

May 15, 2015 – Anita Robinson (JMC 1974) speaking with archivist Kelsey Duinkerken at Thomas Jefferson University in Philadelphia, Pennsylvania

*Guide to abbreviations:*¹

KD: Kelsey Duinkerken

AR: Anita Robinson

{CG} cough

{LG} laughter

{BR} breath

{NS} noise

- partial words

-- restarts

AR: My name is Anita Robinson, or my first name is Clarice and I rarely use that so it's usually C. Anita Robinson. And that's the way it's probably in our yearbook. I don't remember. But I'm from Maryland. Um, grew up, uh, Eastern Shore of Maryland, moved to Baltimore when I was about thirteen. So I finished the public schools in Baltimore, and I went to undergrad at Morgan State University in Baltimore. Um, and then I actually, um, my senior year in college, um, I had applied to graduate schools, um, and got accepted at University of Penn, uh, in their graduate school program, and realized that maybe I didn't want to do that, um, after being in the lab, uh, in undergrad for many Saturdays and after, evenings doing the second half of my junior, I think, my junior year, and the first half of my senior year, doing a lot of research, bench type research and realized that might not be what I want to do. And so I had already at that time applied to Penn and gotten accepted and then realized that maybe I want to talk to people more. And so I attended a seminar at University of Maryland, uh, about women in medicine, and that actually convinced me that yes, I could do this too. So I did apply -- I did attend Penn for a year and then applied to medical school, and Jefferson was the first school that accepted me so here I am. In 1970 I entered Jefferson as, um, I don't remember exactly how many women we had in our class, but I think it was under twenty and there were only I think three African American women in my class, and there were only I think ten African American students altogether in that whole year. Um, and so, started at Jefferson as a medical student.

KD: OK, great. So could you tell me in a little bit more detail how you got interested in medicine? Did you face any obstacles when you decided to go into the field?

AR: Well, I, I {CG} had wanted to get married, have a family like everyone else, I guess {CG}, but thought that medicine would inhibit me in doing that, but after I attended the seminar I realized yeah, I could, I could be a doctor and have a family and it would be OK. Um, so that's how I got into medicine.

KD: Mm hm.

¹ Transcription rules are based on the University of Pennsylvania's February 2011 Transcription Guidelines: http://www.ling.upenn.edu/~wlabov/L560/Transcription_guidelines_FAAV.pdf

AR: I mean, it's -- and then, I, I -- when I came to Penn I spoke to the professors and explained to them what I had decided to do, and they were really, really accom- accommodating. In fact, I was able to audit at least, I think, one class with the first year medical students that year. So, I, I really appreciate them allowing me to do that and allowing me to get out of the, out of the scholarship that I had there, 'cause I had a full-ride there. And, and I was really, really happy that they, they let me go. Um, and interestingly enough, one of the professors that taught me that year ended up being a, an attending at the residency program that I actually ultimately went to. And he actually remembered me, I said, "Wow" {LG}.

KD: {LG}

AR: So yes, so that's how I got into medicine. I liked talking, working with people rather than bench research. I found bench research, um, too monotonous, uh, I had to -- I remember I worked on a project looking at A T Pase activity in the frog's liver, and that doesn't sound exciting at all, and it wasn't {LG} exciting for me so I had to change, yeah. So that's how I got to medicine.

KD: Wonderful.

AR: Yeah.

KD: So could you tell me about your time here as a student? So maybe starting off your first year, what it was like to be in medical school?

AR: Um, I don't know how many African American people you've interviewed.

KD: You are the first.

AR: But as an African American female, and very conscious of being African American, it was difficult. I mean, um, we developed, in the city, a network of African American students who were in medical schools, so that was our support system. We had, um, there was no one really on faculty to be a support person for us, who was African American, but we did locate, um, an alumnus in the city. Gosh, and I'm blocking his name. That's, that's unfortunate. But he served as our support person.

KD: Mm hm.

AR: Um, and we really appreciated that. Uh, so students from Penn, uh, Hahnemann, Temple, and I think P C O- P C O M. Um, we met regularly, and it was good because it sort of allowed you to bounce off from one another, um, good things that were happening to you, and issues that you had to overcome. And so it was a very, very, very good support system. Um, when I say it was difficult, it was difficult. First year we uh ran into issues in the library. Um, and I -- not the library, the bookstore. We did run into issues with the library too, but the bookstore. Um, our year had, as I said, I think we were ten, I don't remember, maybe ten or fourteen, because I don't think. It may have been maybe fourteen. I don't remember. But we were the biggest year that year, and we also had more women students that year, which was so exciting, because the previous year, or my previous year at the, the year ahead of us had um, maybe fifteen female

students overall, and we had the biggest. We were like, I think, maybe twenty or twenty-five so we thought we were really, really excited- we were.

KD: Yeah.

AR: We were good. And then the year before that. So the farther you go out the less females you had in, in the class. And there was an African American, I think she was a third year when I was a first year. She was the only in, the one in her class. Um, her first name was Cora, and I think the, the Alumni Bulletin?

KD: Mm hm.

AR: Did a, a story on her, because she's practicing in the uh Caribbean Islands. I remember seeing a story on her. And she was very, uh, inspirational to us, um, as we were coming through. And so, I mean there were many incidents, um, that occurred on campus that were, um, oh, I don't know. We were followed sometimes when we went to the bookstore, um, as African American students. And I remember looking at the lady one day and asking her, "Why are you following me? I'm just a student here. I'm not doing anything." Um, and and, it, she, I know she stopped following me, but I noticed she followed other students so I, I.

KD: What, what was her role?

AR: She worked.

KD: Or who was she?

AR: She worked at the bookstore!

KD: OK.

AR: She just worked in the bookstore. I guess she thought we were going to steal something. I guess, I don't know. But um, within the class itself, the, I, I was in a really good group of guys. I was the only female in my group. There were seven of us, I think. And so we did -- at that time we did all of our rotations together. The group at that, that, worked in the Anatomy group, that was your group, 'cause everything was alphabetized. And so my group that I did the cadaver with was the group that I did my clinicals, when I was third and fourth. And they were a good group of guys. I really appreciate them. Um, I've seen them in reunions and they, they've been - - we've, we've sort of kept in touch in many ways. Um, and one of them actually said to me -- 'cause I, I love anatomy, I used to enjoy anatomy and I used to do -- we had a male cadaver and they didn't want to dissect the genital area, and I said "Oh, that's no problem, I'll do that"

KD: {LG}

AR: {LG} And one of them told me later on, "I was so glad you said you'd do that 'cause we didn't want to do that" {LG}. And then one of them told me later on, "You helped me get through Anatomy!" I said, "What?" But um, the, the students, I didn't see any, um -- the students were very, very good. I mean, we um, I don't remember actually being a coalition of female students at Jefferson, a female support group.

KD: Mm hm.

AR: Maybe there was and I wasn't aware of it. But I don't remember, remember that. Um, which would have been good. Um, most of the students at that time were not married. Um, a few were, but most of them weren't married, and so we were all struggling together. Um, and it, it's, it's sort of, um, it's uh, how would you say, traumatizing I guess in a sense, when you are now -- in undergrad -- I mean to get into medical school you have to be fairly bright, and in undergrad you are at the top of your class, and now you're in, um, graduate school and you are with other people who are at the top of your class so someone has to fall out. And so it was just amazing. That was the drama that I think most of us went through as first year students, realizing that, um, yeah, you're bright, but {LG} somebody else is brighter. Or there has to be a curve here or something so it was a little traumatizing I think at first. And I think more so to us as females because it made us realize we really do have to, um, be just as good academically as, as the guys, uh, were. So, so it was, it was, it was interesting. I didn't feel any, um -- in my first two undergraduate years, none of the professors, I think all of the professors were fair. Um, I didn't feel that any one singled anyone out any more than any, anyone other. The school was extremely competitive, and I don't know if it's still competitive now, but it was then, and I remember having um, at the end of second year we had to sit for the first set, one of, of the boards. And um, it was a three day session. It's not three days now, but that's very grueling, three days of exams from nine to five. Um, and we had a, a set of twins in my class, and we were friends because they, their last name started with an O. Was it O? Yeah, I think O. Or R. I don't remember. But they were, they were close, and I remember. And they were saying, I heard them saying to one another, "See, you should have, you should have, you didn't, you mean you didn't answer all those questions? I answered all those questions. You should have answered all those questions!" And they were, you know, it's like, they were competing with one another! And I said, "Oh my. Guys, guys, lighten up, I know it's hard {LG}, but it's, it's not that stressful! We're all, we're going to do OK." Um, so I guess the support that we had within the class from one another, um, the support from our families, and the support from other colleagues was uh, was really helpful in, in getting through. I never felt, as a student here, that um, as a female I was singled out. I felt special in many ways because I knew, um, that as a female, um -- in the seventies, the beginning of the seventies was a time in the country when the federal government was really looking at -- it was the end of the sixties, so a lot of racial issues, and civil rights, uh, being right there in the forefront, the federal government was looking at the funding that they were giving to schools, um, and whether or not the funding was being equally distributed. So, um, I had heard, and no one said this to me directly, but I had heard of incidents where people were told that, "You got in because you were a female." And the federal government needed more money -- I mean, they were looking at the numbers, so.

KD: Mm.

AR: "Jefferson looks good if there are more females there. Um, and that's why you got in. And the other issue is you're African American so they wanna make sure, so you were counted twice." Um, I've heard, I've heard that. And I don't think that that's probably -- I think that's probably true, although no one said that to me directly. Um, but it's interesting, uh because my year, that seventy year, there was a significant jump in the number of female, um, students in

the school, and from then on it has increased significantly, where I think today it's probably over fifty percent.

KD: It is.

AR: Yes, so it's interesting {LG}. So were we not qualified before to get in? Sure we were, we just weren't in the quota {LG}. So it, it's been interesting. Our third and fourth years were clinicals, and um, were we treated differently, were we treated the same? Um, I really, you know, I really did not spend a lot of time with my other female colleagues. Um, again, my group was male, and so I spent a lot of time with them. But I don't know what the other experiences are for the other, for the other, the ladies in my class. Um, and I don't think -- I remember doing my surgery rotation at Lankenau, and I don't think being singled out had anything to do with -- I, I try to generalize in my mind. Uh, I did have some incidents with the Chair of the staff, um, but I think I handled it OK {LG}, and uh, he didn't, he backed off, and it was, it was OK. Um, and then he realized that in fact the day after we had the incident he called on me, uh, we had a report, and I was prepared. I usually try to be prepared. Um, and he was, he was impressed that I was prepared {LG}, and I just kind of smiled, "OK." Uh, and then I told my subsequent students, my African American students, you know, um, the Chair of the department has some issues with your personnel, but don't let it bother you. If you have anything going on say it ahead of time and just kind of let it, so that it gets resolved as opposed to allowing it to build up. And unfortunately, I think the third rotation, one of my fellow students, um, didn't do that, and they had a big blow up. Um, but, it's, that's, I mean I have, I think we all as females, we all have had incidences of where we've been called nurse fifty times. I mean it, I still get that. Even in practice today.

KD: Wow.

AR: Um, or I'm called Miss as opposed to Doctor when my colleague beside me who is a male is called Doctor.

KD: Sure.

AR: Um, and um, so that's, that's, that's interesting. Um, I've had, um, some positive ins-, ins-, some positive um experiences also. But, if I did have them here I just don't remember them {LG} I just don't remember them, as a female.

KD: It was also a very long time ago!

AR: It was a very long time ago, and I'm sure I did, I'm sure I did. I think overall Jefferson prepared me, um, to be competitive, and in -- as a female in a male world at that time you really had to be competitive, you really had to know how to speak up for yourself. If you knew it, you knew it, and you really had to speak up. Um, because they expected you to not know it or not how to do it or not know how to do what you're supposed to do. But um, Jefferson prepared you for that. I mean, again, I don't know how competitive it is today. I had the opportunity to precept some Jefferson students at Einstein, and I, I don't know. It's different now. I, I don't know what is going on. Um, the competitiveness is there, but it's, it's a, at a different angle. Uh, so I'm not sure what's going on. Um, so that's my two -- my four years at Jefferson. Um, again, um, the

beginning of the seventies was a, a really rough time politically. Uh, there was a lot going on. Uh, being in medical school, sort of, you were safeguarded in some sense, but in some sense you weren't. Um, we had a sense, and I say we I mean the African American students, has a sense that maybe our, um, educational support in terms of grants and monies wasn't the same as some of the other students or we just weren't getting the same opportunities that some of the other students were getting. Um, and um, so we decided, I mean, young, being young and taking things into your own hands, we drove up to Harrisburg {LG} one day. There were about four of us, we got into a car and drove up to Harrisburg, one of us had a car {LG}. And uh, went to speak to the Secretary of Health for the state of Pennsylvania, and actually didn't have an appointment. We actually were polite and got to speak to the Secretary of Health and he listened to us. And by the time we got back to Jefferson that evening, one of us was called into the Dean's office.

KD: Oh! {LG}

AR: And the next day all four of us had been called in {LG}, and by the end of that week all of us had been called in to the Dean's office, which was very interesting. It was a very interesting experience, because basically we just said "We're not aware -- we just have a sense that we're not getting the same opportunities for funding that some of the other students are getting." We didn't know any specifics, we just -- we were very general because we didn't know. And maybe a phone call was made or what, I don't know, but when I had my interview, and I was the only female, while the other three were males. When I had my interview with the Dean, an interesting thing happened. He says to me, and of course he has my record there with all of my, you know, what I've been, how I've been doing in school, and he said with a surprise on his face, "Why you're one of my better students." And I'm looking at him like "OK, why shouldn't I be?" {LG}

KD: Mm hm.

AR: Um, but he was quite surprised. Um, so I wanted to know, "Are you surprised that I am one of your better students or are you surprised that we went to speak to the Secretary of State, for the Health." And he didn't quite answer that so I'm not sure what he meant by that. Um, but, as a result of that Jefferson had been getting positions from the city for employment for the Department of Health, so they had certain positions in the city that Jefferson students took. And we had no idea that was going on, so that summer all four of us were employed {LG}.

KD: {LG}

AR: By the Department of Health! Which allowed me to get a car {LG}.

KD: {LG}

AR: For my third year rotations. And we did get an augment in our grant.

KD: OK.

AR: Allotment. Um, so, and I think all of the students did receive a grant allotment for, for the work that we did. Um, but, I, I do remember that very vividly. Uh, so, yeah. I think um, yeah {LG}. That was, that was memorable.

KD: Mm hm.

AR: Yeah, so I think that's, I don't remember much of anything else from Jefferson.

KD: Do you have any memories of specific professors or classes at all, outside of Anatomy?

AR: Yeah, I remember one professor, in undergrad -- in uh clinical -- in um, in the um, the first two years. The anatomy professor Dr. Aponte. He was very memorable, and, and, and particularly he had uh, an accent. He was uh, Latino. He had an accent. And uh, but a very good instructor. Very good, very fair, very fair instructor. So I, I do remember him. And then in my, um, clinical, because I was interested in surgery, the, one of the surgeons at Lankenau sort of took me under his wing, and I used to first assist him a lot {LG}. I, and I was excited about that because he would call me in rather than his resident to first-assist. And I learned a lot. The only problem is my first year at Jefferson I discovered that I, uh, had a congenital eye defect that didn't manifest until the twenties, um, and my, um ophthalmologist had told me, uh, I think my second year, she says, "Well, you know, you probably are not gonna be able to do anything --" She told me the things I could do and surgery was one of the ones that I couldn't.

KD: Oh.

AR: Yeah, um, because I had progressive degeneration of my cones. And so she said that, and you know, being young, "No, that's not going to happen."

KD: Mm hm, of course.

AR: "That's not me, you know, you know, I know I can do this!" And unfortunately one day again, um, we were in surgery. I was assisting Dr. West. And I was really in there. We were doing a cholecystectomy. And this was the old-fashioned cholecystectomy where you really go in and tie off and do everything. I was really having a good time, and he, he stops and he says, "Are you assisting me or am, or am I assisting you?"

KD: {LG}

AR: And I said, "What do you mean Dr. West?" {LG} And he says "I can't see! You're way down in the field." I said, "Oh, that's what she meant." And so I ended up having to not do Surgery, and it was actually her who, um, helped me in deciding where, what I could do in medicine. My memories are a lot. I mean, there are many people in my life that I attribute to, um, as mentors. Si first my mom and my father, my mother and father. Um, very, very strong mentors. My mother, very independent, uh, lady, who actually finished college when I was in college. Uh, my father, unfortunately, never went to college. He wanted to but, he's, he was one of ten. And so the boys were the older, and the girls were younger, and the girls were actually -- my grandparents were farmers but they were actually able to send, I think, three of their daughters to college. Uh, but the boys, they didn't have money to send the boys. And actually I didn't learn

until I was in medical school that my father actually had wanted to be a physician. And um, so he didn't necessarily guide me into doing that. It's just that after I had done it, that's when he said, "Well that's what I wanted to do."

KD: {LG}

AR: And, I mean, he used to take care of us, so, you know, any cuts or bruises or anything, uh, he would take care of. So I recognize that his, he did have an interest in doing that. Um, and then he tells me later on that -- and I don't know how many greats this goes back, um. Not his mother, would have been my grandmother, not her grandmother, but my great-great-great-great grandmother or something like that were -- 'cause on the Eastern Shore of Maryland where I lived was a large Native American community of different tribe- tribal groups. And uh, my, somewhere in the lineage was, um, a Native American lady who was the doctor for her tribe, and knew all of the roots and plants that you needed to mix, in nature, to hear, to heal. She taught that to her daughter, her daughter, and so my father's mother knew some of that and actually taught that to my father. And but unfortunately he didn't teach that to me! {LG}

KD: {LG} That's still incredible though.

AR: Yeah, it's very interesting.

KD: Very cool.

AR: But um, so they're, they're my first mentors. Elementary school, I went to a segregated elementary school, and I'm really thankful that I did. I had such wonderful teachers, and it was a time in the fifties when the African American teachers were the best. Um, and they were teachers who wanted to teach. Now not only did they teach, they mentored. And when you talk about it takes a village to raise a child, it's true, and so it, that responsibility of you being in my class, you're not just my student but you also are my child and I take care of you in that way and that's how it was. Um, so we learned a lot. I mean, we learned a lot. Our, our principal was very visionary and extremely, extremely gifted in many many areas. I mean, I was, I'm just appalled at his, his level. He was a musician, 'cause we had a band and he was the band teacher. He taught us the Classics. He was um, we learned -- he loved music, so vocal, he was the voice teacher. He taught {LG}, we learned a lot of opera {LG}! It was a little segregated elementary school on the Eastern Shore of Maryland, very small.

KD: Mm hm.

AR: But um, he was just phenomenal. We learned so much from, from him. Um, and then in high school wasn't -- I didn't have a lot of mentors in high school. High school was, um, again, as an African American a struggle, in a sense. Um, you know, I was always a good student, but um, you always had to prove yourself, unfortunately. Um, uh, 'cause I went to a predominately Jewish high school, very few African American students. I think one or two African American teachers, but they weren't in the -- they were more or less in, uh, 'cause we had an academic and vocational school mix, so one of the African American teachers taught shorthand or typing or some- something like that, which I didn't take, and the other was a gym teacher. And I, I loved sports, so, so I did OK, but I wasn't, she wasn't a mentor for me. So that was a difficult

period, but my undergraduate years, one of my college professors was just phenomenal. Um, he took me under his wing. He -- all of my, interestingly enough, during that time in the state of Maryland the college I went to was, again, one of the historically black colleges, but the professors there, most of the professors were PhDs. So this was before you had the drain of your PhDs from African American universities to white universities.

KD: Mm hm.

AR: And um, so we had the uh the exposure of well-written, well-researched professors, um, and one of them took me under his wing, and that's the one I was doing the research with. That, he just kept, uh, kept letting me know that, "You can do this, you can do this. Even though you may not like this, you can still do this." Uh, and just kept pushing me forward, and um, I had to present the research at a national meeting, and he was unable to go, but he knew one of the professors at the school where the meeting was being held. He called him up, he said "I have a student coming. She's giving a presentation. I want you to work with her." "So soon," he said, "soon as you get on the campus, go look for him." I knocked on his door, he brought me in his house, fed me dinner, we went over the presentation two or three times, and he says "You're doing OK." So it was like an extension of him.

KD: Mm hm.

AR: And it was just, and you know, I mean, I was still nervous {LG}.

KD: Well, yeah.

AR: But, I, I mean I did well. In fact um, uh, the guy from Howard University and I tied for first place for our presentation, and I met him later on when I came to medical school here. He was at Penn and I was here, so we, we kind of laughed about how, how, how nervous we both were {LG} during the presentation. But I told him I had a good mentor there. He said "You had somebody there?" I said "Oh yeah." But so Dr. Hunter was my mentor in undergraduate school and kind of just pushed and um, not pushed, but was there in a supportive way to let you know that "Yes, you can do this, and you can move forward." Um, medical school, I'm just trying to think. I don't, don't -- faculty-wise there really wasn't. Dr. West was there helping me with the surgery, but mainly my ophthalmologist was the support person for me during medical school because she really said "Yes, you can do this. You can't do this, but you can do this." So when we looked at the end, she said, "Well, pediatrics might be the only thing that you might be able to do and um continue to do even if your eyesight got less, uh, because you're not going to be able to do too many procedures." And I said "OK." So that's how I chose pediatrics. I mean, she helped me choose that. Um, and I chose a program on the west coast. Um, I wanted to go to a predominately African American hospital, African American university. Um, and they're all basically on the east coast {LG}, but there was one on the west coast. Um, Martin Luther King Junior General Hospital, Charles Drew University. Um, and I went there and I really, again, I had lots of mentors there. An excellent chair of the department, Dr. Greenberg was excellent, he was excellent. And um, then, gosh I don't remember his name. He was in Immunology here at Penn, and I remember going to one of his lectures and then I come -- and then he comes there, I think my second year I was there, he shows up at, at King, to be an Immunology professor,

Pediatric Immunology. So he, he was our Pediatric Immunology guy. So that was fun, that was lots of fun. We really had a great, great -- we had -- I had a great group of residents, um, and we had, I'm trying to think -- like a lot of times pediatric residencies you have a lot more females than males but we had probably an equal number, with probably a slight male predominance, but we did well. We had great, great, um, mentors. I mean, we saw a lot of patients. We were in a county hospital that was in, um, the middle of Watts. Not the middle, but in Watts. And the hospital was interestingly enough built, um, for the citizens there because they would have to travel about twenty miles or so to get to another county hospital. So this was a way to increase healthcare in the community. This was after the Watt, the riots occurred, so the seventy-two, as I think an appeasement to the community the hospital was built. And it was a really great hospital. Um, and I had a great residency training. Again, my ophthalmologist {CG}, uh, who was again at the University of Maryland, the ophthalmologist that I used to go to, she says, "OK, now you're going to do a fellowship?" I said "Yeah, I'm interested in doing a fellowship." I said "I'm interested in Cardiology." And she shakes her head, "No, you can't do that." "You mean I can't do Cardiology?" {LG}

KD: {LG}

AR: She says, "No, because you're not going to be able to really read the E K Gs without any visual aids. Um, and it's probably going to be difficult for you to do cardiac cath." Um, even though my vision then was, when I finished residency, I think my vision was like twenty-seventy and I could still do all of my procedures, um with no problem. But she says, "It's going to be deteriorating and no you're gonna have problems." So I said "OK, well what about Neurology? Because I love Neurology." The Pediatric Neurologist at our program was a really, again, another mentor for me. And she says "No, I don't think you can do it." "Why?" She says, "Because there are a lot of dermatological disorders, uh, dermatoses that are part of neurological disorders and you need to see, see what the skin looks like." And she says "You aren't going to be able to do that." I said "Oh no." She says "And, you aren't going to be able to read the E E Gs as well." And I said "Oh. OK." "What next?" {LG}

KD: {LG}

AR: I said, "Well, what about Endocrin? I like Endocrin a little. I'm not that excited about it, but it's, it's OK." She says "No," she says, "I think you should do adolescent medicine," and um, I said, "Adolescent medicine?" {LG}

KD: {LG}

AR: I said, "Because we don't have it" -- this was the early seventies, very early, the beginnings of adolescent medicine actually. Actually was um, started in Boston in the late fifties. Gallagher kind of pioneered that sub-specialty, and so, uh, she said "Yes, I think you'd do very well with that." She says, "First of all, you don't see a lot of -- the bread and butter of pediatrics is ear diseases." So she says, "At some point you're not going to see ear landmarks as well. Um, you have viral exanthems in infants, in small children, so you're not going to be able to see that as well." She says, "So I think the older kids, they don't have as many ear diseases and on top of that, if you do, if your eyesight gets such that you're not really able to see very well at all," she

said "You can still do the counseling component that adolescent medicine has." So I said, "OK," I said, "but I don't like Psychiatry" {LG}.

KD: {LG}

AR: She said, "OK, you don't have to do Psychiatry" {LG}. I said, "OK, alright." So um, I said, "OK, I'll do it" {LG}. So yeah, she has, she was such a wonderful mentor for me, for my medical career, Dr. Young. She um, I think she passed away two or three years after I finished my fellowship. She had breast cancer. Um, and I was just, "Oh, wow." In fact, when I last saw her she had referred me to a retinologist. She says, "You really need to see a retinologist now because I'm just a general ophthalmologist." She says "You really need to see" -- and actually, an interesting thing about that is she -- when I went to L A for my residency she referred me to one of her colleagues there who she'd gone to medical school with at Howard. And uh, he saw me and he says "I don't know what you have." "Cause she says," he said, "She says she doesn't know what you really have either. You have something on your macular. Something is wrong, but we're not sure." So he sent me over to U C L A, um, and I'm really thankful for them. I was there a whole day, had, I don't know, a whole myriad of testing done, um, and I never got a bill. I never got a bill from them.

KD: Wow.

AR: I was there the whole day. Um, and so I ended up with the diagnosis of cone dystrophy from all of the testing that they had done. Um, but I never figured out -- I mean, I didn't push it, for not getting a bill, because a resident, you don't have, you don't really have a lot of insurance {LG}. You don't have a lot of money, but I'm thankful. I, I really am thankful. But uh, yeah. So that's how. And then when I came back and she said, "You need a retinologist. You know, I really can't take care of you. It's not a lot. And it's not a lot for you. Um, there's not a lot of advances into retinal disease and there's no real, not a lot going on, um, but you do need to see a retinologist." So then she referred me to someone, and then I think about a year after that she passed away. Um, but um, my residency years were good. Um, and I was glad to be --{CG} having gone to a predominately white hos- high school, a predominately African American undergrad, predominately white medical school, I was ready to go back into an African American situation. And it was good. It's mentoring, it's, um, support, a lot of support, and I enjoyed that. Although my faculty, my attending faculty at King for Pediatrics was predominately white, uh, but they were excellent. Very, um, supportive, caring, giving. I, I -- coming from Jefferson, where everything was, um, competitive and you sort of had to stay on your toes, everything was formal. Um, you spoke to your professors in a formal manner, you dressed formally, it, it was -- there, when I moved to King, the professors said, the, my, my attending said, um, "We're more relaxed here. You can ask me any question you want. Don't be afraid of there not being any question that you can't ask." And that was really reassuring. 'Cause you could ask the stupidest question and still not be felt as though you were stupid, if you didn't understand the intimate detail of what you were asking. And they, they did that. They, they, we, I mean I learned a lot more. And they also allowed you to do a lot more, too. I think the Residency Review Committee wasn't formed at that point, the R R C. So, {LG}, so we did a lot more things than the R R C would have allowed us to do. We were, we were not supervised as

well as the R R C would probably have wanted us to be supervised. But I think we learned a lot, and, and our attendings trusted us to the point that they knew that if we didn't know something that we would call on them like that. It wasn't, it wasn't a matter of us making a mistake. Did we make mistakes? Sometimes, but not usually. Usually if we were at a point where we knew we didn't know, we would call them and they would help us out. Um, we always had the benefit of them being there, but not right on top of us. In other words, rarely did we have to have the attendings precept our patients in acute care clinic. Um, and we saw a lot of kids who had not had care, because we saw a lot of the indigent population from Mexico. So we had a lot of patients coming up from Mexico. Uh, it's a county hospital so we couldn't turn them away, so we saw a lot diseases that you wouldn't ordinarily see now.

KD: Mm hm.

AR: I mean, we saw a lot of measles, a lot of mumps, a lot of chicken pox, 'cause the kids were not immunized. Um, and we saw malaria. We saw, we saw things that you wouldn't normally see. Um, so it gave us an opportunity as opposed to -- we had one resident transfer from the Children's Hospital of L A to our program, um, and I'm not -- and she transferred in her second year. Her first year there they weren't allowed to -- they weren't in the delivery -- well, children's hospitals do not have delivery rooms, so we had to teach her delivery room {LG} as a resident. And we had, we had to teach her a lot of things because, in a children's hospital you -- something was referred in and someone sort of has a sense of what it is, usually, although there are other times something is referred in and everybody has to try to figure out what it is. But a lot of times it's there, whereas we had the opportunity of seeing something at the beginning and we had to figure out what it was. And so that, that was a good experience, and it wasn't frightening for us because we had our attendings there with us, but yet they let us dive in and get our feet well wet first. Uh, so it was, it was a good experience, it was, it was a good experience. And then my, the ophthalmologist decided, "OK, what do you want to do for fellowship?" So, once we decided it was going to be adolescent medicine {LG}.

KD: Mm hm.

AR: I applied to several programs and got accepted at the program at N Y U. Uh, and then after I got in the program people said, "Oh, wow, you're with Adele Hofmann? Oh my gosh." I said, "What are you talking about?" "She, oh, she's tough. She's --" {LG}.

KD: {LG}

AR: I said, "Oh no." Uh, but actually I didn't find her like that. I mean, she, she definitely was, was tough, but at the same time she had a, a human side to her. Uh, so I didn't have any problems working with her, working under her. I learned a lot from her. Um, she had, she only took one fellow a year, so there weren't a lot of us and, I think she stopped the fellowship by the mid-eighties I think she had stopped the fellowship because she had moved from New York to the west coast, um, and retired. So no one took on the fellowship after she left so N Y U dropped their adolescent fellowship. But it was a great, a great, great fellowship. Again, I had to readjust now, coming from an African, African American to a predominately Jewish again.

KD: Mm hm.

AR: And interestingly enough, that was an adjustment for me. It took me about a month to get myself readjusted into, to, um, that pattern of, life, again. And sometimes I think that, um, people, um, don't recognize or you in yourself don't recognize how adaptable you really are, um, and, and that you can be, because, um, I've been in situations where I've been the only African American female and who do I sit with? I sit with anybody who sits beside me. You know, if there is another African American in the room or something, I may sit with them too, it just depends on how I feel that day. But I've learned to, um, be comfortable in whatever situation I'm in, and, and um that has gotten me, I think, forward in many ways. Um, so, it did take me a little while, about a month, to get readjusted when I moved to New York and um, moved into an all-white environment again {LG}. But it was good, it was good. Um, I enjoyed my fellowship there. Um, I had supportive staff, supportive -- the other fellows were -- they had a large fellowship, we had like thirty fellows in Pediatrics, and so we, the fellows, would get together from time to time so we would, um, we would get together not just for, um, scientific reasons but for social reasons.

KD: Mm hm.

AR: And it was good, so, so we did, we did well. Um, again, I mean you still have that same sense of someone calling you a nurse and not the doctor and that's still prevalent there. Um, we, I did a program in the evening called the Door, which was um, not affiliated with N Y U, but a non-profit in the community near the, near the undergraduate school, um, that served as a one-stop shop for teens and adolescents. And we saw a lot of the undergrads there and so it was an interesting mix between the undergrads and then the kids who were living on the street. It was a nice mixture. Um, you know, patients. So we took care of all of those, it was good. And then I was the Medical Director while I was a fellow at -- for this, um, boys group home {LG}, and I had fun with those guys. They were, they were fun. They were very respectful, um, and I think if you are respectful to someone else they are respectful to you.

KD: Mm hm.

AR: And that's how I went into the group home that way. Uh, and the guys, were, they, my patients, they were just so, so much fun. So, so much fun. Uh, I enjoyed doing that. Um, and then when I finished there, um, one of my fellow adolescent medicine, um, colleagues was at Howard, had a position open, uh, for adolescent medicine. And so I applied for it. I was only half-way through my fellowship, and I said, "Well maybe I need to leave this fellowship." And she, I went to the doctor and she says "No, you don't need to leave the fellowship, you need to finish your fellowship. Adele Hofmann will not be happy with you if you don't finish your fellowship." Uh, and I did, and you know, I was very glad Renee, Renee suggested that I did that, and uh, we've been friends for years now. I mean, Renee Jenkins is, in Pediatrics, she's really, really gone. She was Chair, she was Head of Adolescent Medicine at Howard, then became Chair of Peeds at Howard, and became, she actually became President of Society of Adolescent Medicine, the national society of adolescent medicine, and was President of American Academy of Pediatrics. So, she, a true mentor, a true visionary for, as, and a friend, in terms of my career. Um, um, and um, we're still friends today, and we both -- she's retired now,

although I don't think she's retired, she's always doing something {LG}. Um, but um, helped move me through. So from there I moved to D C, took a position at the, um, the city hospital there, D C General Hospital, and actually they had no adolescent people there and that's when I really worked one-on-one with Renee because she was at Howard, and so D C General was one of the hospitals hired, Howard, Howard was their university affiliate and so, uh, worked with her, um, with the adolescent program. Set up an adolescent program there. And it was very successful. The only thing is that you get burned out. I was the only adolescent doc there. I ran an inpatient unit, an adolescent inpatient unit of about twenty beds. And had an inpatient staff that I had to supervise. I did outpatient clinic three days a week, had someone else helping me out one other day that I didn't do it, and between Renee and, um, and I we ran two community-based clinics in the evenings, so, I was tired. I got burned out really fast with that. Um, and um, um, in, in most, well, the Society of Adolescent Medicine has local chapters within different areas around the country. So in D C we had our own local chapter, and um, one of my friends had said -- I had said to him, he was at another hospital, I says, you know, "I, I am really burned out. I need to find another job" {LG}. So I started applying all over the country and then he says to me, says "You know, um, we need, we -- the lady who was doing Adolescent Medicine for us, even though she's not trained, she was helping us out, she died suddenly." She says, "Are you interested." I said, "Am I interested? You mean all I have to do is drive across town? {LG} Yes, I'm interested!" So, I went to the Walter Reed Army Medical Center as a civilian, and um, stayed there for twenty-eight years. Um, and in the mid-nineties the pediatric program at Walter Reed and the pediatric program at Bethesda Naval combined as a single program so Adolescent Medicine got sent to Bethesda. Most of the -- no, that's not true. We were, we were the only outpatient clinic that came from, yeah, that's true, we were the only, yeah, the only outpatient clinic that came from Walter Reed and stayed at Bethesda. Yeah, that is true. Um, so I had experiences with both Army and Navy. Um, and it, it was good. It was a great population to take care of. It, it really is. It doesn't put you, it doesn't burn you out in any area. 'Cause we saw enlisted kids, so of course every kid we saw the parent was working.

KD: Mm hm.

AR: Or retired, um, because we saw the dependents of active duty and retirees, um, so we saw enlisted, um, dependents, we saw the officers' dependents, we saw generals' kids, and because Congress gets free medical care.

KD: Mm hm.

AR: Universal healthcare, we saw, some of the, um, um, children of the Congressmen, uh, and we got to see children from the NATO countries. So it was a great, well-rounded exposure in Pediatrics to adolescent care. Um, and you didn't get burnt out because one day you'll be seeing the kid from, the um, the Greece em- embassy, or the Canadian embassy.

KD: Mm hm.

AR: And you get to talk to them and see what they're doing, or the French embassy {LG}. Um, or you might see one of the generals' kids or you might see one of the enlisted kids, you know. I had the, uh, I don't know if it's fortunate or what, but I um, actually diagnosed dia- type one

diabetes in Strom Thurmond's daughter, and that was interesting {LG}. But whenever the Congressmen or the President or whoever came, um, on, at Walter Reed there was a separate floor for them so I'd get to go up there every now and then and see who's up there and take care of their kids or whatever. Uh, so that was, again, that was another experience. So it was, that's why I say -- and, and being a civilian in the military, the best part of that is you don't have to, you didn't, I didn't do on-call.

KD: Mm, that's great.

AR: Yeah, because the, the federal government couldn't figure out how they could compensate us for the on-call time. So when you're active duty you're always on-call, so the active duty people took the on-call schedule. Um, so that was, it was great though. It was a great exposure to health from all over the world, um, and a good opportunity to interact with many cultures, um. It was just a great, great experience. And being in New York -- and the other thing about New York too is, the cultures that I saw in New York were -- 'cause we were at N Y U, the lower downtown, east side, and I saw, the first week I remember, my fellowship director gave me a book on cultural sensitivity, cultural diversity. She says, "I want you to read this." I said, "Oh, OK" {LG}. And I'm glad she did because it, um, there we saw first and second generation Asian Americans, we saw Haitians, a big, large Haitian population, a large population from Vietnam and Cambodia. Um, had a, um, a huge, of course, a huge Latino population, but the Latino population was not just from Puerto Rico and the Caribbean isles, but also, South, you know, a large South American population. Um, and then I learned, of course, that the culture, the Latino culture, is different in different continents, in different countries, different from the population from Mexico, different from the population, the Puerto Rican population was different from the one from the Dominican Republic. I mean, it was a very good education for me to learn that, so that by the time that I was in the military systems with the different cultures, I was comfortable with it, whereas a lot of people weren't. I had -- and I was the one who gave the cultural diversity lectures {LG}.

KD: {LG}

AR: For that, for that experience. So yeah, so I was there for a while, and I enjoyed it, and then I kind of got burned out and said "OK, what do I do next?" Um, got married somewhere in there, had a daughter, wonderful daughter, and then my husband passed away, and my daughter's finished college. And so, "What do I do now?" OK, I'm looking for something else so one of my friends said, "Why don't you come to Philly?" I came to Philly, I worked at Ein-, I worked at Einstein for the last six years, decided I'm tired {LG}.

KD: {LG}

AR: And during that time I was doing -- um, Einstein, had farmed me out to Saint Chris for one day a week. So I said, "OK." So then I told them I was leaving Einstein, told Saint Chris. "Oh, you have to come work for us!" So I said, well I went and asked. "Well, can I," I said "OK, I'll do it three days a week until June or July." So, that's what I'm doing now, I'm doing adolescent medicine at Saint Chris. So, it's, it's, it's -- the population here, again that we see at Einstein and at Saint Chris is different than the one I saw in the military, and it's a much more needy

population, so it really takes a lot, to take care of those, those kids. And partly because the support system that you need, to adequately deliver good health care isn't there. And we need a lot more social workers, you need, with the poverty, increase in poverty that we have in this country now, the social network for that is not there. Um, so, I'm not, I just, don't know. It gets wider as the time goes on, as you try to keep up politically with what's going on around you and in the country and in the world. The rich keep getting richer and the poor keep getting poorer. And I don't know where we're going to go but it's not going to be very good. Um, so, that's my story.

KD: OK. Um, you touched on this briefly at the end, but did you see your field change much while you were in it? Anything else you'd want to mention about that?

AR: Um, medicine has changed. Um, adolescent medicine I don't think has really changed. Most adolescent docs are -- you're in it because you like teens, and, and I didn't, I mean, Dr. Young was absolutely right. I have done well. I like what I, she, I like what she chose for me, I didn't know I was going to like it. But I like teens, and they're, they're fun. Teens and young adults, they're, they're fun. I, I like them. They um, they really make me laugh, a lot. And they don't even know it {LG}, 'cause a lot of, a lot of them are concrete thinkers, and so you ask them something and they answer very concretely.

KD: Sure.

AR: And you're like, "Wow." Um, and, and they really think that you, you were just born yesterday, when they try to get over on you, and it's so cute. And you know, and then they keep you up. They, they, you know, I'll say, they say something, I have no idea what they're talking about. I go, "What is that?" "You don't know what that is?" I say, "No, help me out!" And they'll go over it, or show me something. Go, "What is that? I don't know what that is." They keep me, they keep me current.

KD: Mm hm.

AR: Um, um, and they're, they're funny. I, I really like teens, and I think anyone who works with adolescents, you have to like them first to be able to work with them, because they are difficult. They are challenging, but as I tell everyone, if you have a challenged adolescent, it's a challenged parent. So when you're doing adolescent medicine, you really have to do a lot of, um, sort of, family, um, mentoring. Because it's not therapy, it's more mentoring, family mentoring, because any kid that, any kid that is not doing well, there's a reason behind it. The foundation is not solid. There's something about the foundation, and the foundation comes from the family. So if this kid is not out of a solid family background -- and the family makeup doesn't have to be a mother and a father and a grandpa, you know, it doesn't have to be the traditional. It can be a single mom, or a single dad, or it can be an aunt who is raising them. But the foundation has to be loving, caring, and mentoring that youngster, and also creating activities for that youngster to be involved in so that their life opens up. Um, and any kid who doesn't have that gets into trouble. You look at any family, and I tell my residents, any adolescent who comes in here who has some psychosocial issues, who is not doing well in school, or who just is not there, you have to go beyond that. There's something in that family, the foundation was not

solid. Uh, and that's where you go. You can't blame the kid, um, and I applaud the mother who, um, in Baltimore a couple of weeks ago who went and got her son.

KD: Mm hm.

AR: She knew her son shouldn't have been there. And she can't control him all of the time, but she's given him direction and told him where he should and shouldn't be and has been responsible for him. And she saw where he was and he wasn't supposed to be. She took action, and a lot of parents don't take that responsibility. They're too busy doing other things, and unfortunately because of the economy that we have in our country today, one of the things that happens is parents are doing two and three jobs. And if you're working two and three jobs, how do you have time to parent your kid? One of the parents I talked with yesterday was saying her husband works three jobs, and she's trying to get him to realize that their son who's fourteen needs him. And his son needs to see him, he needs to be with him more. And he, his father says, "Well, I take him with me when I go on jobs sometimes." No, we're not talking about that. No, we're not talking about that type of interaction. That's good, but he needs to see you more often, he needs -- you need to be around more, he needs to be able -- and parents say "Well they don't talk. They don't ever talk." It's not about them talking, it's about you listening. So that means you've got to patient. You have to be around to listen. But how do you decide, I need to pay the bill, I need to have this job, or do I need this one, or do I need that one, do I need three jobs? Can I get along with two? You know, how can I -- and it's a hard mix, and so a lot of kids today just aren't having that framework that they need, need to have, and it's not there. So adolescents are challenging.

KD: Mm hm.

AR: But they're great. They're great kids to work with. So I do enjoy that. Um, medicine, on the other hand. I -- what I'm seeing is that um -- medicine has a lot to do with memory, you have to have a good memory to be a physician. I mean to -- and people talk do you have to be really smart to get into medical school? You don't have to be really smart to get into medical school, but you do have to have commitment, and you do have to know how to memorize. Um, because your first two years is all about memory of things that you're not going to use until your third and fourth years.

KD: Mm hm.

AR: Um, and it doesn't always make sense to you at that time, so you do have to have a little bit of abstract thinking {LG} when you're a medical physician. Um, but you don't have to be the brightest kid in your class. If you, if you have some, if you have abstract thinking, good memory, and the commitment to do it, to stick to it, you will be a good doctor. And some sense of human skills. You put that together, you mix that together, that makes a good doctor. I've seen lots of doctors number one of their class, no human skills. Does that make them a good doctor? No, because in order for you to be able to figure out what's wrong with somebody, you have to be able to talk to them. I mean we are not at the point electronically now where you can use the, the, um, instrument that they used on Star Trek.

KD: {LG}

AR: To scan the body. We're not there yet. You still have to talk to somebody to figure out really what's going on. If you don't know how to talk to someone and ask the right questions, then you're going to get the wrong answer and you're going to get the wrong diagnosis. I don't care if you made the top grade on the Boards, you really, I mean, it's, it's a mixture. And medicine is, um, a science but it's also a art of how to ask the questions. You know, you have to be a good detective to be a good doctor. You gotta know, "I have this, now how do I get over there? Um, what questions do I have to ask about this that will lead me there, but won't lead me over here which could be the other areas I could also go to." Um, and you really, you really have to do that -- so what I'm finding is that a lot of the younger physicians aren't committing things to memory. They rely on their cell phones, the ads -- the apps that they have on their cellphones to look things up. And you know, I give them the benefit of the doubt. OK, you don't know the answer to that? Pull out your phone and look it up. Use your peripheral brain to look it up. I mean, we've all had peripheral brains. 'Cause when I was a resident we always had a little book, a little pediatric resident book that had details in it for us to remember, but we memorized most of that stuff.

KD: Mm hm.

AR: You don't have that now. You saw, you saw a patient last night you admitted. What's his C B C? You memorized it! Um, you ask the residents now, "What's the C B C?" "Uh, let me look it up."

KD: Mm hm.

AR: I mean, which is OK, but at one point in time you're not going to have that to look up.

KD: Yeah.

AR: You know, what happens when you're in a true emergency and you can't remember the dose of something? And you got to look it up and your phone is dead. What do you do? So what I find lacking is -- and so that's OK, but memorization and getting a sense of what is going on leads to critical thinking, and I think that's missing today. That critical thinking part. Um, look at something and critically analyze it to figure out which way it goes, and why does it go there. I, I - - there's not a lot of critical thinking going on. I mean I've seen some really bright residents, but I've seen some other residents that are mediocre and I've seen some that I would not want to take care of me or anyone in my family. And the other part of that is the personalization, the professionalism isn't there also.

KD: Mm.

AR: Um, you know, just a "Hi, hi, how are you doing?" with a smile. "Good morning Mrs. Jones, how are you feeling today?" What you here is "Good morning Joan, how are you doing?" When did I become Joan to you? I mean, I am Mrs. So and So! Um, it's, it's a lot of that, that I see now. Um, and I don't know, I don't know how you, um, teach that. We have this new thing now that's called, oh, um, oh, god I'm blocking it. When you do anticipatory guidance, um counseling, you uh. Oh man, why am I missing it? Supposedly now when you interview patients

you're supposed to talk to them in a way that, uh, I can't think of the term now. But it, now it's, it's, I guess in the last five or ten years it's a big thing to do now in terms of how to teach the residents to do the counseling piece. And, and I'm looking at them like, "What? That's new? They should have been doing that all along!" And now we have people running around the country now, physicians running around the country who do that all the time and make big bucks. I find like just, "Oh, wow, that's interesting." You know, it's like when you're counseling patients you don't tell them what to do, you, you tell them in a way that they think that they thought of it themselves, and so that they're more likely to do it.

KD: Mm hm.

AR: You know, and that's an art. Um, and we don't teach that in medical school. I don't think we ever taught it. I'm not sure. But when you try to teach them now, they're like, "OK, yeah, I know that, that, I already do that." "Oh, OK." {LG} So I don't know. It's, and it's -- medicine now is more of a nine to five job. You know, you want somebody to stay longer than five, they look at you, like, "I got, I!" So I, I am not sure. I'm not sure what's going on. I was telling one of the residents yesterday, I had my physical done on, Wednesday, and I was telling one of the residents that I really enjoyed the physical {LG}. As an, as an older -- I think he -- 'cause I was asking him when he's going to retire, uh, Gregory Williams, he's an internist. I said, "When are you going to retire?" 'Cause he's older than I am {LG}. He said "I don't know." But he's an excellent physician. Excellent physician. His, his, his, um, physical exam was perfect. It was -- I enjoyed the exam! I mean, I've gone to doctors who've done exams, and it's like, and I'm looking at them, "I'm a doctor, don't you know that I know you didn't do a good exam?"

KD: {LG}

AR: I mean, how can you listen to my lungs while you're talking to me? You can't do that, and listen very well. So why are you doing this? {LG} Um, and now you have the residents, they go in and say, "Well I did the exam." "Well what exam did you do?" "I listened to the heart and lungs." I'm saying, "Well why? The kid had a rash on his toe. Why did you listen to the heart and lungs?" I mean it just doesn't make any sense to me. And it's like, "Oh, well we do that. That's routine." "Well why would be that routine for a rash that's on the toe?"

KD: Mm hm.

AR: "How -- tell me the connection." And that's what I talk about, the critical thinking piece. It's not there. It's done because I was taught to do it that way so I'm supposed to do it that way. I may not have to do it that way, but -- and then you find in doing that it becomes routine in the actual auscultating and listening, auscultating the heart and listening to it becomes routine so they really miss things because they're not listening.

KD: Sure.

AR: They're not listening for anything. They're doing it 'cause it's routine. And I, I don't know how, I don't know how to get them out of that, you know. You know, because they know, Dr. Robinson is coming, "Oh, she's going to ask me, what part of the physical did I do? {LG}

KD: {LG}

AR: "And she's going to say, 'Why?'" And a lot of residents get intimidated by that. It's like, I'm being ugly to them. I mean, I mean I've been in medicine for years and when I came to Einstein it was the first time that I had ever had a resident report me to my attending, to my Chair. And it's like, "What?" And then the Chair is sitting there, "Well, the resident said that you made them cry and you were mean to them, and." "What? What? {LG} Me?" I said, "I don't think so. I challenged her. You know, I challenged her and maybe the tone of my voice was different than what she was used to, but I don't, I don't think so, but I'll give her that." Um, but, yes. And, and then the resident -- and then the attending said, "Well maybe you need to be, you need to take a look at your teaching technique." I said, "OK, I'll take a look at it. No, I will. Maybe I do need to learn something." But by the third time it happened, the attending said, the, my Chair said, "Well now we have a pattern." And I'm looking at her, "What?" {LG} In fact, one Jefferson student said I made her cry, and I'm looking at that student, "You, you got to be kidding. I did not make you cry. You cried because you wanted to cry." Oh, so yeah, it's that kind of, um, I mean, when I was a student here, that was all part of learning. I mean, how many times was I yelled at because I didn't do something right? Um, was it right? It may not have been right, but did I complain? What was I going to complain for? I learned something. I mean, I think it's a matter of -- I, I'm not sure what's going on today. You know, if I made you cry, and I don't yell at people, so. But I may use a stern word, but maybe you deserved it. Maybe you didn't deserve it. I don't know. So -- 'cause I try to stand back and look at -- there's always two, like you say, there are two sides to everything. If I stand back and try to look at my side, the other person's side, try to see, um. Gosh, I don't know. I, I -- or the resident says, "You know, I've got to leave early today because." "I say, oh, yeah, you can leave." And now I'm retiring, they can, they can do whatever they want. I don't care.

KD: Mm hm, sure.

AR: Like one of them said yesterday, "I have to leave early." I said, "Oh, OK, that's fine." {LG}. Oh my god, how many days did I tell my attending I had to leave early? I don't think I ever did.

KD: Yeah.

AR: You know, so. It's totally different. And, and the residents today, a lot of them are married, a lot of them have families, a lot of them have more responsibilities than I had, so it's, it's really different. Um, so I'm not sure where medicine is going. Certainly, you know, the financial benefits of being a physician is not the way it was before. I mean, physicians don't make any money anymore. You know, unless you're a neurosurgeon, or orthopedic surgeon, or I don't know. But pediatricians? We don't make any money. Internists? Make a little more than we do. Um, family practice, we all make about the same. So, it's not -- it's different. I guess when the residents of today say they want to leave by five, I get they might be right, because that's what they're being paid, for nine to five hours {LG}. So, it, it's different. Medicine is different today. And so, I don't know.

KD: Is there anything else you'd like to bring up? Thoughts, memories, topics that we didn't touch on?

AR: Um, I think um, as a female, can you be a good doctor and still balance family life? You can, but it -- you really have to have a mate who works with you. You really do. Your mate has to work with you or if you don't have a mate who's working with you, you've got to develop a support system yourself so that that's there for you. Um, and that's one of the things that I learned, um, from, again, Renee Jenkins. She says, "Well, if you can't get your daughter all the time from daycare, or wherever you have to pick her up, then make sure you've got a support system. Make sure there's someone there who can do it if, you know, your husband can't do it. And so I kind of, kind of went along with that, with uh, advice that she gave me. And I think that it's good advice for any woman who's in, in medicine. You still are looked at as the mother, uh, when you have children, and your role hasn't changed just because you're a physician. And particularly if you're married to another physician, it definitely doesn't change because there's already one doctor in the family, and the fact that you're the second doctor, or you're a doctor on the same level means that you're still a mother. So you've got to cook the breakfast {LG}, pick them up from school.

KD: Mm hm.

AR: Make sure their clothes look, look their, look good. And again, if you don't, you've got to have an uncle or an aunt, a nanny or somebody who's there to help you out. You've got to incorporate that into, um, your, your daily life. It has to be there. Um, I was fortunate Tahira was a preemie, so I did have three months while she was in the nursery {LG}, to look for someone and to really interview someone that -- I didn't want a nannie, um, but I did want someone to be able to be there, um, when I left for, for work, until I came home from work. And so I was fortunate to be able to have, find someone to do that. You know, she was there in the morning. Um, I would leave, sometimes Tahira was still asleep, she hadn't woken up yet. And yet um, um, Matilda would come in and she'd get her out of the crib, and wash her up, feed her, do everything. And then when I'd come home in the evening she would have her, washed her for, her for bed, given her dinner. And all I had to do was play with her {LG}. So you have to have, I mean, if you're going to, to do that, you've gotta have a system set up such that you've got support. So family is good to have nearby to help you out with, uh, the things you do, 'cause you're not going to be able to do it by yourself as a female in medicine. Um, your responsibilities are going to be a little different than your husband if he's a physician. You can't, you just, you just can't expect that unless you've got a really, really understanding male who can do it. And even so, I mean, things like combing. I was talking to one of my colleagues yesterday. She has three, three, um, three um children, and we were just talking about females. How males don't comb hair very well {LG}.

KD: {LG}

AR: I mean, they just don't! I mean, so. Or when they go to dress their daughters, they just can't quite get that connection, the coordination of the clothes. And you expect that. And he's a male. Um, it's the same thing like, like I, I didn't have a son, but I'm sure that there were some things about getting the guys coordinated or something I would probably have messed up. Um, so, so you really do have to have a support system when you're raising children in medicine because you don't leave, unfortunately, one of the things that I really got tired of, and as you continue in

the practice you do get tired of, particularly if you're in an academic setting, and if you're not in academics and you're in single practice, or if you're in, um, um, group practice, you still have evening duties. Um, so in academics, you still go home, you have to prepare for the lecture that you're going to give the next day. Um, or whatever you're doing. Or if you're doing a research project, you still have to work on that. If you're writing a grant, you still. So you go home, you still have work to do. Um, and it goes on for a long time. Um, so you've got to have a good support system as a female physician working. Um, and be willing to say, "Yes, I do need help" {LG}. Because I think as females in medicine you learn to, you learn to be competitive, you learn to be autonomous. Um, um, you learn to give orders {LG}. Um, and you don't learn how to ask for help as well, and if you are a phenomenal female, which a lot of women are who are in medicine, you don't, you don't learn how to ask for help, and you need to learn to, to do that early, to recognize what you can and can't do and not be afraid to say "I need help when doing this. Can you help me in doing this?" And not -- and say no to some of the things that you should have said no to, instead of taking on. So if your Chair asks you to do, this, this, this, and this, you really have to figure out what you can and can't do. 'Cause you want to do all of them well.

KD: Mm hm.

AR: And you aren't going to be able to do all of them well plus have a home life, you can't do it. So you really do have to learn to say, "Well, I think I'll be, well, I'll be able to organize this and get this done. Is there anyone else on staff who could possibly do this one?" And you don't say, "No, I can't do it." But you learn how to say what you, you can do and how to position out to others {LG} in a nice way. And the Chair says, "Oh, maybe that's, maybe that person can do that." Or if you want to be Chair, you know, we have lots of women now who are Chairs and the challenges, the challenges that women have as Chairs are different than the challenges, the challenges that men have, or. And so, you learn now, as a, um -- Felice. What is Felice's? Oh, I got, I got her first name. No her last name is Felice. Marianne. Marianne Felice is one of my colleagues. She's an, uh, adolescent doc in the Boston area, and Marianne was Chair of Peeds. And you know, she, Marianne would tell you, you know, "It's tougher for me being Chair than some of my other colleagues who are Chairs." But you learn how to do it, you learn to be assertive, assertive. You learn to ask for what you need and what you want. Um, so it's, it's harder for a woman Chair, um, Chair of departments. It's just, you don't see a lot of women who are Chair of huge departments in academics, I think. But um, they, we, we can do it. We just have to make sure that that ceiling up there is not glass {LG}.

KD: Exactly {LG}.

AR: And we can push through it.

KD: Mm hm.

AR: So, so yeah. That's, that's my advice for the younger people. The younger ladies in medicine. You know, you want a career, that's wonderful, but also you want a family home, figure out the support networks that you're going to need to, to make both of them successful. And there are gonna be some times when one overlaps the other. Uh, 'cause I remember,

again, Renee Jenkins, her husband -- he's so funny -- when she was President of the American Academy of Pediatrics, she's the first African American, uh, female to be Chair of the American Academy of Pediatrics, I was talking to her husband one day, he says, "Well you know, I'm her um, I carry her bags." {LG}

KD: {LG}

AR: So yeah. So they worked out a good system. Um, I mean not that he, but uh, she, he went to a lot of her meetings with her, so they worked it together as a family. And it worked out well. So, yeah.

KD: Any other thoughts or comments?

AR: Mm, no, I -- when you, when I got your letter, I said, "I do need to come in and talk, because I don't think that she's probably going to have too many African Americans."

KD: There just aren't that many in the early seventies, none in the sixties.

AR: There weren't, there weren't too many at all, and uh, I thought I would come in and say, um, that um, you can do it. You overcome a lot. Um, and, I mean, I don't see, and I don't know how many African American students Jeff has now, but their goal I know when I was a, um, a resident and a student, was to have. They started out with ten percent, they wanted to increase every year, and I, it's actually instead of increasing, it's decreasing. I'm not sure why, um, but um. And I'd thought about approaching Jeff -- because when I was at Einstein, and I am an Associate Professor here at Jeff, at Thomas Jefferson University. Now I've retired, but I thought about approaching them to be, um, on the admissions committee so I would have some kind of insight into why there aren't more African American students, but I can tell you you've got to figure out what energy you're going to use where and how. And um, and I'm kind of tired now. I'm ready to retire. And um, not do anything in medicine.

KD: Mm hm.

AR: Pursue other things that I'm interested in, and just relax, a more relaxed life. Um, and I, the other thing that I find that is interesting to me is that throughout my career I was always, like in the back of my mind concerned that if I did something wrong that I would be sued. I was always a little concerned about that, so I tried to develop little steps to make sure that I covered everything, and I don't find that today. I don't think, I don't even think being sued is on their mind anymore. And I'm watching some of the med students do things and say "You know, you really need to make sure you document that a little better, your approach may be a little different. Do you think about being sued?" "No!" {LG} Ah, I don't know, it's a different time. It's clearly a different time. Um, and uh, you get adapted to it. But I thank you for calling.

KD: Yeah! I'm so glad you were able to come out and participate. This is wonderful.

AR: I'm glad I was able to come and talk. Um, it's been a very interesting experience. Uh, being an African American female physician. And in Washington, the experience is different. Um, Washington is an interesting city. There's a high, uh, African American middle class in, in

Washington so you get a lot more, and I, because you have, um, Howard University there, as the medical school, predominately African American medical school. So you have a lot of African American physicians in, in the city, and so it's not unusual to see a female or a male African American doctor. Uh, but here I think in Philly it's a little different, and you don't have as many. Um, so it's, it's, it's a, the response to you is a little different, I think here. Uh, but, where else have I worked? New York was different, New York is such a metro- such a cosmopolitan city so that, that doesn't compare. And L A was, L A was different too. So being in different places, that's the other thing I'd suggest to residents, too, is go to different, uh, hospitals, get different, different experiences. See how one person treats one thing, and another person treats the same thing differently. Did it mean any, either one of them were wrong? Or both of them were right? Probably, they're both probably right. It's just a different approach to it, and it's still cures the person, it still helps the patient. 'Cause that's the other thing I find too, that residents today learn one way, that's it. You can't do it any differently, because if you do it differently, you're not doing it right. I'm looking at them, "What?" {LG} Um, so, yeah, get a lot of experiences, 'cause that broadens you as a physician, gives you a more solid base, and you're able to open your eyes wider to, um, to do many more things than I think you ordinarily would. I mean something really simple, like, how do you treat, like, a little bump here? That looks like it might be infected, or something? Just put some heat on it {LG}. It'll go down, and your immune system will take care of you, and next thing you know it's a little pus, you squeeze it out, and you put heat on it and it's healed up. Did I have to put any antibiotics on it? No. Did I have to give? No, you don't have to do that. You don't? No! So, open up your eyes, yeah. I enjoy the young people. Saint Chris, I've enjoyed working with the residents there. They've been, um, uh, they've been good, good group, good group of residents. Good group of young people. So, you just keep moving on in life. That's it I guess.

KD: OK, wonderful.

[End of recording]