?

**BACHRACH:** In the U.S.

**WEEKS:** What do you see in terms of the role of NIH funding work that looks outside of the United States, compared to that in the U.S.?

**BACHRACH:** I think it's important. The NICHD and NIA funding for international programs, Richard Suzman's development of aging surveys all over the world—I think all of that is tremendously important. Given the increased tightness of funding, there is always the risk of some kind of backlash at NIH against international research, but it actually happens pretty rarely. The one thing that the NIH system has going for it is that it's only when you are directly giving funds to an institution in another country that grants supporting international research come under close scrutiny. If it's through a subcontract from an American institution, you don't get the scrutiny, so you can more easily fund the research.

**WEEKS:** I thought about that mainly because members of Congress these days seem to be overly concerned about that.

**BACHRACH:** Yes. And that's another part of my job at NICHD I think that's worth talking about. The most challenging and exciting parts of my career have been in the political navigation of attacks on science. I was brought over to the NIH to start working on Add Health when it was still the American Teenage Study, and the attacks on the American Teenage Study and the Adult Sexual Behavior Surveys started very soon after I arrived.

**WEEKS:** Okay.

**BACHRACH:** Thank goodness for Wendy Baldwin who was amazingly good at responding to these attacks. She thrived on stress and she knew how to handle it. I was so green at that point, I didn't have the foggiest idea of what to do, but I learned fast. And that episode had a pretty happy ending. Even though they made the American Teenage Study illegal by an act of Congress, Congress also said that the NICHD must fund a comprehensive study of adolescent health. In debate on the House floor, a conservative member of Congress challenged Pat Schroeder, the liberal member of Congress proposing the language requiring this study, and said, "You're just going to let them ask teenagers those dirty questions about sex," and she said, "Well, of course we are, because sexual behavior is important for health." And so we had the basis for not restricting the content of Add Health when it moved forward. And Add Health has gone on to be a tremendously innovative and important study. So that was a great outcome of a very difficult experience.

Over time we've also had repeated attacks with members of Congress pointing to specific grants, for example, a grant on truck drivers' sexual behavior in Africa. Why on earth is the NIH supporting that? Well, it's because the truck drivers were playing a role in spreading HIV. And it makes sense. They were transporting the virus, having sex with different people in different places. And when those attacks would come, we would have to shut down operations and spend

a month justifying everything. Then and the furor would die down, until it was time for another political campaign and the possibility of drawing the attention of constituents on hot-button issues, and there would be more attacks. They're still going on, of course.

**WEEKS:** Right.

**BACHRACH:** And more seriously now than ever before, with the attacks on the National Science Foundation.

**WEEKS:** Exactly.

**BACHRACH:** So, one of the things I want to say to future generations, one of the things I think it's important for demographers to know, is that they need to be paying attention to what's happening outside the academy if they want to be able to do their science. And that their actions and their engagement with public affairs activities are very important. It makes a difference. I had no clue that going up on the Hill with a small number of people could make a difference. It doesn't always. Sometimes you're talking to people who are absolutely certain of what they want to do, and no matter how persuasive you are they will go ahead and do what's right for them. But it does make a difference in the long run, because we build relationships, and sometimes it pays off in the short run as well.

**WEEKS:** So how do members of PAA get involved in those roles?

**BACHRACH:** Generally, Mary Jo Hoeksema and Juliane Baron organize annual trips to Capitol Hill. Who goes depends on who is in power on various committees and what the issues are. Mary Jo and Juliane are absolutely fabulous. I think PAA has one of the best public affairs offices and activities of any behavioral and social science organization. But they need help from our members.

**WEEKS:** Okay.

**BACHRACH:** And so when they reach out to you and you are invited to come and talk to your representatives in Congress, it's important to say yes. But you can also get on the action-alert list and respond to action alerts, contact your Congresspeople when something is happening in Congress, and say, this matters for me.

**WEEKS:** Anything else that you can think of that you would like to have included that we haven't covered?

**BACHRACH:** There's one activity that I undertook toward the end of my NICHD career, which was the Explaining Family Change project. And that played a big role in steering my interest in culture. Jenna Johnson-Hanks and Phil Morgan and Hans-Peter Kohler and I collaborated on a volume that—

**WEEKS:** That got published by Springer, I think.

**BACHRACH:** Yes. —that integrated social theory and cognitive science, and tried to apply this integrated theory to fertility and family issues. We had a lot of fun and I was pleased with the result. The project also resulted in more conventionally demographic things, including some new survey projects that extend our notion of family beyond the household. I was very pleased with that the volume, because I feel that demographers need theory. They use theory.

**WEEKS:** Sure.

**BACHRACH:** They just don't necessarily think about it very much. And we've been too reliant on economic theory, which although very strong for many of the analyses we want to do, is limiting for many types of questions.

**WEEKS:** I'm glad you said that. I'll quote you. So is that the line of research, then, that you see for yourself over the next few years?

**BACHRACH:** Yes. I'm in a situation where the research is tugging me one way, population health tugging me another way, and the knowledge of how wonderful it is to take a break now and then tugging me another way. But, yes, that's where I'm heading. At the University of Maryland there's a new activity called a culture lab being developed.

**WEEKS:** Yes.

**BACHRACH:** And I'm planning to get involved with that.

**WEEKS:** Okay, very good. Are you a creator of this, or this is happening—

**BACHRACH:** No, Melissa Milkie created it, but she and I sat down and discovered we have a lot of common interests. So we'll see where that goes.

**WEEKS:** Well, we will, in fact, keep track of that. And I think we actually have passed the allocated time. So thank you very, very much for talking.

**BACHRACH:** Well, it was very pleasurable.

End of interview

*Videographer: Dana Bachmann, Esquire Deposition Solutions*

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