T.J. Dixon: I’m T. J. Dixon the interviewer for Drexel University College of Medicine. The successor institution for Woman's Medical College of Pennsylvania and The Medical College of Pennsylvania. Today is May 15th, 2003 and I’m here at the College of Medicine’s conference center with our camera man Jim Nelson and Dr. Doris Bartuska, a member of the Woman’s Med class of 1954. Dr. Bartuska. First of all I’d like to just start with (pause) why did you jus- decide to be- become a doctor? What, how did it all start?

Doris Bartuska, MD: It’s the wrong question to ask at the beginning because it’s a little convoluted.

T.J. Dixon: Okay.

Doris Bartuska, MD: Um, however I (pause) I was a music major and very interested in music throughout grade school, you know, coming from a small anthracite coal region. Uh, we got into music. Everyone was in a choir and that kind of thing.

T.J. Dixon: Oh really? Okay.

Doris Bartuska, MD: But then in high school, uh, I had a wonderful inspiring uh biology teacher, Ruth Willis. And I guess...

T.J. Dixon: So this was a woman?

Doris Bartuska, MD: A woman. And I.

T.J. Dixon: Yes.

Doris Bartuska, MD: got very turned on about Science and Biology but was still looking to a career in medi- In Music.

T.J. Dixon: Ahuh .

Doris Bartuska, MD: And then.

T.J. Dixon: Okay.

Doris Bartuska, MD: Um I went college. I started college the summer (pause) in fact I didn't even graduate with the class uh. I started summer school and it was the summer that all the veterans were coming back and they were trying to accelerate, you know, their education so they
started right away as I did. I remember, in my department there were only two women, and the rest were all these uh a little older, older men.

T.J. Dixon: Yeah.

Doris Bartuska, MD: And one of the first uh people I met was Dr. Charles Reif, who's still alive and we correspond, who is head of biology. And I took some science courses in the meantime a lot of music courses.

T.J. Dixon: Right.

Doris Bartuska, MD: Piano, Organ, Voice.

T.J. Dixon: Right.

Doris Bartuska, MD: And uh he said you know you have an aptitude for science so and we’re starting a pre med club.

T.J. Dixon: Oh!

Doris Bartuska, MD: why don’t you uh join. And um I thought well I ne- you know never thought about it. I was the first member uh our family, extended family, to go to college and I it never occurred to me. I was thinking at one time (pause) maybe nursing and then uh when I got involved with the science courses I did join the pre med club and before I knew it I was president.

T.J. Dixon: Wow!

Doris Bartuska, MD: And uh I think the uh gentlemen uh arranged that.

T.J. Dixon: Oh

Doris Bartuska, MD: I was the only one in the, in the group.

T.J. Dixon: Ha

Doris Bartuska, MD: And we would visit various medical schools and hospitals as part of the pre med uh (pause) thing. And really got very interested but I never thought I’d be able to do it.
T.J. Dixon: Now why do you think you didn’t think you’d be able to do it?

Doris Bartuska, MD: Well ah, I don't know. I guess no, no models. No uh (pause) you know I just uh never thought in that direction. The first person to go to college. I never knew a woman physician.

T.J. Dixon: Yes.

Doris Bartuska, MD: uh and uh I don't know if there might have been someone in Wilkes Barre but certainly not in Nanticoke, Pennsylvania.

T.J. Dixon: yeah haha.

Doris Bartuska, MD: Uh and then as I was continuing in music um I realized I had some talent but I could never make a career of it.

T.J. Dixon: Ahh.

Doris Bartuska, MD: As someone said uh ‘you have to make it in New York,’ and I didn't think I was going to make it in New York.

T.J. Dixon: Ahh

Doris Bartuska, MD: So uh I started shifting a little (pause) and uh (pause) with Dr. Reif’s urging I did uh decide on medicine. But then uh I had to take a few more courses.

T.J. Dixon: Yeah.

Doris Bartuska, MD: And uh the college I was in was called Bucknell Junior College.

T.J. Dixon: Hmm.

Doris Bartuska, MD: And many of the professors were from Bucknell University.

T.J. Dixon: Ahuh.

Doris Bartuska, MD: So I transferred down to Bucknell (pause) uh one summer // to take a little more science and math.
T.J. Dixon: Right.

Doris Bartuska, MD: Which I was a little weak in.

T.J. Dixon: Ahuh.

Doris Bartuska, MD: And then started applying to medical school.

T.J. Dixon: Wow!

Doris Bartuska, MD: So ah.

T.J. Dixon: How did you family feel about that? I mean it must...

Doris Bartuska, MD: Well their they were always very supportive. In fact uh my mother and father were heavy into education they never had the opportunity.

T.J. Dixon: Hmm yeah.

Doris Bartuska, MD: Uh to do that. Uh and uh I was always this sort of studious scholarly type. Anyway I loved books and uh I loved to read and uh was always looking for uh something else to do. And they just said ‘do what you think you want to do’ and uh you know it they had a small business there were four of us in college at the same time I don’t know how they managed in retrospect (pause) uh how they managed uh but somehow, of course a couple of us had uh scholarships and helped with tuition, worked a little to m-make ends meat. So then I a-at Bucknell, which was a marvelous university, uh m-more diverse and uh uh that was at t-that time that I started applying to medical schools. Now that is that a short answer to your question hehehehe?

T.J. Dixon: That’s a, that’s a perfect answer! Now where, where all did you apply? I mean did you know about Woman’s Med at the time? Was that a first choice or?

Doris Bartuska, MD: Uh no, what I did is I applied to essentially all the Pennsylvania medical schools ‘cause f-failure of opportunity for acceptance is better being from the state.

T.J. Dixon: Right.
Doris Bartuska, MD: And I applied to one or two in New York and one in Maryland (pause) and uh I have I-it’s probably still in the file oh it might even be in the archives, a letter from one of the med.. Maryland schools saying we’ve accepted our two women for the year. Now um...

T.J. Dixon: Unbelievable

Doris Bartuska, MD: Usually they were unstated qua.. uh you know quotas but th-they said we’ve accepted our two. And uh..

T.J. Dixon: So regardless of your qualifications (pause) that was it.

Doris Bartuska, MD: yeah it was uh that was the uh the story. And uh at that point I got alternate at Penn.

T.J. Dixon: Right.

Doris Bartuska, MD: And that was an interesting interview also uh. I remember the first question was oh ah “do you plan on getting married?”.

T.J. Dixon: Hahhh

Doris Bartuska, MD: You know here I am uh very naive uh from a small town, wore braids in my hair. And you know I hadn't even thought about that aspect of my life and then the second question was “well if you get married are you going to have children?” Well (pause) that, you know I just wanted to get into medical school. So uh, the questions were really off the wall.

T.J. Dixon: And what was, what if you’d answered yes what do you think would’ve happened?

Doris Bartuska, MD: Uh I you know I wasn't taking any chances. And uh I wasn't wasn’t sure. Uh you know I was honest about it that I hadn't thought that far ahead in my career. Uh and I did get an alternate acceptance to Penn, (pause) I must say after all of that. And then I got a acceptance from Woman’s Med.

T.J. Dixon: That, was there anything that you knew about woman’s med that (pause) made you want to apply there?

Doris Bartuska, MD: Well I had all the catalogues and we had a uh counselor at the uh university and they gave us, you know, statistics about all of them.
T.J. Dixon: Yes.

Doris Bartuska, MD: And uh when I got the acceptance there was no question that's where I was going to come so

T.J. Dixon: Okay

Doris Bartuska, MD: And it was, great decision for me I really flourished in this environment. I think I would've been chewed up alive uh be-just because of sort of the small town (pause) atmosphere that I grew up in.

T.J. Dixon: Right.

Doris Bartuska, MD: And didn't really know much about the world out there.

T.J. Dixon: Yes.

Doris Bartuska, MD: So uh it was...

T.J. Dixon: Wh what wh-what about the atmosphere that, was it that made you flourish do you think?

Doris Bartuska, MD: Well it was very nurturing. It was small. Uh there was a lot of comradery. You got to know uh you worked with each other you weren't that competitive with each other.

T.J. Dixon: Yes.

Doris Bartuska, MD: Uh an- I don't know if I should tell this but I think I'm probably the only (pause) medical student from Woman’s Med who never went to a Saturday class.

T.J. Dixon: Ohh. How did you...

Doris Bartuska, MD: And I would have one of my classmates do the notes would you a lot on carbon paper! Who even heard of carbon paper, uh today that is. And uh-

T.J. Dixon: I remember carbon paper haha.

Doris Bartuska, MD: And uh I would leave here friday afternoon after classes and uh head up to Nanticoke and uh by that time uh we had uh one, one daughter.
T.J. Dixon: Oh.

Doris Bartuska, MD: And then I would come back late Sunday w-with a lot of food. My mother would prepare things in bulk and uh we didn't even have a refrigerator where we lived. And we had it on the (pause) in the winter on the uh window ledges and uh we all shared. But uh and the faculty uh as a group, you know it was more one on one.

T.J. Dixon: Yes.

Doris Bartuska, MD: And you didn't feel that real competitive edge. I mean we all wanted to do well.

T.J. Dixon: Yes.

Doris Bartuska, MD: And we knew we had to do well. You know a woman in medicine uh you really felt you had to. In fact I overstudied! You know I didn't know what my capabilities were and (pause) I wasn't sure so I worked (pause) in fact I-I lost I-I didn't play piano anymore, I mean not much.

T.J. Dixon: Yes.

Doris Bartuska, MD: And uh would just spend all my time studying. And uh anyway it-it you were able to thrive, I-I was, it was uh just the right right environment. And as I developed both emotionally and uh (pause) uh knowing what the w-world out there was like uh I really found my place after a while and uh that's another long story and we can get into that as we go along.

T.J. Dixon: Now you say you’d already already had a daughter by that time so when did you ac-?

Doris Bartuska, MD: Mhuh in my junior, junior year mhuh.

T.J. Dixon: So you got married when?

Doris Bartuska, MD: Right at the uh week after my freshman biochemistry exam.

T.J. Dixon: Wow
Doris Bartuska, MD: I had been going with uh Tony who’s uh was at the Naval Academy (pause) uh in Annapolis. And uh of course you couldn't get married um and uh so we uh got to know each other during (pause) college.

T.J. Dixon: Yes.

Doris Bartuska, MD: He would come home from the Naval Academy and uh uh so that was the freshman freshman medical school ahh

T.J. Dixon: Now did the school frown on that when you got married?

Doris Bartuska, MD: Well t-there were about six of us in the class that were married. In fact we had a grandmother in our class Olive Bulk and then Thea Glass who’s someone uh that's uh really been uh a a major influence I think on all of us she was a uh a leader and taught us the ropes haha.

T.J. Dixon: Oh really?

Doris Bartuska, MD: And uh was just a uh superb person. Uh but I some of the faculty including women uh you could see were not comfortable with uh those that were married and were pregnant.

T.J. Dixon: Right.

Doris Bartuska, MD: I also, I felt occasionally that some of them were discriminated on. Like they would be asked to come up and present when they were like eight/nine months.

T.J. Dixon: Oh really

Doris Bartuska, MD: Um and I I had that little feeling a-at you know certain uh certain of the faculty it wasn't a widespread thing. Most of them were- many of them had uh children of their own, many were married.

T.J. Dixon: Yes.

Doris Bartuska, MD: But quite a few of them you know in those days. Even uh in my era uh it wasn't the norm.

T.J. Dixon: No.
Doris Bartuska, MD: I mean you were (pause) you had a profession and that was your life.

T.J. Dixon: Now if you'd been pregnant at another medical school would you have been allowed to stay?

Doris Bartuska, MD: Oh in many you’re not allowed to stay (pause) in those days. I uh I think that was a policy at a few of them. Uh once you got pregnant you were put on leave um.

T.J. Dixon: But you were allowed to stay at WMC.

Doris Bartuska, MD: And uh eventually you might be allowed to return.

T.J. Dixon: Mmm.

Doris Bartuska, MD: Depending on places in the class.

Dixon : yeah.

Doris Bartuska, MD: So uh it was a wh- you know totally uh different uh different environment.

T.J. Dixon: Now what about the uh support amongst students when you were...

Doris Bartuska, MD: Very supportive like the ones I’d mentioned uh (pause) six I remember were married. And when we’d be on duty you know during your- Here we you had like a junior internship in your senior year and we would have to stay in the hospital overnight uh a- in Anne Preston Hall um.

T.J. Dixon: Wow.

Doris Bartuska, MD: Down in the the basement. And there was a little lobby there and the uh husbands would bring in the pizza and the haha and the the food regularly. Uh and I mean we would share it with everyone but it was the the husbands who would uh provide all our nourishment you know all those haha snack items but uh that

T.J. Dixon: That must have already at that time felt really special I mean that's kind of special even in 2003 for husbands to be in the support role.
Doris Bartuska, MD: Yeah at th-very I mean I think thats makes the difference in a lot of uh marriages to professional women is the support of the husband.

T.J. Dixon: Yes.

Doris Bartuska, MD: And uh Tony was tremendously supportive, not only in uh (pause) supporting me and letting me um have a little independence.

T.J. Dixon: Yeah.

Doris Bartuska, MD: But uh taking care of children and housekeeping and uh. Of course the first couple of years of our marriage he was on a destroyer and his first assignment was in San Diego. In fact I.

T.J. Dixon: Wow.

Doris Bartuska, MD: I flew out to San Diego in a propellor! (pause) chop.

T.J. Dixon: Wow really? You’re kidding!

Doris Bartuska, MD: Took 12 hours.

T.J. Dixon: That's ‘cuse they didn’t....

Doris Bartuska, MD: And I was wearing a white suit and Tony said your face was whiter than your suit.

T.J. Dixon: Yeah, I can imagine.

Doris Bartuska, MD: When I got off that plane. But um so there was a lot of commuting uh there and then fortunately his next assignment was Newport Rhode Island which was still an 8 hour drive and then amazingly uh the Philadelphia Navy Yard.

T.J. Dixon: Wow, so you got lucky finally.

Doris Bartuska, MD: So finally uh we were getting to th- sense of family and uh so it was uh it was wonderful.

T.J. Dixon: Now you had children throughout your entire medical studies is that correct?
Doris Bartuska, MD: I had the first uh four children eighteen months apart.

T.J. Dixon: Wow.

Doris Bartuska, MD: That's what my obstetrician said (pause) your your health has to be, higher amount.

T.J. Dixon: Yeah.

Doris Bartuska, MD: So the soonest haa is eighteen months. so the first four were eighteen months so I had one uh in medical school, my internship, my residency, my fellowship, and then there was about a five year hiatus (pause) uh and then I had another child. And then we moved to uh California, just I had a sabbatical, and Tony was on the atlas missile project he was working for RCA, now GE, (pause) and was heavy into the spooks and NASA and uh we knew it was going like a (pause) l-less than a year and that was just a wonderful experience just seeing California we lived in Granada Hills.

T.J. Dixon: Oh nice yeah.

Doris Bartuska, MD: Right outside of LA and did everything you want to do in California. And then uh when we came back I had Mia, uh our sixth daughter who’s also a physician uh internal medicine, family practice.

T.J. Dixon: Wow.

Doris Bartuska, MD: So um it was a an interesting uh excursion.

T.J. Dixon: And how did the children react to their mommy as a as a professional?

Doris Bartuska, MD: Well it's interesting uh I felt all along uh that if I could see the family suffering I would be prepared to stop what I was doing and either go part time or something.

T.J. Dixon: Yeah.

Doris Bartuska, MD: I didn't want to do that because I saw so many women who did drop out.

T.J. Dixon: Yes.
Doris Bartuska, MD: This especially I saw as I when I was assistant and associate dean. And then they never got back into the mainstream.

T.J. Dixon: Yeah.

Doris Bartuska, MD: Y-you starting in the 50s 60s (pause) you know the textbooks were obsolete.

T.J. Dixon: Yes.

Doris Bartuska, MD: Everything you know all this new technology has happened in my lifetime.

T.J. Dixon: Right.

Doris Bartuska, MD: And if you didn't stay with it you then uh either got a job in a school district or some sheltered or administrative thing you never got back into the mainstream.

T.J. Dixon: Right.

Doris Bartuska, MD: So um I had that in my mind but I also felt uh you know if I could see something happening I would just change what I was doing.

T.J. Dixon: Auh.

Doris Bartuska, MD: Uh you still have tremendous guilt.

T.J. Dixon: Yes.

Doris Bartuska, MD: You know you're you’re going off to work and they might still be home at the window.

T.J. Dixon: Yeah right.

Doris Bartuska, MD: Ha “mommy mommy mommy!” Um and even when they were adults and in school one would be having one activity that you'd like to go to maybe a hockey game, and the other was having a science project.

T.J. Dixon: Yeah.
Doris Bartuska, MD: And they were the same time in different schools well what were you going to do? So uh fortunately Tony filled in a lot.

T.J. Dixon: Yes.

Doris Bartuska, MD: He would go to all the sports things and.

T.J. Dixon: Auh.

Doris Bartuska, MD: Cheer them all on he was a very uh avid athlete he even played football for Navy and in high school he.

T.J. Dixon: Oh my god.

Doris Bartuska, MD: Was basketball softball football uh I mean everything so uh.

T.J. Dixon: Haha.

Doris Bartuska, MD: It was there was a lot of athleticism in the family all the girls uh were into something.

T.J. Dixon: Right.

Doris Bartuska, MD: And uh so we uh we would.

T.J. Dixon: So it all worked out.

Doris Bartuska, MD: Follow all these games but uh between the two of us that's why I say the support system really has to be there and then of course we were blessed, I never had a live in help.

T.J. Dixon: Hmmm

Doris Bartuska, MD: Uh so my house wasn't the most spotless in the world. Uh In fact I would have them in their rooms uh and just close the door I say this is your…

T.J. Dixon: This is your mess!
Doris Bartuska, MD: This is for you! And uh but Mrs. G who stayed with us uh until the kids were off in college, would come in the morning and leave when I got home.

T.J. Dixon: Ahuh.

Doris Bartuska, MD: And uh if I had a meeting at night we had another uh very nice uh sitter right in the neighborhood who would come in for an hour or two if I had to come over here for a meeting or something but uh Mrs. G was the glue too that uh really kept uh all of us uh going. And there was always someone uh there for the children when they came home.

T.J. Dixon: Fabulous. Now what was it like when you left WMC and went into you know the the co-ed environment for your (pause) internship and your residences?

Doris Bartuska, MD: Well I didn't go into an all male medical school until my fellowship.

T.J. Dixon: Okay.

Doris Bartuska, MD: And uh uh at that point uh I had decided on a uh on endocrinology. Prior to that I knew I had to contain my medical career somewhat because of family responsibilities.

T.J. Dixon: Ahuh

Doris Bartuska, MD: So I thought ah anesthesia you know you call your hours uh or radiology.

T.J. Dixon: Right.

Doris Bartuska, MD: And uh ‘cuse there again you could pick your your expertise and decide uh what you are going to do and your hours are uh you know more controllable.

T.J. Dixon: Yes

Doris Bartuska, MD: And I remember being interviewed for anesthesia with Dr. Stone. Hrant Stone. H R A N T. I think she st- he may be still in the city but he was head of anesthesia at many of the uni- uh universities throughout the uh area and then was here at uh Women's Med.

T.J. Dixon: Oh okay
Doris Bartuska, MD: And I interviewed with him and uh he said he said, “Well what do you like best about medicine?” and I said oh I love internal medicine I said uh being with patients the challenges of making a diagnosis and he said well you don't want anesthesia.

T.J. Dixon: Right. Well thats...

Doris Bartuska, MD: So that was that.

T.J. Dixon: Well I can understand that.

Doris Bartuska, MD: And just around then (pause) endocrinology which was in its infancy.

T.J. Dixon: Yes.

Doris Bartuska, MD: It's like genetics was ten years ago.

T.J. Dixon: Ahuh.

Doris Bartuska, MD: Uh you know then it was all grinding up catal glands and animals and doing bioassay I mean no one really had a handle on what all these hormones actually did.

T.J. Dixon: Yes.

Doris Bartuska, MD: And I fel-felt gee this is maybe the field for me and also we had two very dynamic uh endocrine teachers. Mary Dratman who’s also been a past president of the alumni association who lives in the area, taught most of the course. And she had this enthusiasm for the whole field.

T.J. Dixon: Yeah.

Doris Bartuska, MD: And I I sort of felt that and uh I thought this may be it so then I looked at all the endocrine programs in Philadelphia ‘cause I felt I had to stay uh here.

T.J. Dixon: Yes.

Doris Bartuska, MD: And uh I was interviewed at all of them. Uh the two best were the ones at the University of Pennsylvania, with Dr. Rose, and then with Karl Pashcus at Jefferson.

T.J. Dixon: Ok.
Doris Bartuska, MD: And at that time I felt the best program, you know the broadest and in research and a lot of academics and a lot of teaching responsibilities (pause) were down at Jefferson. Somehow when I made.

T.J. Dixon: It was all male.

Doris Bartuska, MD: That decision, I wasn't thinking.

T.J. Dixon: Yes.

Doris Bartuska, MD: That it was an all male medical school.

T.J. Dixon: Yeah.

Doris Bartuska, MD: And then I got there and I was pregnant.

T.J. Dixon: Oh.

Doris Bartuska, MD: So uh (pause) at first you know it was a little intimidating uh. I couldn't even find a women’s restroom.

T.J. Dixon: Oh my goodness.

Doris Bartuska, MD: Uh had to ask some of the laboratory assistants. And some of the faculty were uh women, very few.

T.J. Dixon: Hmm.

Doris Bartuska, MD: Uh and the house staff was essentially male.

T.J. Dixon: Yes.

Doris Bartuska, MD: And uh (pause) I thought you know is this the right environment for me. But you know when when you're a fellow (pause) what you do is you get consults like say an internal medicine or surgical resident has a problem like diabetes or thyroid or “is that a nodule in the thyroid?” And they started asking for consults.

T.J. Dixon: Mhmm.
Doris Bartuska, MD: So that built my confidence that they knew I knew something.

T.J. Dixon: Ok.

Doris Bartuska, MD: And I really gave them terrific consults.

T.J. Dixon: Hahahaha

Doris Bartuska, MD: I must say and they used to call me mommy Bartuska. You know until I delivered but uh yeah I was mommy bartuska but that whole group, many of the uh residents that were there when I was uh training as a fellow stayed in the city and we really supported each other's careers you know we write letters of recommendation and.

T.J. Dixon: Right

Doris Bartuska, MD: We’d meet with them and uh there’s been that, that good feeling throughout so even though it was culture shock um.

T.J. Dixon: Yes.

Doris Bartuska, MD: Getting acquainted but uh the head of the department I think set the tone, Karl Pashkus, and his group they were very supportive I mean they let me.

T.J. Dixon: So you didn't experience any discrimination.

Doris Bartuska, MD: Not from uh not from the faculty uh there. And the only way was as I mentioned you know uh calling me mommy.

T.J. Dixon: Yes.

Doris Bartuska, MD: But I felt uh that they realized that I knew something about endocrinology and uh would ask for uh consults and that, that made me feel very good.

T.J. Dixon: Did you feel really well prepared coming from WMC?

Doris Bartuska, MD: You know I did. I did. And that’s you know I was concerned about that.

T.J. Dixon: Yes.
Doris Bartuska, MD: ‘Cause you don't know everything out there is sort of unknown. I think that's why I overstudied as a college student and a medical student. Uh I let go a lot of things in my life. That’s why I admire the medical students of today, like my uh youngest daughter, (pause) they kept their activities.

T.J. Dixon: Yes.

Doris Bartuska, MD: You know they kept their piano, they kept the whatever sports they had. They were out in the community they were a lot more involved in in everyday politics and.

T.J. Dixon: Ahuh.

Doris Bartuska, MD: Everything. where as I got so channeled early. Uh but it wasn't until I I got out into seeing what everyone else was doing that I felt ‘gee I know all of that’ you know.

T.J. Dixon: More.

Doris Bartuska, MD: Maybe more and then testing you know you had to take all kind of exams.

T.J. Dixon: Yes.

Doris Bartuska, MD: Uh to move up the next ladder. And I found out I was passing. So uh you know it was a slow evolution for me finally to gain the confidence that yeah I really not too bad. And uh I think it was just interacting with all of them seeing what they knew and how we did on test taking and how we made presentations.

T.J. Dixon: Right.

Doris Bartuska, MD: That uh are really uh and it was at that point too that I started thinking heavily about academics.

T.J. Dixon: Hmmm.

Doris Bartuska, MD: Academic medicine. ‘Cause I loved to teach.

T.J. Dixon: Hmmm.
Doris Bartuska, MD: I loved to teach. Now when I was growing up in Nanticoke as a uh piano student I did earn some money by being a piano teacher. So some of the little kids in the neighborhood, I would either go to their homes or they would come to ours.

T.J. Dixon: Right.

Doris Bartuska, MD: Uh so um I I started getting some confidence about how to relate to uh different people and uh just loved uh loved to teach um.

T.J. Dixon: Now is that when you came back to WMC?

Doris Bartuska, MD: And then yes uh in fact uh the people here knowing that I was going there just for my fellowship kept in touch and had job offers uh in fact Dr. Ava Fox who uh just died this year unfortunately who was uh truly a role model for so many of us. She was a radiologist but she was also the uh medical director.

T.J. Dixon: Ok.

Doris Bartuska, MD: Sort of part time. In those days it wasn't the the tasks that we have today.

T.J. Dixon: Yes.

Doris Bartuska, MD: With all the paper trail and all the new regulations. And uh she was looking for someone to help her and also the department uh I think Mary took a little leave of absence, Mary Dratman, and they were looking for a little help in endocrinology helping in the clinics so I came back knowing I would do part time administration.

T.J. Dixon: Right.

Doris Bartuska, MD: And then the bulk of my time uh in endocrine doing a lot of the teaching, handling the patients in clinic. It wasn't until later that I set up a endocrine practice within the hospital.

T.J. Dixon: Okay.

Doris Bartuska, MD: ‘Cause I felt you cannot teach without hands on.

T.J. Dixon: Right.
Doris Bartuska, MD: And seeing patients and knowing what the course of the disease and how people relate to them and so um uh that's sort of how it all uh all came to pass.

T.J. Dixon: Did were you pleased to come back to Woman’s Med?

Doris Bartuska, MD: I was, 'cause I you know people that I had known for a long time and uh uh as I said we kept we knew about each other's careers and how we were developing and who was doing what. And having been here for four years uh you know you get to know every hallway

T.J. Dixon: Sure.

Doris Bartuska, MD: Every room, everything.

T.J. Dixon: Do you think it being all women was particularly attractive as opposed to other institutions.

Doris Bartuska, MD: Well by that time you know we were getting we had already um most of the department chair were men.

T.J. Dixon: Hmm.

Doris Bartuska, MD: Uh now ob gyn uh was traditionally a a woman physician. Very strong women. Some very excellent people that's why uh the institution was known for its ob gyn programs.

T.J. Dixon: Auh.

Doris Bartuska, MD: Uh just because of their strong influence. But most of the other major departments were men.

T.J. Dixon: Right.

Doris Bartuska, MD: And that was true even when I was a medical student.

T.J. Dixon: Yes.

Doris Bartuska, MD: And a lot depended on how women were treated within those departments depending on the faculty chair.
Doris Bartuska, MD: I sort of realized that a little later uh when I got uh faculty chair that wasn't very supportive of women who wasn't supportive of women physicians at all.

T.J. Dixon: Even at WMC?

Doris Bartuska, MD: Yeah mhh. And then when we got a change in the guard all of a sudden I realized the difference with someone who sure will support us academically uh move us up uh ranks get our salaries uh equalized and uh (pause) it made a tremendous difference so.

T.J. Dixon: Do you think it was easier here to move up in positions than other institutions would have been?

Doris Bartuska, MD: Uhhh not not really.

T.J. Dixon: Okay.

Doris Bartuska, MD: Uh I mean I’ll give you my uh chapter and verse. Uh in fact I researched this and I wrote a paper on it uh many years ago about uh academic medicine, uh Women in Academia I.

T.J. Dixon: Yeah.

Doris Bartuska, MD: Think it was called with a question mark. Um women traditionally were kept in like associate or research associate levels.

T.J. Dixon: Right.

Doris Bartuska, MD: For a long long time. First of all they were low people on the totem pole and salaries you know were not. And advancement was not good yet we would see new faculty, frequently male come coming at already a professorship like associate or.

T.J. Dixon: Right.

Doris Bartuska, MD: Or assistant professor. And uh we knew those salary scales must have been uh a little higher. And it was about the time women were beginning to get together and talk about those things.
T.J. Dixon: Mhuh.

Doris Bartuska, MD: You know most of the time money didn't mean much to us. You know we’re married.

T.J. Dixon: Yes.

Doris Bartuska, MD: Husband had a salary.

T.J. Dixon: Right.

Doris Bartuska, MD: Uh that was the least of our interests at that time until you start having family and you knew you needed to have some kind of uh financial cushion. And uh let's see where were we going on this uh...

T.J. Dixon: Well the the the the whole.

Doris Bartuska, MD: Oh the moving.

T.J. Dixon: Yeah.

Doris Bartuska, MD: Uh yes and the point uh then was a lot of us uh women faculty started meeting together over lunch.

T.J. Dixon: Hmm.

Doris Bartuska, MD: Very informally. And we’d start talking about things within our department oh what salaries are you know.

T.J. Dixon: Mhh.

Doris Bartuska, MD: You never knew, they never published, now you know it's an open book who gets what.

T.J. Dixon: Right.

Doris Bartuska, MD: How long have you been associate pr- I think I must have been uh uh an a-associate (pause) 10, 12 years or something like that.
T.J. Dixon: Wow

Doris Bartuska, MD: I’d have to look at my CV to remember but it was a long time.

T.J. Dixon: Yes.

Doris Bartuska, MD: And uh then uh as endocrine, as I’m doing endocrinology all of a sudden it real- I realized that so much endocrine was genetic.

T.J. Dixon: Hmmm.

Doris Bartuska, MD: Ran in families.

T.J. Dixon: Right.

Doris Bartuska, MD: More common in women.

T.J. Dixon: Yes.

Doris Bartuska, MD: And some were very a genetic disorders with problem with an enzyme or some basic system

T.J. Dixon: Right

Doris Bartuska, MD: And it was that time that were were just talking about the helix I mean we didn't know anything about DNA

T.J. Dixon: Yeah.

Doris Bartuska, MD: And [Jacobin Mino] just had this new model about and I thought I’ve got to retool in genetics.

T.J. Dixon: Ahuh

Doris Bartuska, MD: So uh I uh applied for a sabbatical, which was very difficult in coming. All those papers are in the archives. Uh and I applied through the NIH, they have special fellowships just for what I’m telling you about fac- who were already established faculty.

T.J. Dixon: Right
Doris Bartuska, MD: But want to move on to the next level.

T.J. Dixon: Yeah

Doris Bartuska, MD: Either get a specific skill, learn a certain technique. And so uh I never even asked for a sabbatical salary I got it on my own to cover that and the big genetics department in uh Philadelphia at that time was the University of Pennsylvania.

T.J. Dixon: Okay

Doris Bartuska, MD: That's where we got the chroma- the Philadelphia chromosome and they had a very strong department already Billingham, and Noel, and uh George Ludwig who uh sponsored me you have to have a sponsor uh sponsor there. And [ri-ri] just around that time it was uh there was going to be a faculty meeting and they uh list who’s going to be promoted to the next level.

T.J. Dixon: Yeah.

Doris Bartuska, MD: And its unwritten in academia that once you pass your boards you’re automatically go up the next rank like assistant or associate professor wherever you were. If you pass the boards I’m sure Margret is...

T.J. Dixon: Yeah.

Doris Bartuska, MD: Anyway uh I see the list.

T.J. Dixon: Yeah.

Doris Bartuska, MD: And I’m not promoted.

T.J. Dixon: What?

Doris Bartuska, MD: That’s what I said.

Dixon : Ohoh god.

Doris Bartuska, MD: And now even then I was sort of a uh very shy soft spoken and I didn't raise any.
T.J. Dixon: How long had you been teaching? You'd been teaching quite a while..

Doris Bartuska, MD: Oh yes I would have been uh (pause) maybe 10 years or so.

T.J. Dixon: Wow.

Doris Bartuska, MD: I mean it was uh quite a quite a while and uh I just couldn't believe it and it was too late to go to see the department chair so at the meeting I remember [Dr. Leighmaster] was running it.

T.J. Dixon: Yeah.

Doris Bartuska, MD: And I raised my hand and I uh said ‘Dr. Leighmaster do you think we could hold up these academic appointments until another meeting is held.’

T.J. Dixon: Yeah.

Doris Bartuska, MD: Now, you know, and then he said well you know that ‘none of you then will have academic appointments until that happens’ he said ‘we’re going to the board of directors these all have to be approved.’

T.J. Dixon: Ohhh.

Doris Bartuska, MD: And uh you know I always stand it's my uh uh grade school teaching when someone talks to you you stand and answer the question, which got me laughs in high school when I did that the first time you know ‘what’s she doing standing up,’ anyway I stood up and I uh asked if they would just hold up those promotions and they would have another meeting and you know what they took a vote and the faculty voted to postpone their own academic appointments.

T.J. Dixon: In support of you.

Doris Bartuska, MD: In support of me and they didn't even know what I was asking about. Well right after the meeting uh the head of the department who was then uh Dr. Harris and Dr. Leighmaster.

T.J. Dixon: Yeah.
Doris Bartuska, MD: Saw me and they said ‘why are you bringing out dirty laundry in this open setting,’ and there’s that note uh which was on my desk it’s in the archives, not signed. But uh anyway uh I had I had a note uh about that and I said ‘Harris’ uh you know I go ‘I passed my boards!’

T.J. Dixon: Yeah.

Doris Bartuska, MD: He said ‘yes but you’re taking a sabbatical.’ I said ‘there've been other people who’ve been..’ you know [what you means] you're coming back taking a sabbatical ‘cause I could cite chapter and verse there were one other two that I knew in this similar situation uh where they were uh promoted. And uh (pause) I mean it was for me it was probably one of the worst moments of my life. I was churning I mean my [atical] immune level must have been out of sight um.

T.J. Dixon: But do you and I mean I this was I think gender discrimination don't you think? I mean.

Doris Bartuska, MD: Well that was his answer was ‘you’re taking a sabbatical’ and I knew that other people were promoted when they got their boards and either.

T.J. Dixon: Period yeah.

Doris Bartuska, MD: Moved or something. So that finally was resolved uh after much wrenching I had to go to uh grievance committees.


Doris Bartuska, MD: Grievance committee meetings. It was, you know, for me who sort of low key uh still you know uh happy everything going to be wonderful type um I could not believe a-all that was happening and uh [Harrisman] said ‘you have to do what, what you feel is right.’

T.J. Dixon: Absolutely.

Doris Bartuska, MD: And uh yet I I remember I would come in and my heart would beat thumping away and it was like that adrenaline rush.

T.J. Dixon: Right.
Doris Bartuska, MD: And uh met with all the the grievance committee people and they uh agreed that I should be promoted but that took that took an effort uh haha it aged me you know like a month or so.

T.J. Dixon: Yeah.

Doris Bartuska, MD: But um (pause) that was finally resolved [yeah] and the other place we saw it too we did as I was digressing there about the f- salary scales.

T.J. Dixon: Right.

Doris Bartuska, MD: It wasn't until women started talk and then some men mentioned what they would uh make and it wasn't until we got a new department chair, now i'm talking specifically about my department i'm not sure about some of the other departments, but in those fa- in those meeting with other faculty they too felt um their salaries you know they weren't being promoted and their salaries were low. Uh and then uh we got uh a Dr. Don K.

T.J. Dixon: Hmmm.

Doris Bartuska, MD: Who wanted us to all be over achievers and every everything and uh prompted us right away and got a salary equality.

T.J. Dixon: Oh.

Doris Bartuska, MD: And uh even helped uh for example there was one year when I by that time I had an endocrine fellowship training program of my own supported by the NIH.

T.J. Dixon: Auhu.

Doris Bartuska, MD: And we were running a little out of money and he just advanced it. I mean I never paid it back haha but uh I mean he was uh uh that way and very supportive of us. So before I knew it he made me umm a section head Director of Director of Endocrinology so I was director of the program and the training program and uh I’ll uh’ even remember uh at one of our we used to have weekly meetings of all the department uh chairs and uh sections and uh by that time we were getting subspecialty boards, you know it was gastroenterology and cardiology you know.

T.J. Dixon: Auhu.
Doris Bartuska, MD: Medicine changed so and for the first year that was 1972.

T.J. Dixon: Yeah.

Doris Bartuska, MD: Uh they were giving endocrine boards now I didn’t plan on taking them I thought I’ve been doing endocrinology all this time if I don't know it I don't know it.

T.J. Dixon: Yeah.

Doris Bartuska, MD: Uh but then he did the magic statement he said ‘and I will pay’ you see the tuition for those exams is is a lot.

T.J. Dixon: Oh wow.

Doris Bartuska, MD: You know 900 dollars 1,000 dollars.

T.J. Dixon: Oh!

Doris Bartuska, MD: And we were all fairly struggling you know with the family and everything else um. And so I for the couple of reasons first of all I was tired of taking tests.

T.J. Dixon: Yeah.

Doris Bartuska, MD: And when I saw the cost but then he said I want you all to take them and uh I’ll the the department of course we were we were uh on [a a a a such] a salary that if we made money uh through our private practice it would go into the department of medicine pool.

T.J. Dixon: Oh.

Doris Bartuska, MD: So then if we needed to pay a liability insurance or go on a uh trip uh for you know a research meeting or something it would come out of that that pile which is the way academic medicine does.

T.J. Dixon: Okay.

Doris Bartuska, MD: You know that's sort of evolved in my time too. So uh with that challenge I went in cold I, you know, I felt I got to know it I’d been.

T.J. Dixon: Yeah.
Doris Bartuska, MD: Teaching it I’d been.

T.J. Dixon: Sure.

Doris Bartuska, MD: Training my fellows in fact they keep you current.

T.J. Dixon: Yeah.

Doris Bartuska, MD: Students and that's why I love teaching so much uh you know by their questions you know boy you’ve better be right with it. In fact I would always read the New England Journal the night before we would have any of these sessions ‘cause I knew they were reading it also. So anyway I did take the exams and uh passes and it wasn't until about a month ago that I got a call from the american medical women's association. They have a gala every year called the international women (pause) uh (pause) I fr- any way it's citing uh women in medicine.

T.J. Dixon: Oh okay.

Doris Bartuska, MD: Internationally. And they said this year we’re going to cite those that took their specialty boards and their sup specialty boards first. And uh two of us are getting it for being the the first time recipients uh Dr. D-Deforge in hematology who’s one of the associative editors of the New England Journal.

T.J. Dixon: Oh.

Doris Bartuska, MD: Very uh prestigious person. And I was amazed to find out that I was picked because I took ‘em in ‘72, which was when they were first given, and I passed. And they told me something I never knew, that only 8 women passed. Now I don't know how many women nationally took them that year.

T.J. Dixon: Yeah.

Doris Bartuska, MD: ‘Cause a lot of women were going into endocrinology but the first time it's given uh I think you sort of hesitate taking it.

T.J. Dixon: Yeah.

Doris Bartuska, MD: Uh so anyway uh June 27th of uh this year uh they're having a gala in Washington. And uh..
T.J. Dixon: Where you're going to be honored.

Doris Bartuska, MD: So I’ll be honored and then their honoring about uh 8 women posthumously who took like their surgical boards like 1912 or 1933 and [Alma Murony] who was one of the first uh in surgery, in plastic surgery.

T.J. Dixon: Yeah.

Doris Bartuska, MD: Is being honored and this is her gallery that were-.  

T.J. Dixon: Thats right. 

Doris Bartuska, MD: That were in today the [Muryony] Art Gallery. So anyway I as I said I just found out about that and uh it was a re- uh revelation but I’m I’m pleased. So the family’s gonna come down and.  

T.J. Dixon: Congratulations. 

Doris Bartuska, MD: We’ll see washington and uh and. 

T.J. Dixon: That’ll be good. 

Doris Bartuska, MD: Yeah so that just happened.  

**Break in audio tape (no lost information)**

T.J. Dixon: Now you were obviously on the the faculty when WMC decided to go coed. Uh how did you feel about that and how did your colleagues feel about that at the time? 

Doris Bartuska, MD: As a matter of fact I was at by NIH fellowship at the University of Pennsylvania when the the decision and all the meetings were taken place regarding going coeducational. So I was a little on the fringe of it. I got to a few of the meetings but I wasn't as active as I was uh when I was here. 

T.J. Dixon: Right. 

Doris Bartuska, MD: Uh so when I came back the decision had already been made and the name and etcetera. And at first I was disappointed in that I, I really felt that there was still a place for
women in medicine to be the primary uh focus and for uh programs that supported women in medicine, uh academically and in leadership positions and I wasn't sure that this was the right way to go.

T.J. Dixon: Right.

Doris Bartuska, MD: And uh then uh came back to the environment and uh 6 males uh had been admitted and the question arose in my mind also ‘how do they feel about being here in this environment?’

T.J. Dixon: Right.

Doris Bartuska, MD: And I was thinking about my experiences at Jeff. And in fact uh we had a conference every friday afternoon, uh it was an endocrine conference, but I asked them if they would come to that instead of having a scientific conference about just telling us how they feel the transition uh.

T.J. Dixon: Oh interesting.

Doris Bartuska, MD: ‘Cause by this time they were into it for a couple months and uh and it was interesting I wish I had a tape but I think they were all a little redisent to talk it might have been too early.

T.J. Dixon: Mhh.

Doris Bartuska, MD: For them to really feel I I think they felt like a little uh uh in a fish pond you know.

T.J. Dixon: Yes.

Doris Bartuska, MD: Uh everyone was watching and uh there again too I think they felt you know they really had to be excellent and uh but as a group uh they worked out fine. We had a good interaction with them and uh my other concern other than you know what are we going to do about our primary mission was women in medicine.

T.J. Dixon: Right.

Doris Bartuska, MD: And by that time the departments were all expanding tremendously.
T.J. Dixon: Mhh.

Doris Bartuska, MD: And most of the incoming uh faculty, especially those you know associate professor, professor, were uh men.

T.J. Dixon: Okay

Doris Bartuska, MD: The other thing they brought with them, not only were they uh innovative, and medicine was changing. You can't imagine the differences I mean medicine is certainly like nothing like it was when I entered as a medical. And um you could see their their enthusiasm for you know being sort of pioneers now.

T.J. Dixon: Right.

Doris Bartuska, MD: In a whole new environment. And a lot of them brought research money.

T.J. Dixon: I see.

Doris Bartuska, MD: You see uh.

T.J. Dixon: Yeah.

Doris Bartuska, MD: Woman’s Med and early on MCP were heavily clinically training. We had some very good basic science but most of them talked or had small grants we never had a lot of research money.

T.J. Dixon: Mhh.

Doris Bartuska, MD: So we didn't have graduate students we didn't have the activities in a post graduate uh program. There a few scattered here and there.

T.J. Dixon: Yeah.

Doris Bartuska, MD: But uh there’s a certain amount of enthusiasm that you get in another perspective when you have all different disciplines.

T.J. Dixon: Yes. Yeah I see that.
Doris Bartuska, MD: Uh working working together. So that as it evolved I changed from ‘well maybe this isn't as bad as I thought it was going to be’ (pause) however we have to still keep a special nook for doing things for women in medicine.

T.J. Dixon: Right.

Doris Bartuska, MD: ‘Cause it uh now we have medical schools that are 50/50 women and women are really uh entering all fields uh all the way up to professorships and heads of departments. But then it was just it was in its infancy really.

T.J. Dixon: Right.

Doris Bartuska, MD: And uh I I wasn't sure what the long term was going to be. And so that uh you know they set up the women in medicine program with Dr. Woodside. Although I think we were behind, we were late. We should have been pioneers in that.

T.J. Dixon: True

Doris Bartuska, MD: And we had talked about it, I remember talking with some of the deans and even some of the faculty. I said ‘the NIH has a lot of money uh to put into advancing women in uh medicine and scientific disciplines we should apply for some of those and really be be this center.’ So by the time we got into this, which is unfortunate, many other institutions were already beginning to uh develop their own programs and accepting a lot more women and there were a lot more women in science. Uh so.

T.J. Dixon: Well do you think that was maybe because they just it was so self understood here? [It was not considered special?].

Doris Bartuska, MD: Yeah I I think that’s that was it. I think you know it was something we were always doing.

T.J. Dixon: Yes.

Doris Bartuska, MD: So you know we’ve always done it let's continue what we’re doing. But it, by that time it took on a whole new perspective.

T.J. Dixon: Right.
Doris Bartuska, MD: You know we uh it was not only uh supporting women getting in and advancing them but to getting them in leadership positions. Uh back when I wrote that paper that I alluded to earlier, only 9% of all the professors in the United States were women.

T.J. Dixon: Wow.

Doris Bartuska, MD: 9%.

T.J. Dixon: That's

Doris Bartuska, MD: You know I haven't seen recent statistics or I’m sort of out out of that.

T.J. Dixon: Yeah.

Doris Bartuska, MD: But uh you know it was a uh a eye opening experience.

T.J. Dixon: Mhh.

Doris Bartuska, MD: So uh it with those uh uh background uh I think it it turned out to to work fine and uh uh the uh women in medicine uh center um after its lost some of its funding, ‘Cause we had some special programs uh that were funded uh for example uh they would take students in the summer who were undecided about medicine or pure science, basic science.

T.J. Dixon: Right.

Doris Bartuska, MD: And uh put them get them a mentor in someone’s lab or in someone's department. And then have we had core lecture series over the noon to one o’clock about different things in medicine: surgery, medicine.

T.J. Dixon: Right.

Doris Bartuska, MD: Radiology, everything that's developing. And a lot of uh people who were uh uh early on thinking of basic science went into medicine and some who were thinking about medicine went into uh basic science. My daughter was one of them. She was at Lehigh, not in the accelerated program, she was a traditional uh student there. And took one of the summer programs ‘cause at that time she was thinking about basic research.

T.J. Dixon: Right.
Doris Bartuska, MD: She was interested in doing a lab and, and by the time she finished the program she said I’m going into medicine I love that patient care and that clinical aspect.’ So uh that was a fine program and then when the funding uh decreased as it was nationally.

T.J. Dixon: Yes.

Doris Bartuska, MD: You know all the funds are drying up for specific projects. But then uh there was such a support for women in medicine

T.J. Dixon: Right.

Doris Bartuska, MD: That uh there were all kinds of innovation programs uh being uh being developed. So it was nice to be to have been part of that.

T.J. Dixon: Do you think anything’s been lost since it's gone coed? I mean in the emphasis that in for example the way you treat a patient I mean how do you think WMC taught medicine and patient care as opposed to?

Doris Bartuska, MD: Well uh you know its its hard to know what everyone else is doing but uh my perspective uh and for many, uh women especially treating women you know we know about hahaha certain symptoms and uh and counseling and uh child rearing and uh obstetrical care and gynecological things. And spent I think a little more time uh getting symptoms and uh and uh treating them. I mean there are a lot of fine male ob/gyn people out there doing similar things but uh if you look at some of the old statistics I would look uh the new ones many women physicians spend more time with their patients. For example I never saw a pa- a new patient for less than an hour and even a follow up less than a half hour sometimes forty five minutes depending on the complexity. And now with manage care.

T.J. Dixon: Oh.

Doris Bartuska, MD: You see how many patients they have to go through. I think it's like ten uh ten, nine to ten, eleven minutes max.

Dixon : Yes.

Doris Bartuska, MD: Uh for a follow up. Um so it the whole way we deliver uh medical care is so different so it's hard to uh say what we were doing then and comparing it to what we uh what we do now and.
T.J. Dixon: Right.

Doris Bartuska, MD: uh how those uh difference impact on patients and and uh women in medicine generally.

T.J. Dixon: Well there was anything uh like if you were doing the documentary on WMC what is that you would not want the world to forget?

Doris Bartuska, MD: Oh the fact that uh Woman’s Medical College was a pioneer. I mean you couldn't get into a medical school just look at the old history you know uh Blackwell and some of the early uh physicians. And they were always looked at second rate citizens.

T.J. Dixon: Mhh.

Doris Bartuska, MD: Uh and it's true a lot of their the uh teaching facilities in the old days were 3rd 4th rate facilities. And uh even uh have don’t remember the uh dates correctly but it was difficult for women to get into the co- uh county medical societies.

T.J. Dixon: Wow.

Doris Bartuska, MD: They wouldn't allow women uh to participate at all.

T.J. Dixon: Mhh.

Doris Bartuska, MD: There were even marches you know like the suffragettes haha.

T.J. Dixon: Right.

Doris Bartuska, MD: Uh marching uh and uh it was a real uh real movement. So you have to, you know they really paved the way for us. By the time some traditional medical schools were uh developed just like uh Woman’s Med. There was an absolute place for us uh ‘cause there was no other comparable thing uh any other school that really survived uh that whole [turntable] period uh as did uh Woman’s Med. And uh also the fact uh not only did we train in those days most of the women physicians uh and a lot of them did uh did not marry but stayed continued with tradition of uh pr- the professional uh professional woman. And it was teaching the mentoring you know ‘I did this now you do this’ uh excetra that uh really worked uh worked so well. And also as we uh became a little more uh involved in what was happening to women in medicine, developing special programs for them. Uh we had part time residencies say two people took the place of one person. Uh you always felt like a second rate citizen ‘cause they would say
‘oh well she’s leaving at 3 o’clock and I’m gonna be here until 7.’ You know so you you could sense that. Um uh and then we had a retraining program.

T.J. Dixon: Mhh.

Doris Bartuska, MD: Which was marvelous what you know when uh lot of women would go out a-and take maybe a few years off and then wanted to come back.

T.J. Dixon: Right.

Doris Bartuska, MD: And maybe not go back into their original specialty maybe they wanted to go into some administrative thing or pharmaceutical research or uh part time doing some other specialty. We had a retraining program here for many years t-to actually have them uh develop enough skill so they could get out there and do the next thing. And would you believe it before long we had males applying. You know people I know we had a couple from California, plastic surgeons, who couldn't quite make it financially and you know there were just a glut of.

T.J. Dixon: Yes.

Doris Bartuska, MD: Why in California oh I’ll never know I’ll never know. Anyway um finally we ha- we had uh men the same thing. Some either changing their specialty or by that time you know manage care was coming in and all the administrative things and many of them just wanted to stop hands on.

T.J. Dixon: Mhh.

Doris Bartuska, MD: And go into a more desk job. Yet some that were in administration wanted to get back into patient care and that was the tough thing for them. Touching a patient for the first time you know and interacting and taking the history they floundered worse than a you know first year medical student. Uh it’s it's a whole different kind of thing and I think it was just ‘what am I doing here’ you know ‘how do I approach this clinical thing when I’ve never I haven't done it in years.’

T.J. Dixon: Yes.

Doris Bartuska, MD: And um we gave them that kind of hand on one on one uh uh training. And I mean it was uh superb uh we don't have it any longer as far as I know but we’ve then gone into the ELAM programs and the special programs for for women not only now to excel in academic medicine but in the world.
T.J. Dixon: Yes.

Doris Bartuska, MD: At at all uh levels. So uh yes I think uh we did a great job with what we had and uh we the trends have changed so when we have.

T.J. Dixon: Hmm.

Doris Bartuska, MD: You know as I mentioned earlier uh when I started uh practice my I had medical protective insurance which was fifty dollars a year.

T.J. Dixon: Oh hahaha.

Doris Bartuska, MD: Now uh you know and I was not a invasive person you know the only thing endocrinologist did were finding lacperations.

T.J. Dixon: Yeah.

Doris Bartuska, MD: Uh it's up in the thousands i’m not sure what it is now but mine was up to about nine, ten thousand. But the high specialties like uh ob/gyn, neurosurgery they’re up in the near the two hundred thousand level. In fact i’m going to speak to this because my uh daughter the physician Mia’s husband, Tom, is an anesthesiologist, which is one of the highest uh liability insurance uh numbers around. They actually just left Pennsylvania for Maryland where he-here he was going to pay a hundred and eighty thousand, in Maryland thirty thousand.

T.J. Dixon: Oh my goodness.

Doris Bartuska, MD: And she was something like in family practice part time here almost thirty thousand, in that range, and down there it's only about six. So uh you know it's really a crisis in uh Pennsylvania and you've probably read and read about it just like California had a crisis until they uh did something about liability insurance and caps and different uh different things. But [uh uhuhuh the uh] past president of the uh Pennsylvania Medical Society’s a neurosurgeon at one of our prestigious suburban hospitals. He’s been out of practice now for three years and they haven't found a replacement.

T.J. Dixon: Gosh.

Doris Bartuska, MD: Uh so uh and a lot of the obstetricians are just doing uh you know inpatient gynecology and office practice.
T.J. Dixon: Right.

Doris Bartuska, MD: And uh anyway and then we’ll be hearing a lot about the demise of the manage care programs I’m sure you're going to that's going to be an.

T.J. Dixon: I’m sure.

Doris Bartuska, MD: An issue uh as we go along. But uh to just to summarize uh yes I think uh Woman’s Med played a big role early on.

T.J. Dixon: Mhh.

Doris Bartuska, MD: In getting us where we are and then developing special programs to get our expertise in some unique necessities uh that women in medicine have uh to really get out the field in and get into leadership uh positions: administrative, teaching, surgeon general.

T.J. Dixon: Mhh.

Doris Bartuska, MD: Department chairs.

T.J. Dixon: Do you think women have it easier now it going into medicine?

Doris Bartuska, MD: Well I think it’s easier to get in.

T.J. Dixon: Mhh.

Doris Bartuska, MD: But I think what’s happened to medicine, is very difficult. Uh you know everyone you don't go into solo practice anymore, which is what everyone did in those days. Now you either go in with a group.

T.J. Dixon: Yeah.

Doris Bartuska, MD: Or you get into some manage care situation or uh a pharmaceutical place or uh into uh a medical school faculty.

T.J. Dixon: Mhh.
Doris Bartuska, MD: Uh I mean it's it's totally different. And the the paperwork and the bureaucracy and the things that one you know the paperwork itself I mean in some offices you know where you're in a manage care you need referrals to go to your doctors.

T.J. Dixon: Right.

Doris Bartuska, MD: If you have that kind of uh insurance coverage. And they have either one or two people in that uh office just dedicated to filling out those referral forms.

T.J. Dixon: Yeah.

Doris Bartuska, MD: And what does that do to to office overhead.

T.J. Dixon: Yeah.

Doris Bartuska, MD: And then um the insurance rates, well you know it's very uh multilayered and uh for that reason uh just the practice of medicine has all these burdens and the inspector general watching over you and all the new rules uh that are taking place in the office so in that context you really have to be a business uh economist.

T.J. Dixon: Hmm.

Doris Bartuska, MD: I know a little legislation uh to practice comfortably and uh so you know you just can't compare.

T.J. Dixon: No.

Doris Bartuska, MD: Totally uh totally different. And the frustrations that you feel when you're out there uh.

T.J. Dixon: Mhh.

Doris Bartuska, MD: And you know people can come into your office and look at your Medicare billing. Uh Inspector General can check anything out if you haven't documented this that's why you're seeing so many hospitals have to pay back Medicare 'cause they said 'no you didn’t document that it wasn't eit-either written by the attending or uh who saw that patient’ and uh actually look at the hospital notes. I mean some of that had to be you know we need to be poleiced.
T.J. Dixon: Right.

Doris Bartuska, MD: Um and we have to make sure everyone’s doing the right job. And most people are.

T.J. Dixon: Yeah.

Doris Bartuska, MD: Uh and its just the intrusion.

T.J. Dixon: Right.

Doris Bartuska, MD: On that and now you know the patient uh doctor relationship, you know, that has eroded uh you know if you don't spend time with your patient how are you going to get to know them.

T.J. Dixon: Right.

Doris Bartuska, MD: And uh I mean uh you know there’re a lot of anecdotes like there I mean I had patients who would bring me the s- the fruit and vegetables and tomatoes and peppers from their garden. Uh someone knew I liked fish and would bring me Shat and Shat Row ha.

T.J. Dixon: Ahh.

Doris Bartuska, MD: Enough you know for an army with a b- uh big bag full of things. And I mean we got to know them, we got to know their families, but that takes time.

T.J. Dixon: That takes time.

Doris Bartuska, MD: And you have to be available you have to be on the phone. Now it's all answering machine and voicemail.

T.J. Dixon: I know.

Doris Bartuska, MD: Press one press two.

T.J. Dixon: Right.

Doris Bartuska, MD: Press ten press zero. I’ve finally realized quite a long time ago just go to zero.
T.J. Dixon: Go right away.

Doris Bartuska, MD: And maybe you’ll get a person.

T.J. Dixon: Yeah that's true.

Doris Bartuska, MD: So anyway uh it’s it’s complex it’s not the same uh truly. It never will be but it’s changing some of these things are going to uh work uh themselves out just because of patient and physician throwing up their hands you know it's really. Especially here in Pennsylvania right now it’s crisis situation. Were ha- you know we train we have all the medical schools, we train probably more uh physicians than any other state.

T.J. Dixon: And yet they can't stay.

Doris Bartuska, MD: And they're not staying.

T.J. Dixon: Yeah.

Doris Bartuska, MD: They used to stay you could see lot of the uh residents would come stay and then go on the staff or set up a practice in the area. Now you h-have this uh mass exodus and uh.

T.J. Dixon: [It’s] tragic.

Doris Bartuska, MD: I-Its really tragic. Uh you know we train them hoping they’ll stay in these these communities and many of them are Pennsylvanians but when they see the climate

T.J. Dixon: Yeah.

Doris Bartuska, MD: Of uh everything that's happening in medicine and of course its nationally there’s all these intrusions.

T.J. Dixon: Sure.

Doris Bartuska, MD: But I think I’ve spoken enough about that.

T.J. Dixon: Well let's move on then to perhaps the leadership positions that you’ve had in uh sizable and important medical organizations. Um particularly talk about the A-AMWA and.
Doris Bartuska, MD: Oh

T.J. Dixon: What you feel you can do there and.

Doris Bartuska, MD: Mhh Alright uh. I have been (pause) as as you’ll see when I rattle some of these off I have been a believer in organized medicine.

T.J. Dixon: Mhh.

Doris Bartuska, MD: I think we have to band together, lot of coalitions, uh lot of different establishment to really get, get things done. So uh one of my.

T.J. Dixon: You mean particularly as women or just as doctors?

Doris Bartuska, MD: Uh doctors.

T.J. Dixon: Yes.

Doris Bartuska, MD: In general.

T.J. Dixon: Okay.

Doris Bartuska, MD: Yeah and and women too uh within uh within that whole uh grouping. But my first uh involvement in organized medicine was with the Philadelphia County Medical Society.

T.J. Dixon: Mmm.

Doris Bartuska, MD: Uh I was uh very uh I loved [Catherine Boucoup].

T.J. Dixon: Yes.

Doris Bartuska, MD: [Stergious] and in fact uh she had a vision when we were all here. she wanted to be dean (pause) uh right before w-we got some male deans in. She wanted to be dean but she was such a strong person, I think the faculty was afraid of her, truly.

Dixon : Really?
Doris Bartuska, MD: She was remarkable uh and she thought I’d be her associate dean. And that was her vision and we talked about it but anyway she was very active in the County Medical Society and she asked if I would come down. Well at that point I had family, you know, at night who wants to go down to a meeting?

T.J. Dixon: Yeah.

Doris Bartuska, MD: But with uh Catherine you could never say no.

T.J. Dixon: Mmm.

Doris Bartuska, MD: You couldn't say no. So I went down to my first meeting and before I knew it I was on a committee (pause) a important committee, listen to this one. The committee to redecorate the lobby of the.

T.J. Dixon: What?

Doris Bartuska, MD: Of the Philadelphia County Medical Society. Now isn't that pres-prestigious committee? Which I did and we did a great job. We had help from the Auxiliary and uh they had some money and we we did a nice lobby. So before I knew it I was on another committee, an important committee. And uh then before I knew it I was uh they ha- they work with branch directors like each part of of Philadelphia has a northeast branch and a center and before I knew it I was the director of the northeast branch.

T.J. Dixon: Oh okay.

Doris Bartuska, MD: So I got more involved in the activities of the society and what they did and what we th- our vision for the future. And from then on I got onto the board, as a branch director you get onto the board.

T.J. Dixon: Okay.

Doris Bartuska, MD: Of the county and I I got to know them and uh our mission and what we were hoping to do and where the funding was coming from. By that time we were in a new building, a gorgeous building I don't know if you’ve been there down there on spring garden, lovely building (pause) many you know.

T.J. Dixon: Yes.
Doris Bartuska, MD: But anyway it's a very nice conference facility also. And before I knew it they but me up for uh president. And I thought ‘oh well there we- had only been one other woman president of the society and that was Catherine.

T.J. Dixon: I see.

Doris Bartuska, MD: Catherine [Stergeous] in fact her portrait is on the wall down there all the presidents are lined up. And I won, so now my portrait is down there and of course [Lila Crozer] was th-the next one and of course she was one of my students. So there’s her picture so there’s three women down there but once you uh get involved and know the issues, I mean you really have to know what you’re talking about.

T.J. Dixon: Right.

Doris Bartuska, MD: And you have to be immersed in it to really know what you’re talking about.

T.J. Dixon: Yes.

Doris Bartuska, MD: And uh before I knew it uh the Philadelphia County sends delegates to the state Pennsylvania Medical Society. And uh so there was I delegate and I got to know how the del- you know the delegates uh act. And they have a uh they work similarly to the AMA I found that out later. And it was right before that that I be- I was also very active all along with the American Medical Women's Association.

T.J. Dixon: Right.

Doris Bartuska, MD: In fact for many years I was a book review editor. I guess you can see I love to read books.

T.J. Dixon: Yes.

Doris Bartuska, MD: And uh I did that without a staff I my secretary would type them up. And we had a uh and then I would form them out if it was an area not my specialty and by this time I knew all the the and I always got a woman physician most of the time depending on uh the subject to uh review them. And uh also worked on uh certain committees uh there and got to know how uh the American Medical Women's Association and before I knew it I was uh uh elected president.
T.J. Dixon: And what were they trying to do specifically as opposed to the other?

Doris Bartuska, MD: Well up until uh then I think AMWA was more of a social uh kind of organization. Uh the young women uh were too involved with making a career.

T.J. Dixon: Right.

Doris Bartuska, MD: Child rearing or or whatever to really get involved until they were secure uh and had a little more time and uh so a lot of us were many of the older women who kept it uh going.

T.J. Dixon: Right.

Doris Bartuska, MD: And had uh some you know missions and they'd have a different project every year where they’d put their focus and their money and were also very active with the American Women's Health Service, which helped to support clinics and that's still operational. Uh like in Kentucky and in Appalachia and uh.

T.J. Dixon: Mhh.

Doris Bartuska, MD: And with working with them they also uh developed a liaison with the Medical Women’s International Association. So when you're a member of AMWA you're automatically a member of the International, in fact [Alma Murony] was one of the uh fir-presidents of that organization.

T.J. Dixon: Okay.

Doris Bartuska, MD: So she sort of infused in us uh that interest to get involved with uh women in medicine nationally.

T.J. Dixon: Right.

Doris Bartuska, MD: And we did help uh a lot of women you know who were maybe imprisoned.

T.J. Dixon: Mhh.

Doris Bartuska, MD: Uh were being ostracised for some reason or uh [kelp] their books couldn’t be published. You know in some of the iron curtain uh uh countries.
T.J. Dixon: Right.

Doris Bartuska, MD: So uh they they had but no one really knew about them very well they didn't have a a sort of national reputation.

T.J. Dixon: Okay.

Doris Bartuska, MD: Uh at at that time and I was uh president at that time we were still in New York, we had offices in New York, and real estate was getting very expensive and uh our (pause) little offices were just not enough because by this time we we’re branching out you know everything was new and interesting. So we had to make the decision of where to move and a committee looked at where we would relocate too and looked at all options Chicago.

T.J. Dixon: Right.

Doris Bartuska, MD: [There are things] and we moved uh and I it was during my presidency that we moved to Alexandria uh Alexandria, Arlington.

T.J. Dixon: Okay.

Doris Bartuska, MD: Uh Virginia. And uh ha-have the national offices there now. Nice [meeting] rooms uh lot more lot more personnel doing a lot more outreach than they were ever able to do ‘cause they never had won the funding the interest and uh support staff.

T.J. Dixon: And now they do.

Doris Bartuska, MD: Now they have PR uh, they have good administration. Never really had a full time full time executive director um nicely funded uh and with more interested women they were able to generate a lot of special projects uh and became a lot more politically active.

T.J. Dixon: Mhh.

Doris Bartuska, MD: I remember uh testifying on uh capitol hill about second hand smoke and the smoking in airlines, yet the uh the uh person who was most influential on that committee was a stewardess and she told how when they would take out the filters, uh you know ‘cause they recirculate a lot of the air, they were black with the soot of cigaret smoking. And then we all uh they had a heavy lobby for uh bone density.
T.J. Dixon: Right.

Doris Bartuska, MD: Osteoporosis and that's sort of my area so we lobbied uh for that. And uh we we- I could see we were getting back into what really should be the mainstream. See what we could do about certain legislation.

T.J. Dixon: Right.

Doris Bartuska, MD: Supporting certain uh rep- you know the house of representatives and the senate.

T.J. Dixon: Mhh

Doris Bartuska, MD: And the uh they actually had a committee and we would get a lot of legislative uh uh briefing uh and in that way I think uh it’s begun becoming a lot more uh currently active with issues that are facing women in medicine and medicine in general. But helping uh still women’s women’s health that’s you know their their primary mission.

T.J. Dixon: What about the national board? Tell me a little bit about your involvement with that that.

Doris Bartuska, MD: Ok yeah hahaha.

Dixon : [That’s I’ll be] very different.

Doris Bartuska, MD: Alright totally different that was started uh here I remember by [Francis Dascum] uh who was also very creative w-when she was uh. I don't know what her official title was but it was something like public relations and some support for the dean’s office. And she-

T.J. Dixon: At WMC?

Doris Bartuska, MD: At WMC and she envisioned (pause) uh that some of the powerful women, not necessarily in medicine, throughout the country would be helpful in lobbying (pause) and political activity and fundraising specifically geared to women in medicine and women’s health. So uh that's where uh they uh you just interviewed some of the national board.

T.J. Dixon: Yeah.
Doris Bartuska, MD: And uh I I got to be involved in that because Dr. Fey, Marion Fey, who was then dean and then dean and president, was uh very supportive of that group and would go to all their meetings and go to various parts throughout the country meeting them and uh supporting them. And when she couldn't go she asked me to go.

T.J. Dixon: Oh okay.

Doris Bartuska, MD: And that's I think how uh my involvement I got to know these wonderful women, I mean truly superstars in their own right. And all, you know, with different interests and uh different activities and uh were very supportive of the college and finally through fundraising they were able to generate enough f-funding they give a uh uh a very uh nice prize the Marion Fay uh prize to uh women. Not necessarily from Woman’s Med but uh any woman physician who has done something uh phenomenal in either research, cancer research, cardiology, whatever and that's an annual event which will be happening again, in fact they'll be here uh this year.

Dixon : In September.

Doris Bartuska, MD: Uh in uh in September uh to give uh to give that award. But that was how my uh interaction and I just enjoyed them very much these were all uh just incredibly gifted women. And uh one I remember uh uh writes music, and of course being an old musician and who used to orchestrate and everything, she actually uh gave me her sheet music [of of som-] a piece that she wrote and h-had a recording I mean it was just wonder-. She’s from California also.

T.J. Dixon: Oh.

Doris Bartuska, MD: And uh it was just a uh tremendous uh grouping uh the concern now and uh is uh are they relevant to have they done what they set out to accomplish and what is the next avenue for them. But uh yeah that was uh uh interesting uh about that and then just continuing the flavor of uh organized medicine.

T.J. Dixon: Mhh.

Doris Bartuska, MD: Uh once I be-became a delegate for the Pennsylvania Medical Society. Uh that’s uh a li- let me just digress there. Uh they put me up for president elect.

T.J. Dixon: Mhh
Doris Bartuska, MD: Of the uh Pennsylvania Medical Society. And I truly felt I could do that job and so I was declared you know they put out cards that you will be running next year you have to put give them a year in advance just to make sure you know who your competition is and everything.

T.J. Dixon: Right.

Doris Bartuska, MD: And so that was announced and you know I felt good about it and then I started getting calls, telephone calls, (pause) from colleagues. Some identified themselves, some didn't and like they would say ‘oh and this is what I heard someone say about you.’

T.J. Dixon: What?

Doris Bartuska, MD: Yes, really.

T.J. Dixon: Negative things?

Doris Bartuska, MD: Negative! You know she’ll suck sit on anyone's lap you know that kind of uh thing. And I was getting infuriated.

T.J. Dixon: I mean [as it’s sort of] directed at you as a women.

Doris Bartuska, MD: an- yeah and um I thought I’m not going to put the family through this kind of thing. And uh it ha- it happened and it was you know mostly uh some peers uh that [says I said] some identified themselves some did not they were just blank calls.

T.J. Dixon: And these were men?

Doris Bartuska, MD: Men.

T.J. Dixon: Men calling. Who didn’t want a women in that position.

Doris Bartuska, MD: Uh or they didn’t want me. Uh (pause) I don’t know. Uh I would have been uh the first.

T.J. Dixon: Ohh.

Doris Bartuska, MD: We have since had women uh heads uh you know uh Kar- uh Dr. Rose who was an anesthesiologist uh and Dr. Krozer, Lila, is running next year uh to be that. So I finally uh
told the County Med which who’s they put you up you know you ha- this is the cur- the way things happen. And I finally said ‘I’m just not going to run’ I didn’t tell them why uh they assumed it was ‘cause I had too many other responsibilities and you know. Although by this time the children are off and running and in collage. And uh Tony was very supportive he also got involved in organized medicine with the Auxiliary.

T.J. Dixon: Mhh.

Doris Bartuska, MD: So it was a comfortable match and uh but I finally said ‘I don't need this.’

T.J. Dixon: No.

Doris Bartuska, MD: So I uh I just uh pulled out of the race. And then uh but it was through that involvement that I became active as a delegate to the AMA.

T.J. Dixon: Mhh.

Doris Bartuska, MD: In fact when I ran I remember you have to give a speech (pause) to your uh to the delegation as to you know ‘why should I vote for you?’ And uh I think I got a uh uh unexpected public relations uh person. Well it was really the past president of the Pennsylvania Medical Society. He said ‘and I now present Dr. Boris Bartuska!’

T.J. Dixon: Oh no!

Doris Bartuska, MD: Well.

T.J. Dixon: Haha

Doris Bartuska, MD: If you if you needed name recognition, there I was Boris Bartuska. I told him ‘you can be my advance man anytime.’

T.J. Dixon: Haha

Doris Bartuska, MD: Anyway then he said ‘oh I’m sorry’ and then you know went th- but all of a sudden you know people knew this is Boris Bar-. I still get mail, Boris Bartuska. Anyway my speech was that there are five full women delegates at the AMA. Now there’re a lot of women alternate delegates, listen to that. [They had] stayed alternate delegates for as long as I was there even. But only five full women delegates.
T.J. Dixon: How how many?

Doris Bartuska, MD: Well they're like well 300.

T.J. Dixon: 300?

Doris Bartuska, MD: Something like that, high 200’s uh. And I said ‘and I want to be the sixth.’ That was my campaign speech, two sentences, and uh I was elected. And I was delegate for eighteen years. I could’ve I could still be delegate but we have a right of succession uh and its volunteerism if you want to drop out although we now have so many good alternate delegates.

T.J. Dixon: Yes.

Doris Bartuska, MD: Some of the fresh you know out of and studying medicine and in this new climate you are aware of all the regulations.

T.J. Dixon: Right.

Doris Bartuska, MD: And I said ‘well we’ve got to get those alternates moved up to delegate.’

T.J. Dixon: Okay.

Doris Bartuska, MD: Uh ‘cause see only delegates vote. So you can contribute and you can make comments on on you know in your conferences and in the floor of the house. Uh and so the very next uh meeting they elected me on the committee to nominate delegates to the AMA.

T.J. Dixon: Are there more women now?

Doris Bartuska, MD: Oh yes, yes. I haven't seen the final statistic but every uh delegation is peppered with women. And in fact we had a uh a women's caucus which started uh with the AMA, very informally, but now it’s a very formalized process and you can see the support of the AMA. I mean they knew they have too, ‘cause the first few years we would meed in someone hotel room.

T.J. Dixon: Ohhh.

Doris Bartuska, MD: We never even had a a plaque that there was going to be such a meeting and I remember the first little uh uh reception that the AMA paid for, and if you’ve seen some of those receptions I mean it’s mind boggling with all the food and uh they’ve cut down on alcohol
it’s usually punch or something. We had cheese and soda, you know and this was the reception, the first one. I remember it vividly ‘cause I thought ‘my goodness look what’s next door and look what’s here.’ Finally uh it was formalized with the AMA uh staff supporting it they would make a placard in fact in the invitations now uh uh with the meeting they would say when the women’s caucus was meeting. They call it a different name now but it’s the old women’s caucus uh the women in medicine something. And uh so many of us were very active in that uh for a while and getting to know each other and finally a lot of the delegates that were running for office.

T.J. Dixon: Yes.

Doris Bartuska, MD: The male uh people, would come and address uh ‘cause by that time from a little handful of people we were a room full.

T.J. Dixon: Yes

Doris Bartuska, MD: Of uh of people. And now they have uh a lot of uh lot of support from both the AMA and staff.

T.J. Dixon: Mhh.

Doris Bartuska, MD: Uh to keep that uh going and keeping the focus on what women bring to uh to the AMA.

T.J. Dixon: Great.

Doris Bartuska, MD: Ok I’d just like to finish with mentioning Tony my husband of 51 years uh who’s ju- truly remarkable uh fellow. Very well organized, a romantic, and uh very supportive of of all of his girls uh we had six children. Ann who’s now the uh executive director of the nature conservancy.

T.J. Dixon: Really?

Doris Bartuska, MD: Uh PhD in Environmental Biology. Got into uh soil reclamation and everything when it was just in its infancy. Uh and then uh our Karen I mean next would be Kathy. And Kathy was a finalist for the NASA teacher in space program uh and was a head of the science department at Agnes Irwin. Unfortunately she uh died two years ago with a cardiac arrhythmia and couldn't be uh resuscitated. She was a class A fencer I mean she was a superb individual and heavy into space because I think her father got her interested in space. And then
uh next would be Lisa who’s a uh parks and recreation person living out in California, Calistoga. Has one uh one child. And then uh our next daughter is Karen. Uh Karen uh is in a doing a a special Alloy work at a uh specialty uh firm, Heraeus. Uh and she has four children who live next door to us, two are twins so four of the grandchildren are one side and another of the grandch-children uh lives right behind us. And then next would be our our Tina who’s was a Geology major and uh administrates the Heraeus uh alloy firm. And then our youngest uh Mia is the uh physician. Graduated from Lehigh and from MCP and is in family practice part time and just moved from Pennsylvania because of the high insurance to Leonardtown, Maryland. She has three children and uh so we have nine grandchildren total, I mentioned Lisa also has uh child uh Anthony. And uh were a very good grouping it’s a good thing too that uh we uh live next door to each other it’s quite a support system. And call me back in about twenty years and I’ll uh tell you if I’m able what they're doing in that year.

T.J. Dixon: Great.