

Barbara Barlow

ROSOLOWSKI: [00:00:00] -- this. OK. And...

BARLOW: I wonder if it's the lights that buzz.

M1: I need to make...

BARLOW: No. It's the air condit--

ROSOLOWSKI: I don't think it's reading. So I don't think you
need to worry about it.

BARLOW: It's not reading?

ROSOLOWSKI: I don't think so.

BARLOW: Oh, good. It is the air conditioner.

ROSOLOWSKI: No, I think we're good.

BARLOW: But we'd get pretty hot in four hours without a...

(laughter)

ROSOLOWSKI: Well, we can -- we can always adjust. But it
looks -- it looks fine right now. In fact, we're recording
just at the right level.

BARLOW: OK.

ROSOLOWSKI: Let me... All right. I always like to make sure
the recorder's on. I'm Tacey Ann Rosolowski, interviewing
Dr. Barbara Barlow. This interview is being conducted for
the Renaissance Woman Oral History Project, run by the
Foundation for the History of Women in Medicine. In 2001,
Dr. Barlow received the foundations Alma Dea Morani

Renaissance Woman in medicine award. Today is June 17th, 2008. It is 20 minutes after 9:00 in the morning. This interview is being conducted at Dr. Barlow's office, at the National Pro-- the National Programs Office of the Injury Free Coalition for Kids, located at Columbia University's Mailman School of Public Health. This is Disk #1. Thank you, Dr. Barlow, for devoting your time to this interview and to the Oral History Project.

BARLOW: You're welcome.

ROSOLOWSKI: Before we begin questions, please list the positions that you currently hold.

BARLOW: I'm Director of Surgery at Harlem Hospital, which is staffed by Columbia University. So I'm a professor of surgery. I'm also a professor of surgery and epidemiology at the Mailman School of Public Health, where we are now. And I'm director of the Injury Free Coalition for Kids.

ROSOLOWSKI: OK. Thank you, very much. I wanted to start with some of your early experiences and family experiences and those inspirations in your young life that led to your dream of becoming a physician. So perhaps you could tell - - begin by telling me where and when you were born and where you grew up and something about your family life.

BARLOW: I was born June 20th, 1938, in Lancaster, Pennsylvania. My mother was a schoolteacher. And my father was an

industrial engineer.

ROSOLOWSKI: What were your parents' names?

BARLOW: My mother's name was Esther [Stohl?] and my father's name William Barlow.

ROSOLOWSKI: OK. Thank you.

BARLOW: I have only one other sibling, a sister, who was born four years later. I had really an idyllic childhood. Both my parents came from big families. We had around us aunts and uncles and cousins, the whole growing up. And this idyllic childhood made me want to do something for the children of Harlem, really. Because I had no trials or tribulations in growing up, at all. I w-- I went to public school in the beginning of my life and got a scholarship to private school, a small private day school in Lancaster, which was wonderful. Because I needed a scholarship to continue my education on with college. My father died when I was 16. And my mother had to go back to work. She was a stay-at-home mom, when we were little.

ROSOLOWSKI: How did your father die?

BARLOW: He had a stroke. He was young and he had a stroke and died within a day. And that left my mother with a heavy burden. Because I was 16 and my sister was 12. And she had to go back to work. And she's -- she really was an amazing woman. She went back to graduate school. She

finished her PhD except for a thesis.

ROSOLOWSKI: Wo--!

BARLOW: Instead of being a line teacher, she became a guidance counselor and a professor of psychology at Millersville University. And she also taught at Franklin & Marshall University. She was head of the Guidance Couns-- Guidance Clinic at Millersville. And she worked very hard. She put a lot of responsibility on me very young. Because my mother was compe-- commuting to Philadelphia to take her courses. And she finished her master's and then went -- and went and took her coursework for her PhD. During that time, I was going to Country Day School on a scholarship. And my sister followed me, on the scholarship, as well, at Country Day. I wanted to be a doctor, probably starting about the age of five. My father had wanted to be a doctor. He was premed. And then he went and fought in World War I. W-- he was injured. And when he came back, his [00:05:00] health was not good enough for him to continue. So he became an industrial engineer. But he always regretted that he hadn't become a doctor. And he talked about it nonstop. And he would say... There are no sons. So I was the oldest child. And he said, "You will be the doctor." And I used to play... I was in medical school, when I was little. I would get out all his science

books from college. I couldn't read yet, really. But I'd line them all up. And I would play that I was going to medical school -- so that it was a very early dream.

ROSOLOWSKI: Can I ask -- interrupt you just to ask you, what kind of image of a physician did your father communicate to you? And when... You kind of saw being a doctor through his eyes, at first. And what did you see?

BARLOW: To take care of people and help people, that it was a helping profession, that you could really help other people. And it was better to do something like that than to be in industry, where you were making money for a company. So then I studied very hard in private school. Because my mother, of course, couldn't afford to send me to college, period. And she said, you know, "If you don't get a scholarship, you're going to have to go to school at home." And there was no way. I wanted to see the world. I didn't want to stay in Lancaster, Pennsylvania, which was a very small town then. It's much larger now. I wanted to go away to school. My father had gone to school in Lancaster. And my father and mother both were the first college-educated people -- not in my mother's family. There were people generations before who were educated. She came from Pennsylvania Quakers. But among her sisters and brothers, she was the first. And her parents weren't

college-educated. And my father was the first person in his family.

ROSOLOWSKI: How did the rest of the family feel about your desire to get an education and also your mother working so hard to put you through school?

BARLOW: They expected that of my mother's children.

(laughter) My mother, when she was -- she graduated from teachers' college when she was young and sent m-- her youngest brother through college. And then she came to Columbia and finished her BA.

ROSOLOWSKI: Wow!

BARLOW: So they all knew. And she was always, always trying to offer to help my cousins go to college.

ROSOLOWSKI: Where do you think this high value placed on education came from? I mean, it seems unusual.

BARLOW: I don't know. It's very strange. I mean, my mother, she grew up at the turn of the century. And she was totally focused on education, totally, from the time she was a little girl. Because she had to work s-- many jobs. Her mother was -- her mother and father were separated. She had five siblings. So her mother was working very hard too. So she had to work many jobs to pay for her education. She paid for it all. So I don't know what it was that motiv-- have no clue at all. But she was always

very focused on education. So there was -- there was no question, growing up, whether we were going to college or not. We -- that was like... I don't know. It was part of life. You had to go to college. And so, for my sister and I, we worked very hard, because we knew we had -- we had to get scholarships. And she wanted me to go to Wellesley, because that's... I don't even know why she knew about Wellesley, growing up in a small town, in a family that wasn't educated. But she said she had wanted to go Wellesley. So I applied to five schools. And I wanted to go to Vassar. And I wanted to go to Vassar for a good reason, because it was an all-girls school and because it had graduated very interesting people, like Edna St. Vincent Millay and other people who were really early feminists, who did unusual things, not just go to college and get married and have children. So I ha-- I got scholar-- full scholarships to all five schools that I applied to. And so I told her, "I'm going to Vassar." She was very sad. (laughs) But that's where I wanted to go.

ROSOLOWSKI: Can I ask you just a few questions...? Because we're starting to get into the college experience.

BARLOW: I can go backwards too. Because there were some real motivating things (laughs) in my life.

ROSOLOWSKI: Please tell me about them.

BARLOW: Yes. Well, first of all, my father's death was very motivating. Because I real-- I thought, "Oh, my goodness. We're going to be on the street and homeless." And I watched my mother pull us through this thing. And then, when I got the scholarship to go Country Day, the headmaster called me in the first day [00:10:00] and he said, "I know you were a straight-A student in public school but the girls --" and there were all girls in my class -- "the girls have been here since first grade." Because it was a 12-year school and I was going in ninth grade. And he said, "So you won't be able to be more than a C student, because you just haven't had the education that they've had for the past nine years." Well, that's like putting a red flag in front of a bull. And (laughs) I said, "Self, there's no way you're going to be a C student." And so I started studying at least all night, one night a week. And I literally memorized the books. And I tried to read the whole library. And I graduated first in my class.

ROSOLOWSKI: Wow.

BARLOW: There w--

ROSOLOWSKI: When you say all night, you mean all night.

BARLOW: I mean all night -- all night. My mother had to accept the fact that, in order to get in enough studying, I

had to study at least all night, one day a week.

ROSOLOWSKI: Mm-hmm. Well, it's interesting to me that that was your response to somebody who threw a discouraging kind of comment your way. And I'm wondering, were there --

BARLOW: I --

ROSOLOWSKI: -- other people that threw discouraging comments your way.

BARLOW: -- think that it --

ROSOLOWSKI: (laughs)

BARLOW: -- I think it's the story of my life. Because this discouraging comments always motivated me. It didn't make me say, "Oh, dear. I can't do it. I give up" -- never, never. It's a challenge. And that really was motivating. And it was very good. I bless him for insulting me. Because that made me work so hard. And so I had a beautiful record. And that's why I got scholarships to college, because I had this beautiful record. And so it was a good...

ROSOLOWSKI: Mm-hmm. What about some of the inspiring people who motivated you, I mean, aside from the stor-- the man you just thanked, who gave you the discouraging (laughs) comme--

BARLOW: Yes, he...

ROSOLOWSKI: -- but kind of role models, supportive to...?

BARLOW: It was my mother -- really -- and only my mother.

Because what she accomplished in her life was so much more than anybody else I ever saw. Because literally, when my father died, we didn't have any money at all. We had a mortgage on the house. He had been very sick before he had this stroke. He had had a gastrectomy. And he still had medical bills to pay. And there wasn't life insurance. So she was left with two kids and an aging mother, who lived with us -- and no money. And she managed to work, go back to school, elevate her position so she was earning a decent salary.

ROSOLOWSKI: When you say there was really only your mother...? You had a large family [and?] they were...

BARLOW: Oh, I loved them all but they weren't motivating me.
(laughs)

ROSOLOWSKI: They di-- they didn't understand or they didn't connect with you desires or --

BARLOW: Oh, no!

ROSOLOWSKI: -- they couldn't help you?

BARLOW: No. Well, they -- no, they couldn't help me but -- because they didn-- they weren't interested in education. But they knew that... They knew my mother. (laughs) So they knew where we were heading.

ROSOLOWSKI: Yeah. A little bit of a side -- a side question.

What did you think about your own desires to achieve in this way, at a time when women were often sent to school as a kind of precursor to marriage? What about the other girls in your cla--?

BARLOW: They were all sent to school (laughs) as a precursor for marriage!

ROSOLOWSKI: So this was...

BARLOW: And they all did.

ROSOLOWSKI: And they all got married.

BARLOW: They all got married and had children.

ROSOLOWSKI: Yeah. So what -- I mean, what did you think about yourself in that situation, since you had a pretty clear vision of where you were tracking yourself?

BARLOW: I felt that they should do what they wanted to do. There were some very bright girls in my class. And some of them later went back to school, and had careers after their children were out of the nest. But I just wasn't interested. I really -- I really wanted to do -- I was motivated to do something with my life that mattered. And that was my mother.

ROSOLOWSKI: Mm-hmm. Mm-hmm. When did you begin to realize that you had the particular gifts that were required to be a physician?

BARLOW: I think that I didn't think of it as a gift. My

mother told me that I could do whatever I wa-- and she told us both this from the time we were small, we could do whatever we wanted. It didn't matter that we were poor. It didn't matter that we were girls. If we worked hard enough, we could achieve absolutely anything that we wanted to achieve. And that's how I was brought up. And I believed that.

ROSOLOWSKI: I didn't ask you what your sister's name was.

BARLOW: [00:15:00] Mary.

ROSOLOWSKI: Mary. S-- Why don't you go on and talk a little bit more about your educational track. So you're talking about the day school. And then you went through twelfth grade at that school and graduated first in your class. And you talked about how you got the five different scholarships -- what a record --

BARLOW: Yeah.

ROSOLOWSKI: -- and decided to go to --

BARLOW: Vassar.

ROSOLOWSKI: -- Vassar. What was your major, at the time?

BARLOW: I majored in psychology. That was my mother's major. I majored in psychology. And actually, when I went to Vassar, I didn't go to Vassar to be a doctor. Because they didn't have premed. And although it was always there in the back of my mind, I wasn't sure that that was something

that was possible for me.

ROSOLOWSKI: Why?

BARLOW: I just wasn't. You know, it was -- as a little girl, that's what I wanted to be. But then I went off to college and I... That was a motivating moment. I thought, "Well..." Since all my friends were planning on getting married or whatever... But I wanted to do something with my life, not just get married. So I thought, "Well, a good career would be to be a writer. So I could write at home and still be a wife and a mother. So I should be a writer." Well, I decided, at first, that I would major in English. And they had at Vassar a creative writing course, that you had to compete to get into. And they only chose 12 girls from the school every year to be in the creative writing course. And I made it. I wrote and I made it into the creative writing course. But to my horror, I got a D both semesters. And I was ho-- I was... I wou-- I didn't even show my mother my report card. And the professor called me in. And he s-- I said, "Why did you give me a D both semesters?" And he said, "Because you're writing about your childhood. You're not writing about things that are important to a girl your age. You should be writing about sex." I'm serious.

ROSOLOWSKI: (laughs)

BARLOW: That's what he said to me. So I went out and I sat under a tree and I cried. And then I said, "Well, this obviously is not for me. I'm not going to be a writer. I can't write about sex." I didn't know anything about it. And so I decided -- I was very good in the sciences -- and I would major in psychology.

ROSOLOWSKI: And just for the record, what year did you begin your program at Vassar?

BARLOW: Fifty-six.

ROSOLOWSKI: Fifty-six.

BARLOW: Yeah. So then I was very successful in psychology. And I lo-- I... Actually, the four years at Vassar were very hard. Because I was a big fish in a small pond in school, in Country Day School. And, of course, the girls at Vassar were very smart. And so, for me, those four years were really hard. I could no longer be first in my class. And I could no longer be a straight-A student, especially with two Ds. And I continued to work very hard and stay up all night. But I didn't really know for sure where I was going. I knew that I wanted to have more school. To just have a BA was not enough. I needed a career.

ROSOLOWSKI: Can I interrupt you just for a moment? You mentioned that this professor who taught your creative

writing course was a man. What was the proportion of male to female faculty at Vassar?

BARLOW: It was about half and half. It wa-- it wasn't a strictly female faculty.

ROSOLOWSKI: Mm-hmm. And how did that strike you, when you got there? And did you find it was unusual? Was it inspiring?

BARLOW: No.

ROSOLOWSKI: It was just...

BARLOW: It just was --

ROSOLOWSKI: It just was...

BARLOW: -- what it was. Right. I went to Vassar so that I didn't have to go to school with guys, so that I could be bright and work hard and not feel out of place.

ROSOLOWSKI: Hm! I was going to ask you about --

BARLOW: I only applied to girls' schools.

ROSOLOWSKI: -- I was going to ask you about your attitude towards single-sex education.

BARLOW: It was -- it's wonderful. Maybe it's not necessary today. Things have changed a lot. But then, to have only girls in the class, it was very liberating. And I was very sad when Vassar became coed.

ROSOLOWSKI: Why was it liberating?

BARLOW: Because you could -- you could be bright. You could

say whatever you wanted to say without having boys looking at you about what you -- or making comments about what you were doing. I think having boys in the class would have shut me up. I was very shy, in the beginning. In fact, when teachers called on me, I tended to get teary-eyed. I was [00:20:00] very shy. And that changed too, when I went to medical school. But growing up, I was shy and I wasn't outspoken. And I didn't want to talk up in front of boys. So Vassar was the perfect place for me. It was very hard. And I had to learn that I was not the brightest fish in the pond. And that was -- that was hard. And so it was a great education. But it wasn't fun.

ROSOLOWSKI: Were there particular people there who had an influence on you?

BARLOW: No.

ROSOLOWSKI: It was just the work itself.

BARLOW: Right. And I -- at graduation, I got the prize in psychology, for my work in psychology and for my thesis, which was nice. Because then I went to Boston right after Vassar and I used that prize to take organic chemistry, physics, which I didn't -- and regular chemistry, none of which I had in college, always within the back of my mind that I might want to go to medical school. So I worked that year. And I took organic. I didn't take the lab. I

just took the coursework. Because I had to work. And I took general chemistry and I took physics. And I did very well.

ROSOLOWSKI: Where did you take those courses?

BARLOW: I took general chemistry and organic at Harvard. And I took physics at BU at night.

ROSOLOWSKI: And where were you working, at the time?

BARLOW: I was working for an educational research corporation in Cambridge, that prepared a manual to go to guidance counselors all over the country, about different colleges and what the requirements were and what the courses were. And so I did that. And then I took the Graduate Record Exams. Because I decided I had to go to graduate school -- (laughs) I was going to go to graduate s-- I did, actually, graduate school in psychology. This seemed to be the pathway.

ROSOLOWSKI: And that was at Columbia.

BARLOW: Yes. So I took the Graduate Record Exam. And it's so funny. I thought I had failed it. And I called my mother and I said, "This was such a hard test. I'm sure I failed." And she was so upset. Bu-- I s-- I was in the 99th percentile. (laughter) I didn't fail it. But I really felt like I did. So I applied for a National Science Foundation scholarship. Because I didn't have -- I

couldn't have afforded to go to school. And they gave me one. I only applied to Columbia, because I wanted to come to New York. And I applied in psychology and they accepted. And the National Science Foundation fellowship was wonderful. It paid my tuition. It paid for my rent, for my books, paid for me to eat. It paid everything. And then I worked, as well, as a course assistant while I was going to graduate school. So I'm going to graduate school. And I'm thinking, "I really want to be a doctor. I really don't want to teach psychology. This really isn't what I want to do." I finished my master's.

ROSOLOWSKI: And that was in 1963?

BARLOW: Mm. And I went on to do all my coursework and my orals and writtens and my language exams for my PhD. And I really wanted to be a doctor. And I was really... In graduate school, I was doing experimental psychology, not clinical psychology. And I was working on stress, in the limbic system. And I thought, "Well, maybe I'll go to medical school and I'll be a neurosurgeon. That will fit in what..." So I looked around. And Albert Einstein was a new school. And they were known for taking people coming from unusual pathways. They wanted people who were bright and they didn't care how you came about doing this. So I had to take [MedCATs?], in order to apply to medical

school. You're getting a lot of stuff that I never told...
(laughter) Anyhow, so I t-- I never had biology. I never had calculus. I never h-- I did not have the proper requirements for medical school. But you had to take the MedCATs. Now, I was in graduate school and it was paying for me to be alive. And I was studying very hard in graduate school. I didn't have time go buy a book and read it and learn the [cour?]--- So I said, "I'll just take it. And when I ha-- if they give me an interview --" and I figured they would, because [00:25:00] I had straight As in graduate school -- that they would give me an interview -- "I'll explain why my MedCAT scores are not going to be good." So I took it. I did terribly. And I applied to Einstein, which is where I wanted to go. And I only applied to one school. And I said, "If I don't get in this school, which is known to take people from unusual pathways, then I have to give it up and I have to finish my thesis and teach psychology." I didn't want to teach at all, which is funny, because I like teaching now. It's because I was shy. So I applied to Einstein. And also, I nee-- I didn't have any money to -- medical school either. So I applied to Einstein. And they interviewed me. And Lewis Fraad was the doctor who interviewed me. And he's a pediatrician, and very well known and a wonderful man. And

I told him, I said, "I want to be a doctor. I know my MedCAT scores are probably lower than any you've seen, but I never had the courses. I never had the lab part of organic chemistry. I never had biology. I didn't take math in college. I didn't have the right -- the premed requirements, so I couldn't do well." But I said, "Let me into medical school and I'll prove you'll never be sorry. I'll be a good student and you'll never be sorry that you let me in." So then I want... And I'm going to school and I'm waiting to hear and I'm waiting to hear. And I know the last day that you can accept an invitation to go the medical school. They send out letters and then there's a drop-dead date, that you have to decide where you're going. So I hadn't heard at all. So I called up the medical school and said, "You know, I didn't hear that I was rejected. I didn't hear that I was accepted." And they said, "Oh, your letter came back. They didn't know you in your -- in your apartment building" -- but I don't know why -- "It came back." So I ran right over. I said, "Well, what does it say?" And they said, "You're accepted." So I ran right over there and signed on the dotted line. If I hadn't called, I wouldn't have gone to medical s--

ROSOLOWSKI: Oh, my gosh. Close call!

(laughter)

BARLOW: Right! Right. So then I had to figure how I'm going to pay for this. And I applied for all sorts of scholarships. I also -- I also applied to -- for small jobs. I did all sorts of things. And I got lots of scholarships, some here, some there, whatever. But basically, Einstein sent me to medical school. They paid for me to go to medical school. I said I was a resident shiksa.

ROSOLOWSKI: (laughs)

BARLOW: There were very few women. There were only -- I think there were maybe five in my class and four finished, out of 110 or a hundred and two-- (coughs) So... But that didn't matter. It was wonderful! Every day when I woke up in the morning, I pinched myself and I said-- if I -- if I had slept -- I pinched myself and I said, "You know, I can't believe I'm going to medical school." I loved it! And I had had gross anatomy before, in graduate school. So I was doing all the dissections for all my lab partners and buddies. And they were doing orga-- the organic chemistry lab for me. Because I didn't -- I didn't have the background to do it. So it was very funny. And I loved medical school. And I did the same thing. I memorized everything. And I stayed up all night at least one night a week, often more than one night a week, in order to make

sure I did well -- which I did.

ROSOLOWSKI: Mm-hmm. What was the climate like there, for those five female students, out of a class of 110?

BARLOW: It was just fine, really. Medical school, our faculty was largely male. The guys were, of course, younger than I was, because I had gone to graduate school before. And it was good that I did. Because I was all ready to get in there and work like crazy. And it's much changed now. Medical school is much easier. We went to school from 8:00 in the morning till 6:00 at night. And then we were -- by the second year, we started having night things. And for the guys, most of them had studied like crazy as premeds, in competitive schools. They hadn't had much of a social life. They had no experience with life. They just studied, study, study, studied -- and then went to medical school. And a lot of them were very unhappy. But I was having a wonderful time. And I had good lab partners, one of whom was a girl. And I didn't have any trouble at all, in medical school. When I went to [00:30:00] medical school, I realized that, you know, I was really very retiring and shy and that I had to stand up and be counted, or else the-- I would disappear in a sea of very aggressive men. And so I said, "Self, you have to stand up and speak up for yourself --" and now I'm going to school with men,

of course -- "You have to stand up and speak for yourself. And you cannot be shy. You must be aggressive." And I did -- I did it.

ROSOLOWSKI: What were some of the situations in which you had to be aggressive, in order to...?

BARLOW: You had to be aggressive to talk up, to ask questions. You had to be aggressive in terms of their testing of you. They tested us orally as well as written. And you just really -- you had to stand up for yourself. You couldn't be shy and retiring. It just doesn't work.

ROSOLOWSKI: How did you make that shift?

BARLOW: I told myself to make the shift. And I did it. It's very weird. But I did it. And then I wasn't shy anymore. And it's very interesting. Because I give lectures all the time. I travel all over the country and I tal-- I love to talk. It doesn't bother me at all. I'm not shy. I don't get afraid. But I just turned it off. I said, "This is stupid, to be shy and afraid."

ROSOLOWSKI: Hm. What were the results you got, when you first started making that shift and suddenly you did speak up in class and you were...?

BARLOW: I did very well. And I had very good relationships with the guys in my class, really nice ones. They were wonderful. We'd study together and everything. So it

didn't make any difference, I found out.

ROSOLOWSKI: Mm-hmm. Who were some of the influential people during medical school, for you?

BARLOW: During medical school. Well, in the first two years, (coughs) the science years, no one. During the second two years, which were the clinical years, there was a pediatric surgeon that was fabulous. He was just a wonderful person and a wonderful human being. And he was a wonderful surgeon. And I admired him a lot. I liked him a lot. And he liked me. So... This is -- this is interesting. So I'm going to medical school. I get through the first two years fine. And I'm AOA.

ROSOLOWSKI: What's AOA?

BARLOW: Alpha Omega Alpha. I'm at the top of my class. And I wasn't first but I was in the top 10% of the class. And in the clinical years, I decided that I would be an internist. Because, you know, women didn't go into surgery. I mean, they really di-- Not many went to medical school. But they really didn't to into surgery.

ROSOLOWSKI: Was it because of this pediatric surgeon that you met, that you were kind of --

BARLOW: No.

ROSOLOWSKI: -- inspired or re--?

BARLOW: I really admired him. But I'll tell you what

happened.

ROSOLOWSKI: OK.

BARLOW: So I applied for the Match in internal medicine. And I decided that I didn't want to be a dumb internist. Because internal medicine people were always missing surgical diagnoses. So I decided that I would take a six-month externship in surgery, in my senior year -- we could pick different things to take -- so that I would really learn surgery and I would not miss diagnoses when I was an internist. So I did that. And they let me operate. And that was the kiss of death! I did -- I did major cases when I was a fourth-year medical student.

ROSOLOWSKI: Now where did you do this externship?

BARLOW: At Einstein --

ROSOLOWSKI: Still within...

BARLOW: -- Jaco-- which was the main hos-- not the private hospital but the public hospital, Jacobi. The first case that I scrubbed on, the -- there was one female surgeon. And she said, "Close the abdomen." And I said, "But I have never done this." She said, "Do you sew?" (laughs) I said, "Yes." She said, "Close the abdomen." And I did. And from there it was a done deal. I mean, I loved it! I love the fact that you made a diagnosis and you did your surgery, and you were right or wrong but, whatever was

wrong, you fixed it and that was that. And I sai-- I had wanted, when I went to medical school, to be a neurosurgeon, actually, as I told you before. But when I saw the neurosurgical patients, I said, "No, I want a happier specialty. I want to fix people." Because it was such a sad specialty. [00:35:00] So this was perfect. And I knew that I wanted to be a surgeon. I didn't want to treat people for 30 years with pills, and only find out if I was right about everything wrong with them when they had their post. I wanted to -- I wanted to fix it and fix it right away and be finished with it. So I went to the director of surgery at Jacobi. And I said, "I really must be a surgeon. I must. I have -- I made a lot of side trips in my life, because I was a woman, and I'm not going to do this one. I must be a surgeon." And I said, "You know me. I did well on your service. I've been here for my externship." And I actually graduated first in my class from Einstein, finally. I wasn't first after two years, because my basic sciences weren't as strong. But my clinical part was very strong. And he said, "You're crazy." He said, "Women shouldn't be surgeons." And actually, one of our hospitals, the -- one of the associated hospitals, the chief of surgery said he wouldn't allow "any damn woman" in his operating room unless she was

a nurse.

ROSOLOWSKI: What were the reasons for their feelings against women surgeons?

BARLOW: I don't know. They just... Surgery was one of the last bastions of male-dominated professions. Really. Still isn't easy for women in surgery. So I pleaded with him. And he said, "OK." I said, "If y-- if I don't do a good job, you can fire me." Because then there was a pyramid. You started out with 35 interns and ended up with three chief residents -- so that they let people go every year, the whole way the whole training, which was six years then. And I said, "You know, if I don't do well, get rid of me and I'll go do something else, like emergency medicine." So I dropped out of the Match and he took me. It was wonderful. We worked Monday, Wednesday, Saturday, Sunday, Tuesday, Thursday, Friday at night and all day every day -- so that, for the years of my surgical training, I have no clue about what music was popular, I have no clue about what movies were made, I have no clue about what books were published, I have no clue about what happened outside the hospital. We literally lived, 24 hours a day, surgery. It was wonderful. I loved every minute of... I didn't mind staying up all night. Once I scrubbed for 72 hours, and then I feel asleep on a

stretcher outside the OR. And I'm glad they didn't do an operation on me.

ROSOLOWSKI: (laughs)

BARLOW: But I just l-- I absolutely loved it. And I made the cut every year and I made it to the chief residency.

ROSOLOWSKI: Can you talk a little bit about the skills that are required to be a surgeon? And, I mean, obviously you have those skills. But I'm just trying to get a sense what you need to be in that environment.

BARLOW: You need to be a good diagnostician. You have to -- you have to be a very independent person. Because you're making absolute life and death decisions. And no one operation is exactly the same. And in a lot of cases, when you open up the patient you don't know what you're going to find. And you find things that you've never read about or never heard of. You have to be able to quickly make decisions. And you have to know how to keep yourself out of trouble and not make complications. And you have to have, really -- I think surgeons are basically very arrogant. You really have to have supreme confidence yourself or you cannot pick up a knife and cut somebody open. You just really can't. And when I was a young surgeon, I thought I knew everything. In time, you mature. And you learn you do not know everything. But at that

time, I thought I knew everything. And, in fact, when I was an intern, I had a patient that had gastric fistulas from a non-healing trauma. And I -- he was my patient and I took very good care of him. And I got him in good shape. And then he needed to be operated on, because these were not going away. And the head of the department decided to operate on him. And so I scrubbed in. And he started... He -- what he was going to do to fix these fistulas, I knew was going to kill the patient. And I said, "Please, you're going to kill this patient. Don't do this. Don't do this. This is not -- this is not how you're going to fix the -- these fistulas." He was going to move part of the chest wall over the stomach. I said, "They'll -- it'll [00:40:00] fistulize out the side. It's not going to work." And I said, "If you don't know what to do with this patient, please call for help." He did but he did the same operation. And, of course, the patient died. But he should have fired me, probably.

ROSOLOWSKI: Why?

BARLOW: Well, because that is... In surgery, it's like the Army. Surgery is really very authoritarian, in terms of who's in control of what. And I was an intern. And I was telling the director of surgery that he was going to kill someone. And not only did I tell him that, I left. I

said, "I'm not going to stay in here and watch you do this." But he didn't -- he killed the patient but he didn't fire me. And I was only an intern. It would have been no problem to get rid of me, at all.

ROSOLOWSKI: Why do you think he didn't?

BARLOW: I don't know. Maybe because he killed the patient.

Not that -- not that another approach to this problem would have made the patient live. But this definitely was not going to work.

ROSOLOWSKI: Where...? What mo--?

BARLOW: I did that again, actually, when I was scrubbed on another case, where I kept telling the surgeon, "You are cutting into the pancreas. You will have a pancreatic fistula." And they wouldn't listen to me. And so I left. I said, "I'm not going to stand here and watch you do this." I don't know how I could be so [*presentá?*] -- which is a Spanish word for being ver-- w-- or chutz-- had so much chutzpah. I don't know why. But I was brought up -- my mother taught us never do what's wrong. Don't do it! If you know it's wrong or you know something is wrong, you have to speak up. And we were brought up very religiously. And I just always said what I thought, regardless of the consequences. And I was very fortunate that the consequences never happened.

ROSOLOWSKI: Mm-hmm. What the religious denomination?

BARLOW: I was brought up a Presbyterian. So I loved -- I loved the whole thing. I spent half the year at Lincoln, in the South Bronx, and half the year at Jacobi. It was during the -- during the heroin epidemic, before methadon. It was a very violent time. And we really operated on gunshot wounds and stab wounds.

ROSOLOWSKI: Mm-hmm. So this -- we're talking about 1967, '68

--

BARLOW: Right.

ROSOLOWSKI: -- during your internship. Yeah.

BARLOW: Right. And we operated on stab wounds and gunshot wounds all night. And it was very exciting surgery. My mother was horrified. I'd write her home, "Oh, this is what we saw tonight." Right. And she would say, "I think you should come back to Lancaster." Because she was horrified that I was working in this violent environment. And i-- when I first started going through the emergency room and having emergency room rotations, the patients would come in violent. And I had a really hard time. Because my parents never raised their voice, never scolded us, never hit... I mean, if they scolded us, we had a discussion. There was -- we had an absolutely nonviolent house, with no yelling and screaming. And no one in my

family, on either side, my aunts and uncles, no one ever screamed, no one ever hit anyone. So I was brought up in this peaceful, Quaker-like atmosphere. My mother's family was Quaker. And when I got to -- into medicine and saw all these violent people coming in off the street, it really terrorized me. I had to get over that. Because I felt real fear. And we had people shooting people in the ER and... When we were operating at Lincoln, one night... A gang member was shot. And we were trying to save his life in the OR. And the gang came into the hospital and came up to the OR. And we had to barricade the door in the OR. And fortunately, there was a phone in the OR, so that we could call for help. Because they were going to finish him on the table. And in the day I grew up, if you were faint of heart, you couldn't possibly get through surgery. Because in the early days we were really taught by other residents. The attendings were rarely involved. They made rounds with us and they discussed cases with us but they were not in char-- they were not the ones taking us through the case. It was our senior residents and our chief residents. And I was operating independently by the time I was a third-year resident.

ROSOLOWSKI: Wow!

BARLOW: And that puts your feet to the fire. If you don't

have the confidence [00:45:00] in your abilities, there is no way you can do that. Nowadays, it's very different. Nobody goes -- ever does an operation by themselves as a resident. And in a way -- it's good for the patients but it's really bad for training surgeons. Because it never weeds out those people who will not be able to go out into practice and be secure enough to do it. There is no weaning process. They are absolutely supervised the whole time in the OR, for every single case. So then I fin-- I wa-- getting ready to finish. And I decided that all I had seen was terrible trauma for six years and I wanted to have a happier way to help people who didn't do bad things and therefore get themselves in trouble. So I decided pediatric surgery would be great. And Keith Schneider, who was the pediatrics -- head of pediatric surgery there, really, I re-- so respected him. And...

ROSOLOWSKI: Now, this is... Is this the same man that --

BARLOW: Yes.

ROSOLOWSKI: -- you spoke of earli--

BARLOW: Yeah. Yeah.

ROSOLOWSKI: I hadn't asked you his name, at that point.

BARLOW: Yeah. That's -- same -- Keith Schneider. And so I decided I wanted to be a pediatric surgeon. I wanted to stay in the New York City area. And there was one training

program, that was here at New Yor-- It was Babies' Hospital then. Now it's Children's Hospital of New York. And so I applied just to one place. I had a lot of chutzpah. You know, I kept only applying to one place. (laughter) I applied to one place. And they had, a-- they had an internal candidate, who had done general surgery there, who they were going to take for ped surgery. And they only took 1 person a year. And I think, at that time, there were only 12 people a year that were trained, in the country, in ped surgery. There were very few training programs. And it was a fairly new specialty -- a new specialty to have formal training programs. Before, general surgeons would take a year and become a pediatric surgeon. But this is a two-year training program. And, of course, Keith Schneider called Dr. Santulli, at Babies', and said he should take me. And fortunately, the guy that had the job decided not to do ped surgery. And so they took me. But when they interviewed me, it was really funny. The -- they had never had a girl, at all. And, in fact, New York Presbyterian Hospital had never had a female chief resident in anything, not even pediatrics. So he asked me was I going to have children, if I was married and ha-- my husband got sick, would I stay home, a-- He asked me nothing about medicine or anything else. It was all

about the fact that I was a woman. So I told him I couldn't get pregnant, not to worry, I wasn't getting pregnant, and, no, medicine was what I was doing. I mean, I was totally focused on being a surgeon. And so I did ped surgery there for two years. It was really good. And I did research while I was there. I saw all these babies with necrotizing enterocolitis, which is a disease mostly of premature babies. And, to me, it looked so similar to what sheep get if they're not breastfed. So I decided I would do a research project to compare stressed newborn rats who got breast milk versus those that were fed formula. And I discovered that the same thing happened to rats.

ROSOLOWSKI: How did you know what baby sheep looked like --

BARLOW: Well --

ROSOLOWSKI: -- when they're not breastfed?

BARLOW: -- I knew they got the bloats.

ROSOLOWSKI: Oh...

BARLOW: Because I grew up in Lancaster County.

ROSOLOWSKI: OK. I was wondering (laughter) if that's what it was.

BARLOW: Yeah. They got the bloats. So I mea-- So that was my country training. Anyhow, so the experiments worked very well. I showed that breastfeeding protected stressed

newborns against necrosis of the bowel. And that paper that I did when I was a fellow in pediatric surgery is the most quoted paper in all pediatric surgery literature, still. And people are still using the model. So it was really nice. I had a rat room in my house. Because I had to look after them 24/7. [00:50:00] And they used to laugh at me, because I had baby rats in my pocket.

ROSOLOWSKI: (laughs)

BARLOW: But, no, that was very good, and exciting. And we did a whole series of experiments on necrotizing enterocolitis. And then, when I was rotating through neonatology, one night the ambulance came in with this little, tiny, tiny premie, from a hospital that used to be up here somewhere in Washington Heights. I don't remember its name anymore. But this little premie had been delivered there. And the teenager who had the baby didn't know she was pregnant. And her family did not want the baby. And she did not want the baby. But the ba-- They thought the baby wouldn't live, after it came out. But it did. So they sent it to us, to our premie unit. So this was a really, so tiny little premie. And I talked to the parents of the girl and the girl. She was Jewish, from Riverdale. And they said, no, that they jus-- they couldn't -- this was -- they couldn't face this, and it would be bad for the baby, they

just couldn't and that the baby cou-- should be put up for adoption. But in the meantime, we had this little teeny premie, which I named Samantha. And I got one of my mothers who was breastfeeding to send me breast milk in. Her husband would bring it on his way to work in the city, every day. And I brought this baby up on breast milk. Baby did not get sick. The baby did not get necrotizing enterocolitis, which it was due for. It was very small. And the hospital was totally freaked out. They made me -- they said that I had to go through the IRB to give a baby breast milk.

ROSOLOWSKI: What's the IR--?

BARLOW: Institutional Review Board. Because giving babies -- doing -- feeding this baby breast milk from another mother was experimental. Well, of course, it's not. There were wet nurses all through the history of the world and that's ridiculous. Same thing when I was there in ped surgery. I taught my mothers how to breastfeed the... They were babies who had had surgical problems as newborns and who were now ready to eat. And my attendings got very upset. They said, "We can't tell how much they're eating, because they're breastfeeding." And I said, "You -- all you have to do is weigh them and count their diapers and you'll know if they're getting enough food." They really could not --

I mean, breastfeeding was so not cool or politic, at that time, when I was going through training. But because of my research, I knew everybody had to -- needed to be breastfed. And I never had any children, so I went -- I learned from La Leche League all about breastfeeding. They were very good. I even gave them a keynote address at one of their meetings. But they taught me everything I needed to know about breastfeeding, so I could teach the mothers how to breastfeed their babies. And these were all babies that were really stressed, because they had congenital anomalies and they had been through surgery, so that I was sure they needed to be protected with the antibodies in the breast milk. I was just bad as a resident (laughs) in Babies'. I... Dr. Santulli was a wonderful man. And he was a very old-world Italian, proper man. And so, when I -- when I would fuss with him in the operating room, he really -- I mean, he did not know what to do. He would curse and yell at the guys. But he absolutely could not, because of his upbringing, yell and scream at me. He used to go out and have a cigarette and say, "You finish the case." (laughs) It was very cute. I had independent operating privileges. Because I was already a general surgeon and I had my boards, so that I could operate independently. And he was a wonderful man.

ROSOLOWSKI: Hm. Well, we're kind of talking about something I wanted to ask you about. There's this stereotype of surgeons -- and you've touched on it a little bit -- I mean, the idea that they're supremely confident and arrogant and temperamental.

BARLOW: Until something happens.

ROSOLOWSKI: And then...

BARLOW: And then there's a total meltdown. It's very bad. I keep Kleenex in my office. When the resident or an attending loses a patient, they really suffer. Because to be a surgeon, you have to have supreme confidence that you can do this without hurting someone, that you can make them better and that you know what you're doing. And when things don't work out, it is a disaster. When I was a chief resident in general surgery, I did a bilateral hernia [00:55:00] on a six-month-old baby boy, only child, much beloved. And he went to the recovery room. And I went and did the next operation. And he -- in the recovery room, I guess his tongue fell back, blocked his airway. He arrested. And he was brain-damaged. He eventually died, about six months later. This was so bad that I had to take -- I had to take off time. I said, "I don't even know if I want to operate, if I..." It was horrible! I took -- they gave me two weeks off. I went home and thought about it.

And then I came back. But when something doesn't go right... And people, I don't think, realize that. They think that the doctors are callous. They're not. It's very painful when things don't go right. And they suffer. And I have grown men crying in my office. But in order to do the work, you have to ha-- you have to be confident. If you lose your confidence, you can't do the -- you can't do the surgery, just can't. And I always know when it's time for me to encourage an attending to retire -- is when he starts avoiding doing the hard cases. And it's time not to do it anymore.

ROSOLOWSKI: So am I hearing you correctly that, you know, there's this -- there's sort of stereotype and then there's the unseen part of the stereotype and it's a true -- it's true, basically -- (laughs) and that you became one of those people?

BARLOW: Yes.

ROSOLOWSKI: You have all of those things going on.

BARLOW: Yes.

ROSOLOWSKI: When you're in the operating room... You described a little bit about attendings that would lose it and abuse people or yell.

BARLOW: Oh, yeah. I was very bad, in the beginning. When... You mature, over time. But when I finished pediatric

surgery, I wanted to be in charge. I did not want to go into a private pra-- I didn't want to ever do private practice.

ROSOLOWSKI: Why?

BARLOW: I wanted to help people. I didn't want to run a business. And I -- just totally not interested in private practice, never intended to do it. And there's this wonderful public hospital system in New York City and I knew that I didn't have to do private practice. And I wanted to help people. I thought, for a while, I'd go be a medical missionary. But then, when I went through my training and went through Lincoln and Jacobi, I saw that you don't have to go away to be a medical missionary. There is so much that needs to be done here -- and particularly in becoming a pediatric surgeon. Because there's so few pediatric surgeons. And poor children really have not the same chance. If you don't have insurance, there's no way you're going to get operated on by a pediatric surgeon. And so I was looking for a position. And I was offered one by Keith Schneider, back at Jacobi. But I really wanted to be on my own and build my own program. I was older. I was 37 by that time. And I had ideas about how I wanted to run a pr-- and build a program. And so I took the jo-- took a job at Harlem.

Now, the head of surgery at Harlem did not want to hire me. He didn't. He didn't... I don't know whether it was because I was a woman or what it was. But he did not want to hire me as head of pediatric surgery. The head of pediatrics there, who retired before I came, said that he would hire me on the pediatric service if he wouldn't hire -- if surgery wouldn't hire me as chief of pediatric surgery. And so Dr. Freeman, who was head of surgery, said, "No, surgeons have to be hired by surgery." So he hired me as director of pediatric surgery.

ROSOLOWSKI: And that was in...?

BARLOW: That was in 1975.

ROSOLOWSKI: Ninety seventy-five.

BARLOW: And he said, "I don't care what you do. It's just I don't want to hear any complaints," said, "Go build your service. Go do it." There were 500 children waiting for surgery, that... Because they had pediatric surgery coverage only for emergencies. So that there were these five guys who were in private practice, who, if they had a crashing emergency, would come in and do it. Otherwise, they sent them to Babies'. Dr. Santulli did not want me to go Harlem. Because he was getting the cases from Harlem referred up to Babies'. And he -- so he didn't want them done there. But that didn't matter. Still, I did what I

wanted to do. And I continued to do my research when I started at Harlem uptown and do research with the residents. Because the reside-- the fellows in ped surgery had to do [01:00:00] research. And so, for the fir-- next couple years, I helped them do their research. And we did some nice studies.

ROSOLOWSKI: Can I interrupt you just for a sec?

BARLOW: Mm-hmm.

ROSOLOWSKI: I wanted to ask you a couple other questions.

And then I'd like to continue with that balance between the surgical work and research. I've come across some statements from surgeons who said that they strongly believe that women bring something unique to medicine, and -- but to pediatrics, in particular, and pediatric surgery. How do you feel about that statement?

BARLOW: I think women bring something special to medicine, period, no matter what specialty. I th-- women are -- have traditionally -- and are caregivers. And I think that they're much more sensitive emotionally to their patients, and able to show that. That's why they call me the crying doctor. Because if I couldn't save a patient and I'm with the family and they're crying, I'm crying too. So that's why they call me the crying doctor. Be--

ROSOLOWSKI: How did people respond, at the time, I mean, to

you -- and thinking about your male peers, male doctors?

BARLOW: I had no trouble. Because I was willing to work harder than anybody else. It was just what my mother told me. I stayed up and I sent my other residents to bed. Because they were -- these guys were exhausted. But I had this long training of not sleeping every night, as I -- starting in high school. And I just worked harder than everybody else. I got to do lots of cases. Because I found cases for my chief residents to do. I talked with the internists. They referred cases. And they didn't care that I cried when somebody died. I mean, they didn't care, really.

ROSOLOWSKI: Because they knew it wasn't a measure of anything else but...

BARLOW: It's not weaknesses. I just really -- I cared and I felt very bad. And actually, for patients, that's good. It's comforting to know that the person on the other side, who couldn't save your family member, cares.

ROSOLOWSKI: Mm-hmm. You were saying earlier that women bring -- because they're caregivers, because they're more emotionally sensitive, they bring something important to medicine. Do you think that, as more women have entered medicine, that some of those --

BARLOW: Some of them --

ROSOLOWSKI: -- qualities have...?

BARLOW: -- some of them are no... Because I s-- I take girls
in my training program. And some of them are pretty hard.

ROSOLOWSKI: You mean they kind of model themselves --

BARLOW: It's...

ROSOLOWSKI: -- after a male model.

BARLOW: After a male model, instead of being a female model.
Yeah.

ROSOLOWSKI: Hm. Did it ever occur to you...? I mean, when
you're looking ar-- when you were looking around your new
environment and you entered medicine and said, "OK, here
are the choices," you know, "Here's how to -- how to create
myself to be part of this profession," did it ever occur to
you to choose that male model as what you had to do?

BARLOW: No, I don't think so. I don't think so. I'm just as
tough as the guys were. But I haven't lost my sensitivity.

ROSOLOWSKI: Mm-hmm. Mm-hmm. What do you do that's -- do you
do anything special to establish rapport with a child?

BARLOW: Oh, that's easy. (laughs) It scares the guys. You
know, a lot... When we rotate our residents through
pediatric surgery and they're dealing with these little
things, it's very frightening. No, it's easy. It's
natural! I think that women have a natural feeling for
children. But it may -- some men do too. There are more

pediatric surgeons who are men than they're women.

ROSOLOWSKI: Is there anything special that you do?

BARLOW: Nah. No. You just talk to them. But it's easy to talk to children.

ROSOLOWSKI: What were your most important learning experiences during your training years, as a surgeon and also as a woman surgeon?

BARLOW: I don't think there was anything important about being a woman surgeon, actually. I know that a lot of women have had really hard times going through surgical training. I probably went through hard times too but I -- as you see, when I am faced with a challenge, it doesn't -- it doesn't slow me down. And I think that a lot of the -- probably the hard times I had, [01:05:00] I just put aside and went on with things. Really. Learning... I don't know. The patients taught me everything. It's a whole long list of patients, who taught me everything. And you learn from your patients more than you learn even from your teachers.

ROSOLOWSKI: I mean, are you talking about their bodies, their anatomy or are you talking about other kinds of things?

BARLOW: You learn from their symptoms, from how it affects them in their lives, from ha-- for the dignity they have when they know they have fatal illnesses. I have a long memory of wonderful patients.

ROSOLOWSKI: I'd like to stop, just for a moment.

(break in audio)

ROSOLOWSKI: OK, now we're recording.

BARLOW: Thinking about an important learning experience. I think the most important learning experiences that I had while I was being trained was from Dr. Santulli. He was a brilliant diagnostician, not a fancy technical surgeon but a really good diagnostician. And his thinking was very clear about how to solve surgical problems. And he really taught me approach to solving problems, for difficult problems, that was really -- I used always after that. And also, (clears her throat) he did a very good thing for me. I presented my first paper at a national meeting, on the rat model of necrotizing enterocolitis. And he made me -- he made me do it over and over and over again, until I could do it perfectly without notes. And he said, "Barbara, if you're going to ever be a full professor, you have to give your lectures without notes." And this was wonderful. I was much less shy and more aggressive, at that point. But still, the thought of standing up and giving a lecture nationally was a little intimidating. So that was a wonderful lesson. He was right. And I had never, ever given a lecture without notes. In graduate school, when I gave lectures, I'd have it all written out.

And I'd be there reading my lecture. How boring!

ROSOLOWSKI: That's great advice --

BARLOW: It is.

ROSOLOWSKI: -- the best advice -- and also, it occurs to me, just really important advice to make you a really impressive professional presence. Because there -- a lot of men read from their notes. I mean, most people do read from notes.

BARLOW: It's very boring.

ROSOLOWSKI: It's incredibly boring. But it also makes you just seem so much more in command of your own field, if you're able to -- and find your words without notes.

BARLOW: That's right.

ROSOLOWSKI: Yeah. Great advice!

BARLOW: Yeah. It was very good. He taught me a lot.

ROSOLOWSKI: As you look back, what effect did your presence have on these different situations in which there were so few women, either at -- in faculty level or students?

BARLOW: I don't know. You never know what your presence d-- (laughs) really, you don't know what effect your presence have. I've always felt that having females residents helps the guys be less crude. Really. I don't know if, in today's world, it's so anymore. But I always liked having female residents. Because I thought -- I think... Well,

it's because of the way I was brought up. Men were not rude and crude in front of women. And if you have women seeded into your program, if they're gentlemen, they will taper their behavior to fit a situation where women are present. Whereas a bunch of guys are not necessarily... (laughs) The-- I think women soften the whole -- the whole program and help it be more sophisticated and less crude. Because surgery can be pretty crude.

ROSOLOWSKI: When you say sophisticated, are you referring to social climate or...?

BARLOW: Yes.

ROSOLOWSKI: Because I'm wondering how did those kinds of factors, when women were present and having this effect -- do you see that having, also-- an effect on patient care someplace down the line?

BARLOW: Yes, I do. I do. I may be wrong. But that has been my feeling, that it's really good to have women and not have all men in your training program, in terms of the whole atmosphere of the training program. I may be wrong but... I'm always happy to have a good woman apply.

ROSOLOWSKI: Well, you had [01:10:00] started speaking, a little bit earlier, about when you became pediatric -- chief of pediatric surgery, in 1975, at Harlem Hospital. And I had a number of questions I wanted to ask you about

that. Very complex situation. I mean, you were talking about the violence there and how much it unnerved you and...

BARLOW: Not anymore. The violence unnerved me when I was in medical school, starting my training, rotating through the ER, working in the ER at night. I adjusted to it. I learned no-- I learned that -- not to have an emotional reaction to other people's violence. And actually, I learned how to control violent people. It's very interesting.

ROSOLOWSKI: What were your strategies?

BARLOW: Usually, when they're violent, they're angry because of whatever. They're angry because someone hurt them. They're angry because they haven't been taken care of immediately. Whatever. You identify with them. You tell them, "I understand. I understand why you're angry. I understand why you're upset. And I really want to help you. Just let me know how I can help you and what you need." And it works. I mean, it just works. I -- once I learned that, I was never afraid again. I only had one parent that I really couldn't settle down. And it was a parent whose little baby, their only child, came in with a lump on the back and it was malignant. And we removed it. And I had to tell them it was malignant. And whenever I

tell bad news, I always have lots of people there. And there are certain people who blame you for bad news. It's the doctor's fault that she has this, not that she made this. It's a -- it's a reaction to bad news. And, man, he wanted to kill me. And he was -- he was a armed security guard. And he told me he was going to wait for me and he was going to kill me. He didn't. I never saw him again. And the -- actually, the child was cured. We did a good operation and it was early enough that the child was cured. But nothing that I said to him helped at all. But for almost everyone, regardless of how out of control they are, I really -- I'm not afraid anymore.

ROSOLOWSKI: Mm-hmm. What were the demographics at the time, in Harlem?

BARLOW: Ninety-nine percent African American. There was a little man who sat outside the hospital every day. He was probably a retiree. And he sat on the little wall there. And I'd come into work every day. And he said, "Doctor, doctor! Go back where you came from! They're going to kill you down here!" (laughter) But I never had any trouble.

ROSOLOWSKI: Were there -- there were people who were afraid to come down to Harlem to [pra?]-?

BARLOW: Oh, yes. They still are! (laughs) It's very funny.

You know, you invite guests from outside, who've never been in Harlem, and they're afraid. They look around and they're the only white person around. It's changing, though, now. Now it's about 40% Hispanic.

ROSOLOWSKI: So what was it like coming to work here, with the racial situation, with you being a woman? I'm wondering, you know... Well, you tell me.

BARLOW: When I interviewed there, I talked to people all over, to nurses, to administrators, to heads of departments. Because I wanted support to build a department. And I wanted to know, if I accepted that job, that they would help me. There's nothing loved more in Harlem than their children. And they were not getting the care they needed. And everyone said to me, "Come. Be our pediatric surgeon and build a department. And we will help you get whatever you need. And we will help you in any way we can." And these were African American people. And so it was a wonderful environment, because they love their children and they wanted things to be better. And so I had tremendous support.

ROSOLOWSKI: Well, it sounds, too, like you were doing some coalition building.

BARLOW: Not in the very first. That came later. When I... Because I went into pediatric surgery to take care of

children who had congenital problems, basically, or appendicitis or whatever. And I got there and I was seeing numbers of severe traumatic injuries that I had never seen in children, in the Bronx or at Babies' here. And I realized that there was a huge, high injury rate to [01:15:00] children in Harlem and something needed to be done about it. I went from be-- from being an adult trauma surgeon to a pediatric surgeon to being a pediatric trauma surgeon, basically.

ROSOLOWSKI: Mm-hmm. Well, I guess, when I said coalition building, it struck me that, you know, you took the time to go around --

BARLOW: Oh, I b--

ROSOLOWSKI: -- and talk to people --

BARLOW: -- I really --

ROSOLOWSKI: -- and sort of build a team.

BARLOW: -- i-- Oh, I thought you were talking about later coalition --

ROSOLOWSKI: No, n--

BARLOW: -- to do injury prevention.

ROSOLOWSKI: Mm. No. Because I was just -- I was just thinking, you know, like where did that impulse come from, you know, to make those rounds and stretch the hand out and...

BARLOW: Well, I knew I couldn't do it by myself. It was -- it was -- this was a big job. And I needed help and support. And I needed people willing to work with me. Otherwise, nothing would happen. And I was not willing to take a job, take a paycheck, and just go do the surgery... I wanted to build something. It comes all along as a strain, through my whole life, that I wanted to make a difference. So I -- in order to make a difference, I had to know that they wanted me there and that they would help me. And the rumor in Harlem is that I'm really black. Because I have vitiligo. I've lost all my pigment. That's why my hair is white. It turned white at 32. And they say, "She's just like Michael Jackson. She has vitiligo and she's really black" -- which is wonderful. I love it!

ROSOLOWSKI: That's wonderful.

BARLOW: And what I always say to them is, "You know, I'm here all the time. I live in a totally black world, pretty much. And if I don't look in the mirror, I don't know what color I am." Really. So.

ROSOLOWSKI: On this -- I'm interested in comparing the way you talk about yourself and surgeons in generals -- in general in the operating room and then what you're saying about how you operate, you know, in building bridges between people and getting a team. Because, you know, I

would think, "Hm," you know, "A person who's used to sort of being the authority figure in the -- and in the operating room would come out and tend to have," you know, "a heavy authoritative hand when she's working in a more administrative kind of position."

BARLOW: You can't get anything done if you have a heavy hand. You have to -- you have to engage folks to... And you -- they have to want to do what you want them to do. (laughs) Otherwise, it doesn't work. And I'm not a micromanager. I have a brilliant staff and they're very creative. And they're on their own. And they -- if you let people devel-- Well, I did that. I went right in from training to being head of a division, and building it. Nobody told me what to do. Dr. Freeman didn't care what I did, as long as he didn't get any complaints about me. And I also had to get rid of five pediatric surgeons. Because I had five -- there were five pediatric surgeons there that rotated and came in only for emergencies. They didn't do me any good. Because they would only come in for emergencies. And then they wouldn't come and see their patients! And I wanted to have a staff that were devoted to the hospital. So I told Dr. Freeman, "I need to hire another full-time pediatric surgeon to work with, as we start to build this department. And I don't need these five guys." Nice guys.

And he said, "They've been here for years." (laughs) And I said, "I know. But I can't run a department like this. I want people who are going to follow their patients, who are going to be fully engaged with the staff and not fly-by-night people, who run in and do a case, run out and leave the kid there."

ROSOLOWSKI: Was it an issue that it was a hospital in Harlem? I mean, did you have difficulty finding the -- finding people that --

BARLOW: I've ne--

ROSOLOWSKI: -- had that kind of commitment?

BARLOW: -- I have never had trouble f-- recruiting, still don't. I have trouble paying them as much money as they would like but I don't have trouble recruiting. And so he said, "Well, I can't do anything about it." So I had to think how I was going to get rid of these five people. So... I think we were unionized then, too. The doctors are unionized, at Harlem. What I did is I told them that I needed somebody with me full-time, that we had so much work, and, if they would like to give up their private practices and come full-time, they could apply, that was fine, but I no longer had the money to pay them. They could stay on staff. I welcomed them to stay on staff. And they could still take all -- if they wish. But I

couldn't pay them to do it, because I had to hire another surgeon and I didn't have any money. It was perfect. One of them, a very wonderful man, stayed for two [01:20:00] years and worked for free. And I think that he had -- he felt a little guilty that he had been on salary for so long and he really spent no time there at all. So he worked for two years for free. And I hired another pediatric surgeon. One of the pediatric surgeons, at a national meeting -- I used to take my mother with me -- swam up to her in a -- in -- I think it was Ho-- was it Hot Springs? -- West Virginia, I thin-- swam up to her in the swimming pool and said, "Your daughter fired me."

ROSOLOWSKI: (laughs)

BARLOW: I said, "Oh, I didn't fire you. I just couldn't afford to pay you." There's a way to do everything, that isn't hard -- I mean, that isn't harsh and cruel. And so no one was insulted. They knew I needed someone. They would not give up their private practice to work for the peanuts that we were getting paid at Harlem. And so I got rid of them. You just have to figure out -- when you need to get something done, you have to figure out what's the best -- and best way to do it without hurting people's feelings. I'm very sensitive about other people's feelings -- and also very sensitive about my patients' feelings.

And I never wanted to make anyone unhappy or hurt anyone. That's very important to me. And it's the same way, (laughs) when I drive. I let people go. I never cut people off. Somebody cuts me off, it doesn't upset me at all. I want everybody to have a good day. I don't know why it is. But that was very important to me all along, not to give grief to anyone, to try whatever needs to be fixed. Sometimes you have to make hard decisions. I had to get rid of a girl who was a categorical resident, who was an intern this year.

ROSOLOWSKI: What does categorical resident mean?

BARLOW: Now, when you -- now the programs are different.

They're not pyramids. You accept, at the beginning, from the internship, the people that you plan to finish. It's a very bad system, because you don't know, sight unsee-- You know how bright they are, because you have their test scores. But sight unseen, you don't know how they will work as a surgeon. And they get promised that they'll finish, unless there's a reason not to finish them. And I had a young lady this year, who is very bright, who was a terrible resident. I mean, she was terrible! She stayed home all the time. She wasn't feeling well. She was tired. She disappeared. She didn't answer her pages. She didn't do workups. And she sco-- even though she was very

bright and scored very high on her tests, before she came. On the tests -- the tests that they give residents every year, she didn't know anything. And so I had to figure out how not to hurt her feelings but to remove her from the program. And so I sat with her. And I said, "It's obvious to me that you don't really want to be a surgeon. You're not really engaged. You avoid the operating room. You don't come to work. And let's think about what you would like to do. You're very bright but you're not surgical material. And this is the wrong place for you to be." And so we figured out that she was very interested in international public health. So we got her into public health school. And she's going to public health school next year and she's out of my program. But other programs... I've seen it. Because when I was a resident, they used to -- the director of surgery used to fire people in grand rounds. They present a case and they had something that didn't go well... It's like three strikes, you're out. The third leak of an anastomosis, you're fired. And you fired them in front of everybody. But I don't think that's the way to do things.

ROSOLOWSKI: Where did you get that administrative theory or policy --

BARLOW: I don't know.

ROSOLOWSKI: -- those...?

BARLOW: I don't know, maybe from my mother. My mother was a psychologist. And she was a very good people person. I don't know -- I learned it maybe from experience.

ROSOLOWSKI: It seems connected, too, with that strong sense of civility that you have.

BARLOW: Yeah. But I don't really know how I learned it. I am a very good people person. Really. I manage people very well. I don't know how I learned it, really. I think part of it is that I really care about how people feel. And I care about other people. And I don't want to hurt anybody. But I want to make things right, so they work right. And to do that, you have to be able to make hard decisions and you have to figure out how to do it nicely.

ROSOLOWSKI: [01:25:00] I want to another one. You were talking about pediatric surgery and how this was a new specialty in the early '60s. When you were taking on the position as chief of pediatric surgery, how had pediatric surgery advanced? What was different?

BARLOW: Pediatric surgery, it wasn't that it was a new specialty. It was a new specialty recognized as a specialty, requiring separate boards. And that's what was new about it. There were people who concentrated on pediatric surgery, from time im--morial. But then they

made it a formal training program of two years, with its own boards. And that was new. And I think I took the second boards ever given. The first ones, I believe, were given in 1975, which was when I was a chief resident of pediatric surgery.

ROSOLOWSKI: Did pediatric surgery attract more women than the other surgical specialties?

BARLOW: Well, pediatric surgery is so hard to get in. Because there's so few training positions. And in order to get a training position, it's... Now there are only 17 people training -- United States and Canada -- every year. I think it's 17. They may have added one or two programs. But it's so few, it's so hard to get in, that... And it's harder for women than it is for men. So we have pediatric surgeons who are women. And when I trained there were, across the country, some women that trained during the war. During the Second World War, a lot of women were -- went to medical school. Because there weren't men to go to fill the places. So women got in. So there were older women who had trained during the war. There were a couple of them. And there are more now than there were when I went into pediatric surgery. It was very hard to get in. And there are a lot of men who want to be pediatric surgeons. It's a very nice specialty.

ROSOLOWSKI: Why? Why do you call it a nice specialty?

BARLOW: In general, you're operating on children who, they may have congenital or other problems. And they heal well. They get better well. The-- It's a very happy specialty. They usually don't die on you. Adult surgery's very hard. Because you have all these patients with all these comorbidities. But in general, children are healthy and they heal. And it's fun to fix a little kid, watch him grow up. It's very nice now. I walk through the hospital, I walk through Harlem, and the parents and grandparents of people I operated on come up and tell me what the children are doing now, like they're now a nurse or they're now in medical school or in law school or whatever. It's really fun.

ROSOLOWSKI: So you're really part of this community.

BARLOW: Oh, absolutely. I've spent more of my life in Harlem than anywhere else. Absolutely.

ROSOLOWSKI: Why did you want to come here? Why did you want to -- why did you choose to stay here?

BARLOW: In New Yor--?

ROSOLOWSKI: In Harlem --

BARLOW: In Har--

ROSOLOWSKI: -- with this hospital.

BARLOW: Oh, I loved it! It's a won-- it's an amazing place.

It's a very hard place. We're a city hospital. So you have to fight for everything you want. There's never any money. And you don't have the staff to support you. I don't have a secretary. But I chose not to have a secretary, in order to have something else. Now, I type about 120 words a minute. My mother sent me to business school, one summer, said, "If nothing else, you'll be able to support yourself being a secretary." And I earned my way through -- a lot of my way through college typing other people's papers. And so it's a hard place to work. But it's a community hospital. The majority of the support staff in the hospital live in Harlem. It's a happy place. People come and they say, "This is funny. This isn't like other hospitals." People are all talking to each other. They all know each other. They're all laughing in the elevator. They go to church together. They socialize together. And it's their hospital. It's the biggest employer in Harlem. And it's different than anyplace I've been. I was offered other jobs but I just couldn't leave it. I am ve-- I... I'm having trouble [01:30:00] retiring.

ROSOLOWSKI: Yeah, I read that you're official -- you were official retirement age and you wouldn't.

BARLOW: I asked to retire, this past January. And I looked at

everything I had to do and everything. Got a call from the main campus, that said I couldn't retire. They put me in between a rock and a hard place. I couldn't retire, because I have open grants. And I can't go on a grant salary at a -- part-time. Because the School of Public Health does not allow you to be part-time. You have to be full-time. And my director of surgery salary is too big for any grant. And they can't reduce my salary or they could be accused of age and sex discrimination. So as long as I wish to be on grants and have my grants, I can't retire from Harlem. Oh! If I -- I could work here part-time. But then I would lose all my benefits. Because there are no be-- At Harlem, you can work part-time and have benefits. So I could work part-time at Harlem. But you can't work part-t-- part-time as a director of surgery. So if I work part-time up here, I would lose all my benefits. And then, when I fully retired, I wouldn't get them back. I'll figure this out, one day, but...

ROSOLOWSKI: Working in a bureaucratic system. What were the biggest challenges and obstacles that you faced during the period of your professional development?

BARLOW: I think, when I tell the story, it's like things fell out of the sky. I applied to one medical school. Everything seemed to just happen, for me. I was very

lucky. Really! I didn't see any obstacles. I -- really, everything just went well for me. I may have an obstacle now. Because my grant -- my big grant ends the end of December. And I'm not quite sure how I'm going to fund this program. But I don't get nervous about it, because everything seems to always work out. You work hard, you try hard, and everything seems to work out. And I don't think there were any obstacles.

ROSOLOWSKI: Mm-hmm. What were the major...?

BARLOW: Or maybe I forgot them.

ROSOLOWSKI: (laughs)

BARLOW: Maybe. (laughs)

ROSOLOWSKI: That keeps you optimistic.

BARLOW: Yeah. My glass is always half full, never half empty.

ROSOLOWSKI: What were -- what do you consider the major turning points in your career?

BARLOW: In my career, starting at Harlem. When I decided that I had to do something to reduce the injury rate in Harlem. I just couldn't bear to see another dead child. It was just -- it was... I would lie awake at night thinking about it. I -- where I grew up, in Lancaster, I only know one child that was ever injured in any way. He was hit by a car. And I saw it. But that was -- that wa-- And I al-- actually, I had such a horrible emotional reaction to

that, my mother had to put me to bed and keep me there for two days. But...

ROSOLOWSKI: Did the boy die, for...?

BARLOW: No. But he was dragged a whole block.

ROSOLOWSKI: Oh, my gosh!

BARLOW: We were coming out of school and this car hit him.

But no one else was hurt at all. No one died. No one got killed. No one got shot. No one got stabbed. No one got beaten up. I mean, it was just so different. And I decided that I ha-- I had to see if there was some way I could make the community safer for children. Because it was killing me.

ROSOLOWSKI: What were some of the injuries that were coming in?

BARLOW: Well, we had children raining out of windows in the summertime, when it was hot and there was no air conditioning. And children would be falling out windows. And they landed on their heads, because their heads are bigger than their bodies. They'd die. They'd get brain-injured. We had children hit by cars, because they were playing in the streets. And the par-- public parks were not maintained. And they were full of people selling drugs and the homeless. And the kids were out in the street and the drug dealers were in the park areas, which were in good

shape anyhow. They were dangerous. And they were being shot. We had street-corner selling of cocaine. And because of the Rockefeller drug laws, which happened during the -- right about the same time I went to Harlem, the penalties for being caught with controlled substances [01:35:00] were mandatory sentencing of 26 years to life, even for small amounts of drugs. So what happened is that the drug dealers recruited children to do the drug selling on the streets. So we had armed children selling drugs on the street, carrying drugs around the community, shooting each other, shooting everybody. And they had a shootout across Lenox Avenue, in front of the hospital, where the doctors got down under cars and waited till the shooting stopped to drag the people off the street. Right across from the hospital, they were selling drugs. They were selling in the street corners. It was everywhere. And they were selling in the schoolyards. So that children were be-- not only selling drugs and shooting each other. Kids were getting caught in the crossfire, as well. And the -- with all these illegal guns, they were getting shot playing with guns, looking at guns, finding a gun. And they were being stabbed and assaulted. And it was just -- it was horrible. And so that's how the injury prevention program was born.

ROSOLOWSKI: Could you talk ab-- just talk about how that all happened?

BARLOW: It took a long time to happen. And if I had realized that I could get in anybody's door in city government, with -- and that I could do it without a grant, in the beginning, I would have started earlier. But I kept writing grants -- for federal grants. And the Minority Health division said I was white, so I couldn't get a grant. The other -- the other federal agencies said that -- the... I had all the data. Because starting in 1984, I started working with the School of Public Health, with an epidemiologist, to do population-based injury surveillance. So that we knew exactly what was happening. Starting '84 on, we had injury surveillance. It didn't matter where the child was taken to the hospital or if the child was pronounced in the scene and went to the medical examiner. We had all the data. And we knew the rates of injury to children in Harlem. It was twice the national rate. It was twice the city rate. So I kept writing these grants. And the pink sheets said that the community was too economically depressed, that a small group of people from the hospital could not make a difference. And so they ne-- they wouldn't fund me. Seven years I wrote grants, big federal grants. I have never written another federal grant

since. But it was driving me crazy. And we were going whatever, with little things, we could. But I needed a staff. Because I needed to map the community. There were no maps of Harlem that you could buy. I needed to get in touch with community groups. I needed to reach out into the community to make it safer. And I had to know what was happening. I put... We made our own maps, actually.

ROSOLOWSKI: Why were there no maps of Harlem?

BARLOW: Have you ever been in a taxi in New York? It cuts off at a hu-- the map in the taxi cuts off at 125th Street. There were no maps.

ROSOLOWSKI: Taxis that won't drive to Harlem?

BARLOW: That's right. They come -- starting to come now. Harlem's changing. But we couldn't -- we couldn't do any... We didn't have a map. So, anyhow. I was complaining all the time to Dr. Margaret Haggerty, who was head of pediatrics. And she was a true old boy. She was on the Institute of Medicine. She was very well known nationally. And she was head of pediatrics at Harlem. Good Irish Catholic lady. And I was just complaining nonstop and saying, "I can't stand this. And I can't keep doing this unless I do something about it. It's immoral. We're sitting here looking at what's happening and we're not doing anything about it. And no one will fund me."

She had been a Robert Wood Johnson fellow, and had been in Washington on one of their grants for a year. And so she knew the people at the foundation. And she called them up. And she said -- she said to (laughs) them, "You waste your money on these big grants, these multi-million-dollar grants. You don't evaluate them. You don't know if you're doing anything. We have a database, a surveillance system. So we can monitor if we are making a difference in the community or not. So why don't you just give us a little grant?" At that time, the foundation was only interested in healthcare, not in health. And what I wanted to do was definitely not healthcare. It was health. So they sent me a young program officer to help me write a grant that they could get through the board of trustees, since I didn't really fit their mission?

ROSOLOWSKI: What year was this?

BARLOW: This was in 1988. And he [01:40:00] came. Very nice -- Michael [Beechler?]. And he sat with me. And he looked at the data. And I told him what I wanted to do. And he helped me write that grant. And it was funded for \$125,000, which wa-- a year, for three years, which was enough for me to hire a staff. And I hired women who had children, from the community -- who were educated -- to help me. I needed them to be my eyes and ears. And I

needed them to help me know the community outside the hospital. I knew lots of people. I had operated on thousands of children. So I knew lots of parents and grandparents. But I needed to know the whole community and how it was functioning, so we could figure out what was going on. We got real estate maps from the city of New York, and reduced them in size, so we could make maps to put on the wall. And it was before -- it was before computerized geo-mapping. So we would put in red pins for gunshot wounds and blue pins for stab wounds and yellow pins for pedestrian injuries, so we could start to see the clustering of injuries in the community. And that's when I learn-- You know, it was serendipitous, really. Since they only gave me enough money to hire a staff, I had to figure out how to do so-- They didn't give me any money to change anything. So I had to figure out how I was going to change things. And that led me to build a coalition. And that was wonderful! It's good they didn't give me enough money to do anything. Because it's much more powerful if you have a coalition of likeminded people who are working on the problem with you, to make a difference. And I found people from the parks department and I -- who lived in Harlem and who wanted to make a difference. I found people from the Department of Transportation, from School

Facilities. I got to know the principals. We ran School Health. I had this whole army of School Health workers who wanted to do something for the children. And we had private foundations and private citizens who were interested in helping. And so, once we got to know each other, we agreed that we would work on the problems in Harlem, as we identified them. We could s-- we stopped having meetings, because we didn't need to. And whoe-- I know -- I know who's interested in what problem. I mean, some people were interested in pedestrian safety. Others were interested in redoing the parks. They all had their own interest. So that, if we're going to do a project, we would just call them on the phone and say, "We're going to do this. Do you want to help?" And we call it sliding coalition. You don't... If you're meeting -- if you have meetings nonstop, everybody's busy and everybody gets bored. So the best thing is to have projects and to just involve the people that you work with who are interested in a particular project.

ROSOLOWSKI: Who were the key people involved, at that time?

BARLOW: In the coalition?

ROSOLOWSKI: Mm.

BARLOW: The Department of Parks -- many people in the

Department of Parks. And Henry Stern was always a very

wonderful help. We got him on board... Well, fir-- That comes later. I'll tell you that later. We -- what we did is we mapped the community. We knew our injury rates. And we knew what we had to work on. The Department of Health had just passed a window guard law that all the windows, except for the fire escape, in multiple dwellings where children under ten lived, had to have window guards. And there were penalties to the landlord if a child fell out the window. So we used that law. And I got to know the window falls people from the Department of Health -- wonderful people. And we wanted our residents in Harlem to know there was a law and to know they had to have window gates. So we worked with the School Health program and we had the children make skits about, "Don't be a Window Dropout," and, "Children Can't Fly." We did it in all our grammar schools. We sent a letter home to the parents to put in their rent check to say, "I have a child under ten. I need window gates." And we did it in the clinic. And very quickly we had like 96% of the community window-guarded. And... Or maybe even more. And the window falls stopped.

ROSOLOWSKI: What year was this?

BARLOW: This was in n-- this was in the ni-- late -- probably '87. The law started -- they started working on the law in

the late '70s. I don't remember the exact year. It was around '87. But anyhow, it worked beautifully. [01:45:00] And so I knew... We did that even before I got the grant. We knew that, if we found the right way to do it, there was a way to reduce the injuries we were seeing. And that was a particularly bad one. We got money from the landlords and from our hospital auxiliary to do the, "Children Can't Fly." And we got -- then we got the RJW funding. So my staff went out and they mapped the community. And we looked where all the schools were, where all the churches were. We did -- we compared all the play areas, in schools and in the public parks, to consumer product safety standards. We made a report, with photographs, of how they were out of compliance. We sent the reports to the school principals for their schools, to School Facilities for all the schools. We sent them to the Department of Parks, to the mayor. And we had an article in the *Daily News*, right on the front page, featuring the child of one of my staff holding a whole hand of crack vials. And the article was about how badly the playgrounds and parks were maintained in Harlem -- and they were full of drug dealers. Henry Stern showed up on my doorstep the same day, with his commissioners. And he said, "We're going to fix the parks in Harlem. Just don't do any more stories in the press."

ROSOLOWSKI: (laughs)

BARLOW: And he took us right up to this big park, just couple blocks from the hospital, Colonel Charles Young. And he already had like 50 Parkies there working on the park. He kept his word. He redid every public park in Harlem with modern equipment. I told him to ask the corporate counsel how much money they were losing in suits for injuries in their terrible playgrounds. And it was a lot of money. It was something like \$32 million a year. So he used that to get his budget doubled to redo the parks. He did Harlem first. And now he's done -- I think most of the city's done. It's pretty good.

ROSOLOWSKI: Mm. When I was reading about your work in injury prevention, there were a couple of phrases that really jumped out at me. And one of them was a slogan -- I'm not sure if it was also title of an article that you wrote, s-- "Injuries Are Not Accidents." And then there was --

M1: Ta--

ROSOLOWSKI: -- an article title that was, "Injury Prevention: Does It Really Work?" And the wording of those two phrases really struck me. Because it's as if you've got to convince people.

BARLOW: Oh, yes.

ROSOLOWSKI: So what was --

BARLOW: Absolutely.

ROSOLOWSKI: -- the concentration...?

BARLOW: Injuries are not accidents. They're preventable and they're predictable. But when we were growing up and when we started this work, everybody thinks that injuries are accidents, which means they're not preventable, that they're like acts of God. And, in fact, in our Cincinnati site -- injury-free site, it was so bad. The parents just couldn't get into doing things to prevent injuries to their children. So they went to the Council of Ministers, and said, "You have to convince your parishioners that injuries are not an act of God. God does not want your children to be hurt. Therefore, you have to put in smoke alarms. You have to put in carbon monoxide detectors. You have to get them bicycle helmets. You have to buckle them up in the car. This -- not an accident." And they did. One Sunday, they -- all the preachers about injuries are not accidents and, yes, you have to protect your children and you can.

ROSOLOWSKI: What about the medical community?

BARLOW: Oh! They... Injury prevention... It's very cute. When I first started... I lecture a lot. And when I first started, and may-- not as much now, anymore -- but, if I talked to pediatricians, they got it. Because pediatrics is a protective specialty. They prevent infectious

diseases. Everything they do is prevention, preventative health, basically. And surgeons... (laughs) I had one say, "Why would I want to prevent injuries? They're so much fun to operate on." They didn't ge-- I would talk to a room of surgeons and they'd be sitting there like this. And I knew they were thinking, "This is a really crazy woman. What is she doing? And what is she talking about? And why this of interest to her?" But the fact of the matter is that anyone who takes care of injured or dying children, from needless injuries, has their own post-traumatic stress. [01:50:00] And that's the pediatricians. That's the pediatric emergency medicine people. That's the adult emergency medicine people. And that's the pediatric surgeons. And for all of us and all the PIs in all my programs, they're treating their own post-traumatic stress. Because nobody gets paid for this work. This isn't something you get a salary to do, if you're a doctor. You give this time to this, because you want to prevent the injuries, because they're so horrible. And you never forget, when you see... I don't forget any children that died. You live with it, forever. And so, if you do something to make things better, to decrease injuries, you are really treating your own post-traumatic stress. Honestly. And that's why these folks are so

passionate. They're not funded anymore by RWJ, the sites we created. They're all on their own. And they're all working away. They haven't stopped just because the money stopped. So anyhow, we did all sorts of things. We sa-- we knew -- we knew that the problems in the community were no safe play areas, children in the streets, the drugs all over the place, which put everybody at risk, and the children simply didn't have anything to do. It was during that time that mothers were sent back to work. So that children were warehoused in tiny little daycares. And all children, when they got out of school, were pretty much alone. There was nobody at home. Extended families don't exist so much anymore. So they'd be out at 3:30 in the afternoon. And they'd either go home and sit and watch television and get fat or they'd be out on the street getting hurt. The schools had no extracurricular activities, at all. They didn't go out for recess. They didn't have gym. They didn't have art. They didn't have music. There were no extracurricular activities. And they didn't even have enough money for light bulbs and art supplies. They didn't have money for even grammar school children to do crayoning and whatever. So that the social life of the children was really bad. And they got hurt or they got into really bad activities on the street. So we

knew that there were things we needed. We needed to have programs that were basically free for children, that they could do after school, like people in the suburbs do. And the parents... When we first started, the median family income was like \$8,000. And now I think it's \$14,000. And New York is hugely expensive. Even Harlem's expensive. So they were clumping up, sharing rooms, and... They really had no money to help the children. And there was nothing for them to do. So we s-- I had a really good CEO at the hospital, who really loved children. And he has a -- and his wife couldn't have any. So they adopted two of the crack babies. We had a lot of crack babies, that couldn't go home anywhere, boarding in the hospital. And so he wa-- he was very receptive to using the hospital like a settlement house. That's what Dr. Haggerty said I did, I turned the hospital into a settlement house. And... She didn't say that. She said, "You turned this hospital into a damn settlement house!" (laughter) So we started an art program. I convinced him to give me the pantry, be-- and combine the two pantries, on the two floors. So... And it was right in the corner of the building, a beautiful view, lots of light. I had -- I let it be known that I wanted people who wanted to do something for the children of Harlem to come to me with their ideas and that I would look

for money to d-- to do it. So an artist came. And he had run a program... He was a practicing artist, all his life. He -- but he had run a program for chi-- incarcerated children, in Philadelphia, before he came to New Yor-- So he wanted to do -- he wanted to start an art program. And he said all he needed was good space and good supplies. So we got the Committee of Interns and Residents in New York City to pay for the art supplies. They've paid for them ever since 1988, all the art supplies. And he would write grants. He said he was used to writing grants, he would write the grants to fund the program, which he did. And the art program still goes. He's since retired. And one of the youngsters who was one of the first artists in the program now runs the program.

ROSOLOWSKI: Uh...

BARLOW: Yeah. He's a wonderful artist. And his whole thing - it was so brilliant -- was that... He had gone to art school. And then it took him years to develop his own style. Because what he had learned in art school, the technical stuff, was interfering with him being a r-- have his really own style. So he doesn't believe in teaching children how to do it. You just give them the supplies and let them find their own style. Paintings were beautiful. There are some hanging in the hall down here. But I have

my whole house full of them.

ROSOLOWSKI: What is his name?

BARLOW: Bill Richards. And the children do develop their own style. And you can walk into the art room and you know who painted it, even if it isn't signed. And we had one kid who ca-- was sent to us from the islands, who had sickle cell and had a stroke. He was handicapped. And he's a pointillist. His paintings are absolutely fabulous. I have a whole w-- We buy their paintings. I have a whole wall in Pe-- in my Pennsylvania house of his paintings. And they're amazing. And when people come, they say, "Oh! Who's the artist? And where did you get these paintings?" And we have an-- we had another child who painted with us. He came from Staten Island. We didn't restrict -- when children came that wanted to participate in our programs, we didn't keep them out, even though we were looking at Washington Heights as a control community and looking at Harlem as our intervention community and comparing what was happening. And he was a surrealist. Unbelievable work! They're -- they are just -- it's just a wonderful program. It's survived. Then a young lady came to me. She had just graduated from Howard. And her father was a surgeon in the hospital. And her mother was Marie Brooks, who's a very well known... She's retired now. But she ran cultural

dance programs in Bedford-Stuyvesant. So Francois came to me and she said -- Francois Brooks -- she came to me and she said, "You know, I don't know if I want to go to medical school or whether I want to run a dance program." She was a joint major as a premed, and a -- and a theater arts major. So she said, "Maybe if I start a dance program in the hospital, it'll satisfy everything." So she did. She's been doing it ever since 1988. And she's really integrated into the world of dance, because she danced with her mother's group all over the world. So these children ha-- She's had 5,000 children go through her program. She helps them get into college, when the time comes. The performing group she gets scholarships to private schools in New York, so that they can travel. Because public schools don't cater to taking kids out of school to go dance somewhere. Private schools think it's wonderful and educational, which it is. And so the kids have danced all over Europe. They've been to Africa several times and danced in Africa. And what they do is they learn the cultural dances of where they go and they come back and dance those dances in their performances. And they teach the children where they go to do New York street dances, jazz, hip-hop, the kind of things that the other kids want to learn. So it's a real cultural exchange. And they've

danced in Canada and the World Music Festival and the opening and closing ceremony of the O-- in the Olympics. They've been all over.

ROSOLOWSKI: So is it...? It must have really shocked people to have someone say, "Hey," you know, "we can open a portion of the hospital for art programs and dance programs --"

BARLOW: Oh, you --

ROSOLOWSKI: "-- and call that medicine."

BARLOW: -- have no idea! One year we had six CEOs in one year. I think it was six. They kept coming and going. And every time we got a new one, I had to run down there with all the information about why these children were in the hospital all the time. Whole classes would come from the school to do -- to go the art room to do art. And we had children there all weekend dancing. Because they dance like 12 hours a week. It's not just a one-hour dance class. They really danced. (laughs) They were there Friday night and all day Saturday and part of Sunday. And we used the auditorium and the dayrooms. And finally the hospital gave us a dance studio, with mirrors and everything. They made us one. But what I was going to say about... What was I go--? Oh, I know -- about the CEO who loved children. When he was ready to go to his next job,

which is a be-- a much better job, I said, "You're leaving now. And you go-- helped me get the art room. And now what I need you to do is to make the dance director a permanent job in the hospital. The other hospitals, they have play ladies and other things. We have a dance director. I want to have a unionized, permanent job in the hospital." I think we're probably [02:00:00] the only hospital that has a dance director on staff. But he did that. And so she has -- she's -- she can't be fired. She's union -- she's union. And she's been on staff ever since 1988.

ROSOLOWSKI: So what impact has all this had on the community and on injury prevention and...?

BARLOW: Oh... That's not all we did, though. We reduced the injury rate by 60%, closed a whole floor. The injury rates went down every year. And they weren't going down up here, even though we had some children from up here in our programs. But we worked on everything. We worked with the Department of Transportation, our friends there. They got a grant to do Safety Street -- safety education program -- build a street and do it. And they wanted to do it on Roosevelt Island. And I said, "No, you have to do it in Harlem. Because if you want to keep getting money for this program, you have to show it works. And we can -- we have

an evaluation system built in. We can show what happens to pedestrian injuries to children, when you establish this in Harlem." And because we had been building playgrounds... Oh, we were also... I didn't tell you that. But with private money, we were building playgrounds for the schools. We've built 100 now. And now we're building them for all five boroughs. Because the city gives us all the money. They can't do them for as cheap as we do them. So... Because they put it out to bid and it comes at \$750,000. We can do them for 150,000 or 60,000, whatever. And the -- we work with o-- a sole-source company, Little Tykes. And we use them all across the country where we're building playgrounds, so that they give us a very deep discount on the cost of the equipment. And they allow the parents and the community to do a lot of the labor, which reduces the cost. So anyhow...

ROSOLOWSKI: And creates of community buy-in too.

BARLOW: Oh, yes! What they build, they protect.

ROSOLOWSKI: Sure. Yeah.

BARLOW: It's very...

ROSOLOWSKI: And a sense of stewardship, which keeps on.

BARLOW: Right. Right. Yeah. It's very good. It's a -- that was serendipitous too. But where was I? I was talking about the programs. We have a bike program. We, for

years, had a bike shop -- which we can't afford anymore.

But we had a bike shop, where kids learned how build their bikes.

ROSOLOWSKI: Oh!

BARLOW: And it never supported itself. I was hoping it would support the program but it just never did. And the bike program's very good. Those kids get to travel too. And both Francois, who runs that, and Eric [Clyette?], who runs the biking program, take kids to college interviews, help them prepare for them SATs, get them in college. And Eric's had like 26 consecutive students go to college on scholarships. And Francois has most of her children go to college. And she helps in the same way, to get scholarships and to apply for school and to go on their school interview. The programs aren't meant to develop dancers. They're meant to help children get a world view, see the possibilities, keep in school, not get pregnant, not get into trouble, and go on with -- and have a good life. Same thing with the Little League. As we started to work with the Parks Department to get the parks done, we decided that we needed a Little League in Harlem. We had-- there hadn't been one for 20 years. And we wanted good activities in the park instead of bad activities. So for -
- we had to get rid of the bad activities but then we had

to immediately replace with good activities. We got rid of the bad activities with working with DA Morgenthal and his community outreach people. They gave us a private number to the Narcotics Task Force. And we called in drug dealers. And the community was afraid to do it. And they should have been. But as we worked area by area building the playgrounds with Parks Department, and school by school, we saw where the drug dealers were. So we had a private number we called up. We told them where they were and could they please get rid of them. They set up sting operations. They arrested the people. They set up a sting. And when anyone drove up to get -- buy the drugs, they confiscated their car and arrested them. And we found out that most of the people buying drugs were coming from Long Island, New Jersey, Westchester. They were kids. And they were in the family car. That word got around so fast that... One night I needed to go the hospital. My car wouldn't start. The taxi company wouldn't take me to Harlem. They said, "We've been forbidden to go to Harlem at all. Because there are sting operations and we're afraid we'll lose our cabs." So I said, "Wonderful! It's gotten all the way to my (laughter) tiny town in New Jersey." [02:05:00] So area by area, we got rid of the drug dealers around where children were going to play and

from around the schools. They arrested something like 75 people openly selling and taking drugs on a grammar school playground in broad daylight, for one of the schools, it was so bad. And, of course, the principals were afraid. They couldn't let the kids go outside. They didn't have playgrounds. They just had macadam or a few broken pieces of equipment. We realized that we would have to build the school playgrounds with private money, because there was no money in the school budget for... Elected official in New York have discretionary funds. And they can donate it to any of their community projects. So our elected officials gave it to us to build playgrounds. And it's better than kissing babies. You have the big playground dedication. An elected official comes. And we all -- the parents all thank them. And the children have the playground and the parents remember that their elected official gave their children this playground, forever and ever, amen. So that's how we started. And we had articles... The *Times* wrote a couple articles about the project. And then people read about it and would send us checks. S-- a group of young men said that they would pay for the next playground. After the first one, they called up and said, "We'll pay. Just send us the bills." So we did one for high school of pregnant and parenting teens. And then corporate money

came to us. Texaco gave us money every year. My husband worked for Texaco. And when I did my first playground, the Department of Health had written a grant to copy my program. And they were going to give me money for the first playground. Because the playground behind the hospital had been redone by Henry Stern. Very nice. The school playground was macadam with broken equipment. So I said to the Department of Health, "You're going to write -- get this big federal grant --" which they got, a big one, couple million dollars -- "you're going to get this grant to model my program in other communities. So let's do the whole block. And people can come and see how you can revitalize a whole neighborhood. Let's do the little school playground." And we found a private playground architect, who did a lot of the private school playgrounds, who wanted to give back to... He lived on the edge of Harlem. And he wanted to do something for poor children, since he had done, all his li-- He was a real hippie. And what he had done all his life was build playgrounds for rich kids. So he was going to build it with the parents, a real designer playground. It's a m-- It's still there. It's a model of Harlem. It's still perfect. The school has now painted it green. So now it's green. Was wood color before. (laughs) But it's all right. It's very

pretty. And so they said -- the Department of Health said, "OK. We'll put it in the grant. We'll pay for this little playground." It wasn't a lot of money, maybe 60,000. And we had all the plans drawn up. The parents had agreed on what they wanted. It's a model of Harlem. It has a Harlem railroad bridge and a Marcus Garvey Park and an Apollo stage and a hospital and police station. The Department of Health decided that they weren't going to pay for it. And this was my very first playground. And if you promise a community... Harlem has been promised everything and given nothing. If I didn't build this playground, then I was finished. I couldn't ever go say -- do anything, say anything in the community again. So I let everybody know. I let all my family know that all my birthday gifts and everything else had to come in money for the playground. I wrote a letter to the CEO of Texaco. And I told him that we wanted to do this playground -- and it had a garden in -- so children could see how vegetables and flowers grew, that there was no place in Harlem they could see that. And I knew that he cared about the environment -- which he did. And he grew orchids. He was a very nice man. And how could we ever teach children in Harlem to protect the environment if we didn't give them a chance to understand it? And I said, "I know you care and you don't want an oil

spill like the Exxon Valdez." So he's -- my husband didn't want to take it. He said, "I'm going to get fired." And I said, "No, you won't get fired." So he took it. And as long as he was CEO, he sent 10,000 a year for the playground project, for the children's projects -- and a very nice man. So then, DA Morgenthal, who I had been working on to get rid of the [02:10:00] drug addicts around my playgrounds, I told him what happened to me. And George Steinbrenner was on community service for something. I don't know what he did. No one can ever tell me. I talk about this all over the country and no one remembers what he did that was so bad that they suspended him from running the Yankees for a year and put him on community service. He did something. But whatever. H-- DA Morgenthal told George that he had to help pay for my playground as part of his community service. So he sent me a -- by messenger, a \$10,000 check. And little by little, we got this paid for. One of the politicians gave some money. The parents had a bake sales and a book sale. And we paid for the playground. And that was written up in the *Times*. And that found me a lot of other people in the city who wanted to donate to something that was real, that they could see a tangible result of their contributions. And then it was after that that we started working with our politicians.

And Little Tykes -- local people -- came to me and said they knew what I was doing. I was doing designer playgrounds then. And they said, "W-- If you do commercial playgrounds, it'll be faster and cheaper. And we want to do it. And we're willing to let the parents build it," like do a -- build -- like a barn-raising in Pennsylvania. And so we've been working with them ever since. I don't know. We did about five playgrounds with the architect and everything else since then is done... But it was really wonderful. The first one that we did, the first commercial playground, we had everything there, all the equipment, and we had a build day. But we never thought about things like rain dates --

ROSOLOWSKI: (laughs)

BARLOW: -- or anything else. We had everything organized. The company had taught the parents how it goes together. They gave them little workshops. We had tools committees and childcare committees and refreshment committees. We had everything, just like a barn-raising. The day before, the news... There was a hurricane that was heading right for New York City. It was supposed to hit on that Saturday. We were hysterical, my whole staff was. "What will we do? We don't have any contingency plan for this playground build." So we all sat and prayed to

St. Anthony, who finds lost things but he's also...

Dr. Haggerty gave me St. Anthony. St. Anthony is in charge of funding for the poor and the needy, as well as finder of lost things. And she gave me a St. Anthony candle. We burned our candle and we prayed. And that hurricane turned around and went back and hit Haiti. I'm serious. It did. I used to have the map to show what it did, in my book. But I think that I don't know where that is anymore. But it actually turned around and went and hit Haiti. We had a beautiful sunny day. And St. Anthony has been the patron saint of Injury Free ever since.

ROSOLOWSKI: (laughs)

BARLOW: It's b-- it's been really fun. I think we're going to give everybody St. Anthony candles next year. Because they're working very hard on funding since RJW funding stopped.

ROSOLOWSKI: (laughs)

BARLOW: But that was fun. Then after that, it's all uphill. We just did all -- we got all the grammar schools done and then we started doing preschools. And I think maybe we've done 110 playgrounds. The city is giving us about 1.2 million this year to do them in other boroughs.

ROSOLOWSKI: Mm. So what are the effects that you're seeing, of this?

BARLOW: Children are in the playgrounds playing. The junkies are off the streets -- and which reduced gunshot wounds tremendously. We rarely see them anymore. Children aren't falling out windows. They're not getting hit by cars. We don-- there -- the violence level in the community has really gone down since the drug dealers were moved. And actually, what happened a couple years ago is the community got together and formed a group to keep pressure on the police to keep the drug dealers from returning to Harlem. Once it wasn't -- once it -- the drug dealing in the community was way down, they were able to do it themselves. And I haven't had to make a call to Morgenthal's office in a couple years --

ROSOLOWSKI: Yeah!

BARLOW: -- more than a couple years, probably ten years. Time went very fast. I don't know where it went. So... The Little League, I didn't finish that. So I wrote to Williamsport. And I said, "We need a Little League in Harlem. And I don't much about it but could you give me the information?" And they told me that a couple in Harlem, the Raifords, had written to the Little League saying that they wanted to start a Little League.

[02:15:00] So I sent my head nurse, who was -- played semipro softball -- is wha-- her husband and she both did -

- over to meet them and to see if they were for real.

Because I had heard that a group of people had collected money to do a Little League and just run off with the money. So I didn't know if this was for real or not.

ROSOLOWSKI: What was the name of this couple, again?

BARLOW: The Raifords, R-A-I-F-O-R-D. R-A-I-F-O-R-D. He worked for Citicorp. They're wonderful people. So I sent her and her husband over to meet with them and to see if they were for real. And she came back and she said, "These are fabulous, educated people." They lived in a brownstone up near City College. And they wanted a Little League. Because her son wouldn't practice the piano unless he could also play baseball. And she wanted him to learn (laughs) how to play the piano. So that's how the Harlem Little League was started. It's all parent run. In the beginning, we had to help them a lot to get field time. Because there were only four ball fields in Harlem, in Colonel Charles Young Park. And those four fields were all used by adults, adult softball leagues, from outside Harle-- So I had to go to Henry Stern and say, you know, "This isn't fair to the children of Harlem. They're the only fields we have. And w-- they need to play Little League." And he knew that, because he had a young son playing Little League in West Harlem, up by Columbia. And

so he took the fields away from the adults and gave it to the kids. And then he built two more, that were clay, for the Tee Balls and the wheelchair-bound kids. And then he took up the macadam and built another one, with night lights, in Holcombe Rucker Park. And then the parents got together and raised money. With Parks Department, they built a regulation size Little League stadium, in Mount Morris Park. And we have about 800 kids playing Little League every year. The hospital and the university used to support two teams. Now they support one. But the teams are all supported by local businesses. It's totally parent run. In the beginning, I was so nervous they'd get hurt that I would go to the games with an ambulance and a paramedic. But nothing ever happened. So they said, "Take your ambulance away. Nothing's going to happen." And it's only a couple blocks from the hospital anyhow. So this has been a wonderful program. And they actually got to Williamsport for the finals, one year, which was fabulous. Our politicians all went. And I watched it all on television. It was really exciting. But in the beginning, since no one had played baseball in Harlem for years, only basketball, they -- if you hi-- if a kid hit a ball, it was a homerun. Nobody could catch. Nobody could field. Nobody could do anything. So they limited -- they changed

sides after eight homeruns. That (laughter) was the limit. It was very cute and very funny. But it's a really wonderful program. It'll go on forever. They've now... The Raiford's children have grown up, so that... S-- this has been going on for a long time. It's 20 years. So the next group of parents are now running the Little League. But it's really become an institution in the community. And it's wonderful on weekends. You go in and you see children in all different colored uniforms, for -- all over the community. The Raifords were very smart. They mixed kids from different areas of the community on the team, so there's no territorialness. Because territorialness promotes gangs. So now they all think of themselves as Harlem children. They don't think of themselves as Riverbend children or Lenox Terrace children. They're Harlem children. And they're all mixed up on teams. And this has been really protective of keeping gangs away from... They're all around us. But central Harlem, it's really been protective. The children have all these adult mentors in these programs. And if somebody's recruiting, they tell somebody. And we call the gang task force, downtown. And it's been really good. And they do try to come in and recruit. Because East Harlem is full of gangs, the Latin Kings and the Crips and Bloods down there now

too. But central Harlem we've kept fairly clear of all drug -- of all gang activity. There's still drug activity. But it's not like it was. And we also have winter baseball. We asked Parks Department to let the couple, my head nurse and her husband, run a winter baseball clinic -- they also coach Little League -- but run a winter baseball clinic, so the kids could learn techniques and safety -- baseball safety in the winter. And so they said we could have one of the gyms at Jackie Robinson Park. And we needed Astroturf. So I heard [02:20:00] that Giant Stadium was getting -- changing their Astroturf. So I called them up and asked them could we have their used Astroturf for the children's program. They said yes. And the same day they said yes, the husband of my head nurse went out and got it right away, before they changed their mind. And they sent me a bill. So I didn't have any money. They sent me a bill for the Astroturf. So I called the person at Columbia who's in charge of community relations, who's also African American and lived in Harlem, and is a very powerful man. And I said, "Can you believe it? They sent me a bill." Now, Columbia Community Service supports all the -- they give money every year to the bicycle program, to the dance program, to the art program, to all the programs. So they knew what was going on, because they

help support it. So he called up the manager. And he said, "You sent Dr. Barlow a bill for your used Astroturf? How would you like to see that as a headline in the *New York Times*, that you charged Astroturf going to a program for poor children, that was used?" That was the end of that.

ROSOLOWSKI: Uh...

BARLOW: Yeah.

ROSOLOWSKI: (laughs)

BARLOW: So I guess I told you about most of the programs. We also do car seat checkups and bicycle helmet things and rodeos and the biking program. The kids ride every summer. During the winter, they can't ride in the city. It's too dangerous. So they do other things. They study for their SATs. And they visit different businessmen to see what they might do. They visit an African American bank president, they visit a store owner, they visit African American lawyer, so they can get ideas of what they might do with their life. And then, in the summer, they ride. And they run around Central Park, the whole loop, in the morning and then they bike like 30 to 50 miles -- a day, all summer. They don't get into any trouble at all. They have no energy to get into trouble, after all this activity. And it's a really good, positive peer group.

Because really, drug groups and gangs are really negative peer groups. So if you want to get rid of negative peer groups, you have to have positive peer groups. And that's what they are. So every year... It takes us about three years to clean the data for our injury surveillance.

Because we have to get the medical examiner's data, as well as the uniform state discharge information from the New York State Department of Health. And, in fact, since 2001... The last year I have data is 2001. Because since 9/11, we can't get the data anymore. The medical examiner's too busy doing body parts. We just can't. They don't have the staff to do the data for us. So that we ha-- we do statewide, upto-- upstate, downstate data but we don't do local Harlem data anymore. Because we need that data. Because it's a small number and you can't do an adequate rate with a small number, without the deaths. We found that 88% of the deaths were pronounced at the scene. So we weren't even seeing them. And if we hadn't had the medical examiner's data, we wouldn't have had accurate rates.

ROSOLOWSKI: Mm-hmm. I wanted to ask about that, kind of, parallel in your career. Because the movement with community work was always accompanied by studies, all along the way. And, in fact, I think I read someplace that, when

you first came to Harlem and ha-- were -- had noticed how many terrible injuries there were for kids, you actually... Is it true you went out and collected some of your own data, on your own?

BARLOW: I did all my data, in the beginning. I set up a registry for the hospital, so that we did full... And I had a -- I was a PI on a grant to Tufts called the National Pediatric Trauma Data Bank.

ROSOLOWSKI: And PI stands for?

BARLOW: National...

ROSOLOWSKI: PI stands for?

BARLOW: Oh, principal investigator. Yeah. So that I submitted all our data to the Na-- the Pediatric Trauma Registry at Tufts. And I did it all myself. I abstracted the charts, filled out the forms, kept the data -- did it all myself.

ROSOLOWSKI: Was that normal for -- or common for physicians to do that, you know, go off...?

BARLOW: Well, nobody else had -- nobody else had a trauma registry. So it was very -- in the very beginning of doing injury surveillance --local injury surveillance.

[02:25:00] Because I didn't care what the national data showed. I only cared what was happening in Harlem, so I could address the problem in Harlem.

ROSOLOWSKI: Hm. So how did you -- how did you move, then,
from those very early data collections to --

BARLOW: Well, we already --

ROSOLOWSKI: -- [the other?] phases?

BARLOW: -- we already had the injures -- we started the injury
surveillance-- Well, yes, I was doing the -- our registry,
even before then. Because I realized that no one was
paying any attention to me and that, if I was going to -- I
needed data in order to get help to address this problem.
Only it couldn't be just Harlem data. Because they could
say, "Well, you don't really know what's going on in
Harlem, because there's so many hospitals in New York and
kids can be going to other hospitals. I need population-
based data." And the head of School Health, who's also on
staff on here at -- in epidemiology, Dr. Davidson, knew
Maureen Durkin, who was the epidemiologist here, who was
interested in injury. And so together they set up the
surveillance system, so that we could kee-- get population-
based rates.

ROSOLOWSKI: How long did it take -- how much data collection
did you have to do before...?

BARLOW: We had four years of data before we got funded --

ROSOLOWSKI: OK. Because I was going to --

BARLOW: -- '84 to '88.

ROSOLOWSKI: -- because I was going to say, you had those, you know, "Gee, this woman is crazy," kind of reactions, at first

BARLOW: Oh, yeah.

ROSOLOWSKI: And then, I was thinking --

BARLOW: Oh, for a long time.

ROSOLOWSKI: -- how long did it take for --

BARLOW: I'm still sh--

ROSOLOWSKI: -- credibility to happen? (laughs)

BARLOW: -- I'm -- I think that people have gotten over thinking I'm crazy. The -- it was really nice, because the American Association of Surgery of Trauma, which is an association you have to be elected to and which, I'm a member -- is all the... That comprises all the old boys in trauma. And one year they asked me to give the keynote speech at AAST. And that is really an honor, really an honor. And I had a standing ovation. It was absolutely phenomenal. So that in surgery, particularly those that do trauma surgery, there is a change. And now everybody's interested in injury prevention. And some of my -- some of the doctors who lead my sites are on the are on the American College of Surgeons Committee on Trauma. I was on for about ten years too. But you age out. And I way aged out. But they write the trauma standards for the country,

for the whole country. And this last rewrite of the standards, they put in that every Level I trauma center must hire a separate injury prevention coordinator, who works with the community on local injury data, which is exactly what we do. And that amou-- that replaces the money that RWJ gave to the sites. Because they -- the amount of money they gave the sites was very small, like 60,000 a year, just enough to hire a coordinator. But now in the standards it's required, so that hospitals will have to replace the money that RWJ was giving my sites, which is wonderful. I got mine paid for too. I just sent the standards down to the CEO and said, "You're... We're a Level I trauma center. You have to do it." And he did.

ROSOLOWSKI: Have you bee-- have there been changes in how physicians understand their mission of service, since the time when you first began in medicine?

BARLOW: I don't know. I mean, in the old days, really, you just took care of what came into the hospital, or came into your office or whatever. I haven't done private practice. But we just took care of whatever came in and we didn't do anything about it. But I think, everywhere in medicine now, there's a real push towards prevention of everything, not just prevention of injuries but a real push towards promoting health instead of just doing healthcare. And, in

fact, the foundation funded me twice. And then there was a... They said, "Well, we don't fund anybody more than twice." So I had a year with no funding. Then they came back and said, "Well, you're doing so well and you're getting so much publicity. Would you like to try to do your program in other cities?" I said, "Oh, of course." So I wrote a grant to disseminate the program to five other places. And it had to be right across the country. They couldn't be in the same place but it had to be from coast to coast. So then I had to look and find people who would be willing to do this, for very little money. And the doctors would have to donate all their time and they -- the hospital would have to match the money and they'd have to have another match. So they needed a double match. So [02:30:00] the first person I found was Mike Hirsh, who is now head of trauma in Worcester, at UMass. And he had been a resident here at -- in surgery when I was here as a fellow in ped surgery. We had a friend who had just started his surgical training, who had already finished pediatrics and then was going to do surgery and ped surgery, who walked home down Riverside Drive to have dinner with his nine-month-pregnant wife the night he was on call. And on the way back, he was robbed at gunpoint and killed. This made a lasting impression on many of us.

And it really did on Mike. So I thought Mike would... He was his very close friend. I just knew him. So the first person I reached out to was Mike. He was then in Pittsburgh, at Allegheny General. And I said, "You know..." Everybody knew what I was doing, because I had been talking at AAP and ACS. So they were aware of what we had been doing in Harlem and what the results were. And I published my results. I always publish them, so other people can see what happens, even if they're bad results. Some are. And so he said right away, yes, he would be interested. So he was the first site. And then, I was on the Committee of Pediatric Emergency Medicine, for the Academy of Pediatrics. So I had met a lot of emergency medicine people, in the course of being on that committee. So I called Jane Knapp, in Kansas City, and s-- She said, yes, she'd be interested. So I took her as a site. I needed a site in mid-country-north. And I knew [Kathy Kristoval?], who did K-- the KISS progra-- I think she called it KISS. Whatever. She was doing gun control and prevention of gunshot injuries to children. That was her interest. She didn't want to do the whole program, do everything, because she was just interested in guns. So she said, "Come and I'll introduce you to Karen Sheehan, who is a new pediatrician, who, all during her medical

school, has donated her free time taking care of the -- for free the children in Cabrini-Green." And she said, "I think she will be perfect, that she'll want to do it." So I met with Karen. She wanted to do it. She has the strongest program -- unbelievable program, where the hospital now raises money for her. And she has millions of dollars coming in. In fact, one of her volunteer's father built them a whole building for their youth programs. So that they have their own building, as well. So she came on board. And then I needed something in the South. And there was a pediatrician who kept writing to me from Atlanta, who had heard me talk and who was interested in doing something for the children in Atlanta. And she was interested. So she came on board. And then I still was missing -- was missing a California site. And I tried and I tried. And I wanted to put it in Oakland, at Oakland Children's. I knew people there. But... And it was a very poor neighborhood. All these sites have to have local data before they're funded. And they have to concentrate on the neighborhoods with the high injury rate, which is always the poor neighborhoods. So Oakland wasn't interested. And then Jim Seidel, who was at Harbor-UCLA -- he's since passed away -- wha-- I knew from COPEM -- and I ask him would he like to start it in LA. And he said yes.

So that was the last one. We had our first meeting in New York City. I guess it was 13 years ago, 1995, I think.

ROSOLOWSKI: Mm. What was the woman's name, the one from Atlanta?

BARLOW: Donna Jones.

ROSOLOWSKI: Donna Jones.

BARLOW: Yeah. She's now working in Africa. And someone else has taken over the progra--

ROSOLOWSKI: Mm. I'm looking at two men and a lot of women? Is that significant or --

BARLOW: No.

ROSOLOWSKI: -- an accident?

BARLOW: No. It's just... I thou-- I think I don't distinguish between men and women. I really don't. I live in a man's world, so... No, it's just the people I met who I knew would be interested. And we have plenty of men in the -- men as well as women, who are interested, surgeons as well as pediatricians. So we had our first meeting in New York City, which was fun, our first site meeting. And I arranged it so that I could take everyone to opening night at the Metropolitan Opera. And we stayed [02:35:00] in the Empire, right across. Because my husband worked for Texaco. I could get tickets to opening night, for everybody. And a nurse, a trauma nurse from St. Louis,

Angie [Klakey?], came to the meeting. She had done her data herself, even though she had no experience doing any data. She presented, at the meeting, her data from St. Louis and said, "If I have to... If I can't do this program..." Now I had already given out all the grants that RJW had funded. She said, "If I can't do this program and stop what's happening to the children in St. Louis, I'll have to give up nursing." She said, "I can't stand it anymore. I've had too many children shot, too many children killed." So at that time, RWJ made Columbia give me interest on my grant. They gave me the whole money up front, for the three years, and they made Columbia pay interest. So I had enough interest collected that I funded her on the interest from my grant. So she came on, and the next site. And then people started to join. The next time, we had a meeting in Kansas City. The Kansas City folk had a friend who ran a national ad agency. Because everybody decided they needed a name. Because it was then the Harlem Hospital Injury Prevention Program, Children's Hospital Inj-- whatever. They were all different. And they decided they needed a name to identify (electronic tones) that they... Is that that...?

ROSOLOWSKI: Oh! No, it's not. It's...

BARLOW: I wonder di-- Was i--?

ROSOLOWSKI: OK.

BARLOW: So then hospitals started to join without funding.

They knew what we were... Oh! No, we were doing the focus groups. I didn't finish that. So this ad agency, pro bono, came and ran focus groups for us at the meeting. And we chose the name Injury Free Coalition for Kids. And then the ad agency went back to their national meeting of the ad agency and they had a competition for designs. So they sent us a whole pile of boards with designs on for the logo. And we sent it around to everyone. And we chose out logo, that one, Injury Free Coalition for Kids, that logo. The only trouble we had is Jim Seidel didn't like Pantene green. He wanted it some other color. But that's what it is. Then we had another friend of the people from Kansas City who had a patent agency. And he ran it, so that we could have it be a registered trademark. And the Columbia lawyers did it, registered it as the trademark. So it belongs to us. But we named ourselves. So we had that grant. And then they decided to refund it again. And they increased it to give funding to Children's Hospital of Philadelphia and Mia-- University of Miami. Because they had joined without funding. So we got through that cycle. And my program officer at RWJ went off to do his own program. So I had a program officer appointed to me, who

said, "Your program does not fit the mission of this funding agency. If you want to get funded again, you're going to have to do it yourself." Normally at the foundation, the officers design the programs and then look for someone to run it. Mine was an ad hoc program that I designed. So they never designed it. So he had no interest i-- He had an interest in forming another program, for sports. He was not interested in what we were doing. And the officers fight for their programs. They go to these conferences and they fight to get the funding for their programs. So he wasn't willing to fight for us. And they have a nat-- they used to have meetings for everybody once a year at the foundation. Now they do it every other year. But so I'm at this meeting. And he's telling me it's not getting funded again. And I stood up at the meeting. And I said, "I know that my program is about health and not healthcare. But I can't believe that Robert Wood Johnson wasn't interested in health, as well as healthcare. And I think that this should be important to the foundation too." They divided the foundation into health and healthcare. So I fit the -- I fit now into the health aspect of the foundation. [02:40:00] And they asked me did I want to become a national program of the foundation. I am sure that I am the only program that came

from the outside and became a national program. I got a new -- I got a new program -- senior program officer. My one who wouldn't help me cut his hand on a chainsaw and had to -- and had to drop out. (laughter) He's since healed. It's all right. But I got a new one, that was willing to fight for us -- who's since left the foundation too. And they gave us \$15 million to do the national program, to bring on 40 sites. So there was small funding for 40 sites, about 60,000 a year for five years. I always save money. A lot of these grants I've stretched out for many more years than they were funded for. Because if I get a donation that, I can pay for something, then I didn't ever use RWJ's money. I saved it. And so this grant was really for five years but I've stretched it out for almost eight.

ROSOLOWSKI: Wow!

BARLOW: Because I saved money. And so I said, you know, "One... Push the date back, because I have the money." And they let me... They're very good about it. They've let me keep all the money that was awarded in this grant, to spend it stretching it out beyond the five years. So all 40 sites were funded. That was easy. I was thinking, "How am I going to...?" You know, I struggle really hard in the very beginning to get 5 sites. "How am I going to get 40 sites?" But believing that all things are possible,

I called the webmaster for National Association of Children's Hospitals and Related Institutions. And I said, you know, "We're an injury prevention program for children. We have a very nice website. You have nothing on your website about injury prevention." They do now but they didn't then. I said, "Would you link to my site, so that, if your members are interested, they can find their way to our site?" in terms of finding things out about injury prevention. So they did. But when they did that, the head of advocacy at NACHRI said, "This is real interesting. This is something that we could do for all of our children's hospitals." So they asked me to co-- they paid me to come to Washington to give them a lecture on what we were doing, what the program was, and what our vision was for the next steps. And it was to get 40 sites -- with funding for the sites. So NACHRI decided that they were hopping right on board. And they wrote a proposal to the foundation to fund a national conference for 35 of their sites to come to Dallas to a conference, where people from my program would show them how to set up injury prevention programs using local data and working with the community to make the community a safer place. So... Which was funded. And so that made it easy. Because then NACHRI put all the information about the program into their magazines. All

their staff knew about it. I presented at their national meeting -- as well as this special meeting, where we paid for three people from each of 35 hospitals. And about 45 hospitals applied to come. And so we had a CFP and we sent it out. And people applied. And we chose... We took them on gradually, over three years. And we got to 40 sites. And now we have 44, because people are still joining without funding. And all the sites' funding ended a year ago. So they're all on their own now. And no one's disappeared. Some people are having more trouble than others.

ROSOLOWSKI: What kind of follow-up are you doing with them?

BARLOW: We're in touch with each other all the time. We have listservs. We offer them opportunities. We give scholarships to the Summer Institute at John Hopkins. We gave eight this year. But there were 14 people from Injury Free there. And we host a dinner for them there, when they're at their training. We give scholarships to playground -- to playground training. They ha-- in Iowa, they have a playground institute, where they train you how to evaluate a playground and what's safe and what's not safe -- and what kinds of equipment. So you become an expert -- DiLenny's done that -- become an expert on playgrounds and playground safety. And we put out CFPs for

all sorts of things. We had -- RWJ gave us money because they wanted to try different programs for obesity prevention. Whole foundation, now, is really concentrating on the obesity epidemic. So once more, we're not of interest to the foundation. So it [02:45:00] will end. And so we put out a CFP. Sites applied. And we had a whole group of sites who were doing different obesity prevention projects. And Allstate gives us money now for playgrounds. They have... Actually, Allstate has given us -- they gave us an award in 1995, a Leadership Award. And then, starting a couple years later, they gave us money to do home safety, "Safe at Home and on the Road." That's behind you. It's a little kit with all the things you need to childproof your house --

ROSOLOWSKI: Oh, yeah!

BARLOW: -- the bag.

ROSOLOWSKI: Yeah!

BARLOW: And...

ROSOLOWSKI: Huh. What kinds of things does it have in it?

BARLOW: It has... I'll show you. It... (laughter) Well, I'll tell you --

ROSOLOWSKI: So this --

BARLOW: -- because we're doing this verbally --

ROSOLOWSKI: -- yeah -- so this is something that --

BARLOW: -- not visua--

ROSOLOWSKI: -- you give to parents.

BARLOW: Yes.

ROSOLOWSKI: OK.

BARLOW: So we made them for all the sites, to hand out to parents. We also evaluated -- and we're about to publish the evaluation -- the evaluation that we did, in *Pediatrics*. And it has in -- it had in smoke alarm. It has in outlet covers, cabinet locks, "101 Ways to Praise Your Child," to hang on the doorknob --

ROSOLOWSKI: That's nice. Yeah.

BARLOW: -- (laughs) little blowup to go over the faucet in the bathtub, so that they don't bang their heads, bath thermometer, a choke tube, a little tube that, any toy that fits in the tube could block a child's airway, so it's too small for young children to play with. I don't know. Maybe there are other things in there. We'll have to look.

ROSOLOWSKI: How do -- how do those get out to parents?

BARLOW: We ship -- we have a company in Kansas City, where my Director of Communication lives... She's wonderful. I stole her from radio and television. She has five Emmys for her documentaries. And she was anchoring the Kansas City TV and producing documentaries for them, when I met her. Because she came to the talk I gave for National

Highway Traffic Safety Association, in Kansas City. And then she took me around Kansas City to show me why they needed the program. This was even before we had other sites. This was just when I was doing Harlem. So I've known her for a long time. So when we got the national -- when we got to be a national program of RWJ, she became full-time staff.

ROSOLOWSKI: What's her name?

BARLOW: Lenita Johnson -- E. Lenita Johnson. Her first name is Estelle. Lenita -- she goes by Lenita Johnson. And so she does all our media and communications. We do all our conference planning in-house. She produces all our con-- our materials for out meetings. And she does videos. She does documen-- They're not really documentaries. She said, "They're not documentaries," I guess because they're not long enough. She does videos for us. And we've done videos on the national program, videos on, "Safe at Home and on the Road," which are different ways to get safety messages to parents, both by -- in hospitals, safety centers, and by mobile safety centers, that go out into the community. She did one on the obesity project. She's doing one now on our safe teen driving initiative. So anyhow, Allstate... I just ask how they ever found me. I don't know how they found me for the Leadership Award.

That was the first time. That was in 1995. But then Jan Epstein became president of the Allstate Foundation. And I ask her this year how she found us. Because she came to me and said, "We want to fund things for you." So she said that, when she arrived at Allstate and took over as head of the foundation, that she said, "Well, where am I going to find people to fund?" And they said, "Well, we gave a Leadership Award to the injury prevention program. Perhaps you should call Dr. Barlow." And that's what she did. And I said, "Oh, yes, we'd like to do -- we would love to work with you." So we've been working with them for ten years, at least. And we did that first, "Safe at Home and on the Road." We did it for two years. And ever since then, they've been funding five playgrounds a year. So my sites all compete to get money for a playground project in their community. And we help coordinate it. They all -- they basically all use Little Tykes. Because they -- and they get the discount. Our Little Tykes person here helps the regional Little Tykes people in the other sites, to make sure the plans are right and everything. They send us three-dimensional plans. School facilities have to pay \$75,000 for somebody to do plans for their playgrounds. Little Tykes [02:50:00] does them in three dimensions, beautiful layouts for the playgrounds, for free. So.

ROSOLOWSKI: Really, it strikes me you work from the individual families, like with those little kits that you can send out, for in-home safety, all the way up to legislation, you know. So it's --

BARLOW: A lot of --

ROSOLOWSKI: -- kind of amazing the spectru--

BARLOW: -- a lot of our sites are working hard on legislation. And the latest thing in Allstate is the teen driving initiative, the smart teen driving. And they funded two of our sites, to see if they could get physicians involved. They have a big program at Allstate on teen driving. And on their website they have parenting contracts. They're -- as... I heard one this morning driving to work, on the radio, about, "Parents, you're responsible for your teenagers too. You have to look at their driving. Because it's killing them." And they have the local data. They gave New York State data on the radio this morning. They wanted to see how to get physicians involved. Because all their attempts to involve physicians in their teen driving program failed.

ROSOLOWSKI: Why?

BARLOW: Physicians... Because they're reaching out to the wrong physicians. If you're reaching out to physicians in private practice, they don't have time to do anything,

except what they have to do. And their time is limited. They're stressed. The only people that you can get to do things like this, pretty much, are physicians who are full-time pr-- hospital-based practice, and particularly those in trauma centers. Because we have time to do this. And it's also part of work to do injury prevention, if you're working in a trauma center. So...

ROSOLOWSKI: Do you think...? You lecture so much and you're connected with all these different groups. Do you think, as a physician, your voice has a particular power or authority in the community, because of what [you?]....

BARLOW: Oh, absolutely. And I --

ROSOLOWSKI: What w--?

BARLOW: -- learned -- I learned that after I was funded for the first time. That's what I was talking about. As a physician, you have access to anyone you choose to have access to, as long as you're doing it for the right reasons and you have the data. The mayor will listen to you. The commissioners will listen to you. They've been really supportive. And I've gotten their ear for everything I wanted to do. And the mayor knows what I do. Bloomberg knows what I do. He's given me an award. The Commissioner of Health knows what I do. He's given me an award. They know what I'm doing. And I could have -- I could have had

their ear even before I got funded. I just didn't know that.

ROSOLOWSKI: What about in the community? Do people listen to you differently because you're a physician?

BARLOW: I don't know. They listen to me. But I don't know if it's because I'm a physician. They very much, in the community, respect the physicians. And I think that's so all across the country. Because all my docs are working in their poor communities and they're being listened to. And they're making a difference.

ROSOLOWSKI: Mm-hmm. I have to ask. Do-- did being a woman or does being a woman make a difference, [do you?]...?

BARLOW: I don't think so. I really don't think so. Our guys are -- do just as well as the women do.

ROSOLOWSKI: Mm-hmm. I think I've asked this already but I'm wondering if, after our discussion, you've maybe thought of some things to add. But you can tell me, if you think you've answered this question. What in your personality or background fed your commitment to social activism or to being a change agent on such a large scale?

BARLOW: I think I was brought up very religiously. I -- from very early childhood, I wanted to make a difference. And I wanted to do something positive. I wanted to leave the world a better place. And I was really committed to do

that, all my life. And I think it must have come from my parents and from my church.

ROSOLOWSKI: What are the special gifts you see yourself having that make you able to do the...?

BARLOW: I'm a good people person. And also, I'm a pit bull. If I see something has to be do-- Everybody gets to... Once they get to know me, you see, it's easier to get things done. Because they know I won't go away. If it's - - it if has to be done, I will not go away. And you will correct it. I won't go away. And it gets easier and easier as time goes by, to get things done.

ROSOLOWSKI: You've won many awards. And you've mentioned some of them. Please list some of the ones that are most important to you. And what do they mean to you, as a physician and also as a woman in the field?

BARLOW: [02:55:00] It's hard to say which is most important. I mean, they're all important. And they represent different areas where we worked together with other people. For instance, that award. That's the -- Safe Com-- first Safe Communities Award ever given by NHTSA and by the Secretary of Transportation, and federal government?

ROSOLOWSKI: What's NHTSA?

BARLOW: National Highway Traffic Safety Association. And this is from the Secretary of Transportation. That was

wonderful. He recognized what we did in Harlem as important and important to the welfare of children. The Leadership Award was very -- was very important to me. That began my relationship with Allstate, which has helped the program. They've given us, over the years, a couple million dollars, actually, to do our work. And that was nice. It was given at the Press Club, in Washington. And they made a whole video about the work in Harlem and... As the awards started to come, it was nice, because it meant that the word was getting out to other people. And the awards aren't really for me. The awards are for the program. It has nothing to do with me. It ju-- I just happen to be the director of the program. And the awards... The Sloan award, which is hiding behind there... That's so funny. They did the... The mayor gave me this. They had this very famous artist, who does these cartoon things... That's me, standing in the middle of that loving cup, with all the children around me. It's ve-- You'll look at it later. But it's very clever. That was from the mayor. That was wonderful. Because that means he liked the work in New York City. This year I got one from the New York Academy of Medicine and the New York Hospital Association. That was nice too, because they gave me \$50,000, which I could give to the program, which... And

we need money now, because we're not funded after December. That was nice, because it meant that the Hospital Association valued what we did in Harlem. We're a city hospital and not a private hospital. And that the Academy of Medicine, which are all the leaders of medicine in New York City, also valued what we did in Harlem. So really, the awards... Many of them came with money. They -- all of them -- I gave all my honorariums and all my awards to the program. They've helped support the program. They've done wonderful things for children. I always tease my staff and I say, "I don't want any award that doesn't come with money." (laughter) Because what we need is money, not another plaque on the wall. The hospital gave me an award, their Century Award, which was lovely. That means the hospital appreciated what we're do-- It really validates the fact that you're doing something that's making a difference and that other people realize is a good thing to do.

ROSOLOWSKI: Mm-hmm. As you look back, what are some of the moments of greatest joy for you in your work?

BARLOW: I think when a child shows up in my office and gives me his CV, after he's finished college. Or I meet children on the street or their parents on the street and they tell me how well they're doing. And this is wonderful.

ROSOLOWSKI: What frustrates you the most?

BARLOW: Money.

ROSOLOWSKI: (laughs)

BARLOW: It's so hard. For 20 years we managed to fund ourselves. And we're hoping that Allstate will pick up the national program office cost for the next three years. But they may not. And if they don't, we've been storing money away. All the award money is going into a gift account. We set u-- Columbia actually was very good to us. They put us on their website, for giving. So anybody who looks at Columbia website can donate to our program, automatically, through Columbia. And they're taking none of the money and they're not charging us. We put up, on our own website, "Donate now," button. And that takes them right into Columbia so they can donate. But it's very hard to raise money, because we're in an economic downturn. And even people who gave me money whenever I asked for it, before, are feeling a pinch of what's going on in our economy. And it's not going to be easy. So I don't know. My staff are very nervous. That's why I told DiLenny this morning she doesn't have to look for a job. But some of my staff will have to look for a job. I have a very small staff. We've done all this work with Joyce... You met her, Dr. [03:00:00] Pressley. She's an epidemiologist.

She runs all the large databases. And we look at -- we compare injury across 32 states. We can look at different states. We look at downtown, uptown. We write papers on the cost of injury. All sorts of things that you need somebody with -- who's trained to use big databases. Because I couldn't do that. I don't know how to do that. And that data is helpful, for all our sites to write their own grants. This is the cost of injury. Then they have their local injury data. They can look at the types of injury and how different laws affect different injuries. We're working -- she just did a paper on graduated licenses, comparing the states and the strength of their graduated licenses for teens, since that's our big push this year, is teen driving. And it shows that graduated licenses really do reduce teen crashes and also the amount of money... She compares it to the amount of money spent on taking care of the injured kids. So she does the big papers. And she's very important. And she's also a profe-- associate professor here. But here at the School of Public Health, everybody's on soft money. She gets maybe 20% of her salary to run the whole practicum program for the master's program. And the rest of the money, she has to find herself. It's very hard. This has been hard, with the government reducing funding. A lot of people have

lost their grants and had to leave, because they had no more funding. DiLenny is the administrator. And she's taken her MPH while she was here. Because they could go to school for free. And she does all the books. It's very important. I used to do it. It's excruciating. Because the university's accounting system is ridiculous. And she keeps track of all the bills and pays all the bills, keeps track of all the grants, does all the financial reports, makes out all the financial stuff for new grants. And she also went to playground training. So she runs the playground projects, both in the city and nationally. She goes to the builds and the dedications. I try to go to all the dedications. But I can't go to the builds, because I can't be out in the sun. And the deputy director, which was also my Trauma Dire-- my Trauma Nurse Coordinator at Harlem, has gone to Bellevue now. So she's just spending part-time with us. I don't have to support her anymore. She spends a day a week. And Lenita, who's in Kansas City, is in charge of marketing and communications. And I need to support her. We can probably tighten our belts. But we are down to the wire. Because they said they were going to support us but I don't know that. It has to go the board of trustees. And there've been -- there have been a lot of disasters in the country this year. And their bottom line

is the most important thing for them. So we'll see.

ROSOLOWSKI: Would you like to take a break now?

BARLOW: Sure. We can downstairs.

(break in audio)

ROSOLOWSKI: All right. We're recording again. We just got to do... Here's a series of questions about just kind of general career issues. And the first one I have for you is what have been the pros and cons of staying with the same institution, as you have done, rather than shifting institutions, as some do --

BARLOW: Most people do.

ROSOLOWSKI: -- as most people do?

BARLOW: You lose ground every time you move. Period. People move because they get a better -- a better deal, more money. But if you're doing programs and are developing anything, every time you move you really lose ground, and in surgery especially. And surgeons who start to move usually end up, very quickly, moving more and more and going downhill in their careers.

ROSOLOWSKI: Really?

BARLOW: Yeah. Surgery is different than a lot of specialties. You -- to get trust anywhere you are of you as a surgeon, you have to prove yourself. They're not going to say, "Oh, yeah. You had this good education. You're going to be --

you're a great surgeon," blah, blah, blah. No. They watch and see what your outcomes are. And I think moving is a bad idea. I have a very stable staff. My surgeons do not move around. I get them usually right after training and they stay for the rest of their lives. They may do a little private practice and things but they don't move around.

ROSOLOWSKI: Hm. You move really quickly into [03:05:00] directorship or administration kinds of roles in the institutions you've been involved in. Did you set out with that in mind?

BARLOW: No. (laughs)

ROSOLOWSKI: Yeah.

BARLOW: Very simply, no.

ROSOLOWSKI: Yeah. Yeah.

BARLOW: I was going to retire and just do Injury Free, and when my husband retired. So it was 1999, I guess, or -98. And I said, you know, "I'm going to retire." And the attendings and sur-- or the director of surgery at the hospital left for a better, higher-paying job, finally. He'd been at Harlem for years. And they t-- He was going to do both jobs. And they said, "No, no, no. (laughs) You cannot do both jobs." So the attendings in surgery came and begged me to be acting director. And I said, "No,

I do-- I don't want to do this." It's a big job. It's -- I have all the surgical subspecialties, except for orthopedics and eye, all under me. And it's a huge responsibility and a lot of administration. And I said, "No, no. I don't want to." But they shamed me into it. So I said -- I made a contract with the hospital -- "I will take this job as interim only." And I gave them a list of demands. And I said -- including building the department and hiring young attendings and equipment I needed. And I said, "The first time you say no to me, I'm out of here. I do-- I didn't look to do this job. I have had a full career. But I will do the job, as long as I can make a difference for the department and help they grow." And so they signed a contract with me. And I was interim. And then they were supposed to start a search committee to select a permanent chair. And one day I got a letter, "You've been elected permanent chair of the department." And I said, "Excuse me. I didn't apply for it." And they said, "We know. But you're it." And so it's been very hard to untangle myself. When I said in January that -- December that, "I want to retire," it was like a bomb went off in the department. Everybody was running around with their heads cut off. Because they know me. I've trained most of them, because they were residents. We hire a lot

of people that we trained. And they operated with me. They know me. And (laughs) nobody in the department wants anybody else in the department to get to be the director. There are several people who wouldn't mind doing it. So.

ROSOLOWSKI: What is your mission? What was your mission, when you took the interim directorship?

BARLOW: My mission was just to hold the department together until we got a new director, and to help build it. Because there were things that needed to be done.

ROSOLOWSKI: Like what?

BARLOW: We needed to hire more staff. We needed to hire more pe-- physician's assistants. We needed new endoscopy equipment. We needed to build some new services, like bariatric surgery. And we needed a lot of money to do that. There were all sorts of things that, when I looked at the department, could be made better. And so my idea was I'd sit there and I'd make it better, till they got somebody to take over.

ROSOLOWSKI: How did that change, if at all, when you took it on as a -- not an interim position, in 2000?

BARLOW: Didn't change. Because they gave me full author-- they said, "You're interim but you have the full power of a -- of a director. We're not going to limit your power." So it didn't change. It just -- that then I was the

director.

ROSOLOWSKI: Mm-hmm. What's your philosophy as the director?

Is it different than predecessors'?

BARLOW: Oh, a lot different. Dr. Freeman is a very well known person. He's head of the President's Cancer Committee. His interest was cancer. And he didn't really get deep down into the workings of the department. I try to foster the growth of my faculty. I've had two that I've gotten to come up and take master's' of public health. Want to foster research among the faculty and the residents, give them opportunities. I want to make sure the residents get good fellowships. I work hard to help the staff.

ROSOLOWSKI: What was the place of teaching...? Detouring just a bit here. But you were on the faculty yourself. And what was the place of teaching, do you feel, in your career?

BARLOW: A lot. Because I taught residents. My whole career, I had [03:10:00] residents. I taught residents pediatric surgery. I teach in the School of Public Health about injury prevention and community activism. I teach all across the country, really, in -- for the major associations and also give grand rounds and am visiting professor all over the country, talking about making a difference in the community and inspiring young people,

young residents that, when they go to their communities, they can make a difference, and they should. Because you hold tremendous power as a physician, in your community, and you can make a difference. And you should -- it's part of your responsibility not just to do medicine but to see how you can contribute to making a better society.

ROSOLOWSKI: Do you think that -- do you think that today's generation of incoming physicians think about that differently than preceding generations?

BARLOW: I don't think -- well -- I don't think that, when you come into medicine, in general, that most people are motivated to do anything but to get trained and to become a physician. I think that, when they're finished their training and they're finished their boards and they're getting established and they're working on illness, there gets to be a need for something else. And I think giving back to the community is a really good thing to do, healthy for them. And so I don't expect them to go running out on their first job and doing something in the community. But I hope to establish a little voice in their head that, really, you have power and you should use that power.

ROSOLOWSKI: Mm-hmm. What's your view of how the explosion of technology has influenced the role of surgeons? And has it -- any -- had any influence on women surgeons, in

particular?

BARLOW: No, it hasn't had any influence on women surgeons.

And it's changed surgery. Surgery is very changed, and for the better.

ROSOLOWSKI: How so?

BARLOW: Well, minimally invasive surgery is much kinder to the human body. Patients heal much faster. We get pa-- We used to a hernia and the patient used to be in the hospital for a week. Now they go home the same day, with pain medicine. The minimally invasive surgery is wonderful. You can do really major surgery and they go home. Our bariatric surgery patients go home in three days. That's amazing. It just amazes me that so much can be done as outpatients. We did all our kids in house for a long time. Now everybody -- pretty much, most surgery gets done as an outpatient, unless the patient is really sick.

ROSOLOWSKI: Mm-hmm. How did you -- how have you negotiated those waves of technology?

BARLOW: Well, I don't operate anymore. So if... I couldn't -
- I don't do minimally invasive surgery and never did.
Because it came after I stopped operating.

ROSOLOWSKI: And when was that?

BARLOW: In '99, when I took over as an administrator. Because I told them, "I cannot do everything. I can't run the

Department of Surgery, run my national program, and operate." Because what I found happening was I'd operate and then I'd have to leave. And that's wrong. I mean, I'd have to go travel somewhere the next day. It's not good patient care. You need to be there for then, preop, postop -- and in the immediate postop period. And it just -- it was just too much. And I had intended not to do anything but this program, then -- which I could have done, because I wasn't earning that much money. (laughs)

ROSOLOWSKI: What was it like to give up operating?

BARLOW: I thought about it long and hard. I f-- I shed a little tear, saying, "I will miss this." But the truth of the matter is that I am so busy doing what I'm doing that I don't miss it. I'm still very much involved, clinically. Because I review all the cases that are done. And I write up all the cases that don't go well. And I discuss them with the staff. And we have teaching conferences. So I'm still involved in medicine. But I just don't operate.

ROSOLOWSKI: Many professional women have observed that their careers and that women's careers in general are often kind of detouring here, detouring there. They may be cut sh-- cut short for a time. What do you think of that, in terms of your own career and as an observation about women's careers in gen--?

BARLOW: I always tell the woman -- the women who are residents, "You can't have it all." If you're going to raise a family, somebody else is going to be raising them if you're working in your job. And it's very hard to be a part-time surgeon. Malpractice is huge. They don't reduce [03:15:00] your malpractice because you're a part-time surgeon. And if you're going to be a surgeon, it takes getting up in the middle of the night and leaving the house. It's not like other professions. And I think it's very hard. Now, most... My -- I have a woman attending, in plastic surgery. And she has children. But her mother lives with her and her mother takes care of the children. Not everybody has that. No-- They're from India, so that that is easier. In this country, nobody's mother comes and raises your children for you, especially not the kind of people who go to medical school. And your child is what you raise. And somebody else is raising them. So it's biologically your child but a lot of the things that are put into the child aren't yours. So I think it's very hard. I know people like to have children. If I could have had children myself, I probably would have. But then I wouldn't have -- my life would be very different. I wouldn't have had this career.

ROSOLOWSKI: Mm-hmm. Well, that kind of goes to my next

question, which is how did professional demands influence your choices about your personal life, re-- your relationships with parents, your siblings, marriage, family.

BARLOW: Not really. I mean, it was chosen for me, since I had endometriosis and I couldn't have children. So I had no choice. I love children. I love pediatric surgery. And I love the babies and the children. And I really would have loved to have children. But if I had children, I would have had like five children, because I really like children and they need siblings. And I only had one. My mother had lots of miscarriages. She miscarried quintuplets. So... And she loved children, too. She wanted five. But she only go two. So that was chosen for me. And it made it much easier for me to be focused and directed. Finding a husband who is willing to have a wife who's a surgeon and is called at 3:00 in the morning and has to haul into Harlem is not an easy thing. But my husband has... He's from Poland. He has -- all his female cousins are doctors. And two of them are surgeon. So when he met me and I was a surgeon, it was, "Ho hum. She's a surgeon."

ROSOLOWSKI: When did you meet?

BARLOW: When I was 40.

ROSOLOWSKI: Mm-hmm. And his name?

BARLOW: Andre [Smorak?].

ROSOLOWSKI: And when did you get married?

BARLOW: In -- we got married in 1981. So... And he's very proud. He's a wonderful husband. He's very proud that I'm a surgeon. He brags about it all the time. I keep telling him to be quiet. (laughs) But he likes it. And he has -- he has never mi-- The only time he really minded it was, once I was on call and my car wasn't working. And I said, "Drive me in and leave me at the hospital. I'll spend the night at the hospital. Because if I get called, you're going to have to drive me in." He said, "Oh, it's a Tuesday night. You'll never get called." Three o'clock in the morning, gunshot would through the pelvis. Well, we're driving in. And there's a car rolled over, on the Harlem River Drive exit. So we have to go into the city streets. And we get off. And there are all these homeless people that are ready to do squeegees on your car. And I said, "Andre, don't stop. Just go very slowly." He said, "It's a red light." Now my husband was raised in a convent, when he came to this country. He's raised very Catholic. And never disobeys any laws. He said, "I can't. I have to stop. It's a red light." I said, "Andre, if you stop at this red light, these men are going to be all over your car." He stopped. They were all over the car. He's

saying, "What do I do now? What do I do now?" And I said, "Slowly start to move. And they will jump back and you won't hurt anybody. And do not stop for another red light till we get to Harlem." After that experience, he said he would never (laughs) take me in there again, never. I can stay in all night, if I have to, but he's not driving me in. He was terrified!

ROSOLOWSKI: (laughs) That's funny. I like the squeegee.

BARLOW: Yeah.

ROSOLOWSKI: Ho-- did being married influence your career in any way?

BARLOW: No. You can see. I have a straight line focused on my career --

ROSOLOWSKI: You do!

BARLOW: -- from the time I was five. That's the earliest I remember. But...

ROSOLOWSKI: Mm-hmm. And fortunate enough to find -- you know, have a parent --

BARLOW: Oh, I was lucky?

ROSOLOWSKI: -- you had a parent -- and also to find a partner who understood all that. I mean, it's so key for an awful lot of women.

BARLOW: Oh, yeah. It's very hard. I mean, two doctors married together is even worse. Because they both have

different call schedules. So [03:20:00] this was perfect. And I love the opera. So when I met him and he was from Texaco, I said, "Oh, wow! This is wonderful! Saturday afternoon at the opera!"

(laughter)

ROSOLOWSKI: All the stars are aligning.

BARLOW: Right.

ROSOLOWSKI: In what ways have your choices about your personal life and family life served as a model for other women? Or do you feel that they ha--?

BARLOW: I don't think so. I think that most women -- well, they know they can achieve. And I have -- I have a woman resident who's head of transplant now at -- in Mobile, Alabama, who has had an incredible career, and managed to have children as well. I think it says to them that, yes, you can have a really good career. But it doesn't influence them about not having children. Because they all want children. I just have a fourth-year resident who just had a baby. She worked straight up till like two days before she had a b-- DiLenny worked till the day she had her baby. She rolled from here. Her husband picked her up. Went to the hospital and had her baby. But women want to have children. And most women want to have children. I couldn't. So my career was really focused.

ROSOLOWSKI: Mm-hmm. Did you encounter instances of what would today be called sexism?

BARLOW: I don't think so. I d-- I mean, I really don't think so. I... Maybe I ignored it. Or maybe it flowed off my back. I'm sure -- I'm quite aware that there is a lot of problems in medicine and particularly in surgery. But I just never seem to have a problem. I seem to have gotten along with everybody.

ROSOLOWSKI: To what do you attribute that?

BARLOW: I don't know. I'm a people person.

(laughter)

ROSOLOWSKI: Did you encounter what would be called old boy networks?

BARLOW: Oh, there are old boy networks. But it was very nice. Alex Haller, who is now working with the foundation to raise money for this project, was director of pediatric surgery at Hopkins. And for some reason, he pushed my career. He always nominated me to go -- to talk at meetings or to go to conferences. He really helped my career. (clears her throat) He didn't train me. But his wife is an OB/GYN. But I never knew why. He's very interested in injury and injury prevention, too. And he was always really supportive of me. So he's -- maybe he -- maybe he mentored other girls too. I don't know. But I

always had people who -- there who helped.

ROSOLOWSKI: You succeeded when many women failed or didn't even try. What did you think about this, as the time -- at the time, as your career was evolving? And how do you think your successes have influenced other people?

BARLOW: Well, there was no question of failing. Because I was brought up that you do whatever it takes to succeed and you don't give up. I would never give up. And things are... You know, it's the same way... When I talk about the program and I go lecture about it, I usually don't talk about the problems. But I had one site that was having a lot of problems. So I went and I gave them a three-hour lecture on all the problems along the way, of developing this kind of program, to tell them that, yes, there are problems but you don't focus on problems. You focus on the end goal. You stay focused on the goal and you find a way to get there. And it takes maybe some deviations. It takes hard work. And it takes thinking a lot about how to get from here to here. But being focused is so important. And that's something that people have to learn. And I try to teach that.

ROSOLOWSKI: Mm. Yeah. You're reminding that I read somewhere that either someone describe you as a problem-solver or you describe yourself as a problem-solver, and

kind of what you just descr--

BARLOW: I am a problem-solver.

ROSOLOWSKI: Yeah. You -- what you just described is a strategy of problem-solving. You mentioned that as an attribute of a [03:25:00] surgeon, too --

BARLOW: Yes.

ROSOLOWSKI: -- you have to solve problems. And...

BARLOW: Yes. It's a perfect -- it's a per-- surgery was a perfect career for me, in terms of how I function.

ROSOLOWSKI: Mm-hmm. And it seems like this kind of administrative roles that you've taken or the -- or the project roles that you've taken have also drawn on that [simple?] ability.

BARLOW: Yes. It's the same ability.

ROSOLOWSKI: Mm-hmm. That's interesting. That's interesting. How did social movements and various national and international events have an influence on your career? And I'm thinking here of World War II, of postwar backlash and suburbanization, you know, when women were all going back to the home in the 1950s. And then, of course, there's civil rights and the women's movement.

BARLOW: Well, I think they affected me very little.

ROSOLOWSKI: Really?

BARLOW: Really. I mean, after World War II, I was growing up.

I was a little girl. My mother was at home. And then she went back to work, to teach part-time, while we were growing up, and then full-time. So I never considered that women should stay home. (laughs) I was happy she was home when we were real little. But she was also very driven. And so it seemed normal to me for women to be out there working. Most of my aunts were stay-at-home, their whole lives, which is interesting. I never thought about that before. Then we had -- in junior high school we had Korea. But that had very little effect on us. And then... And that lasted, I think... See, I was in the -- in the '60s. So I really missed all the antiwar stuff and the Vietnam stuff. Because I was studying. And I was totally focused. I told you I really have no idea, in that space of time -- between 1963 and 1975, I have... I was not involved in the woman's movement. I wasn't involved in any movement. I was doing training and becoming a surgeon. And besides, I know the women's movement was probably necessary but it didn't speak to me. Because I was getting through in a man's world, without much trouble.

ROSOLOWSKI: Mm-hmm. Mm-hmm. I wanted to shift gears a little bit. And I have a group of questions about personal life, the person behind the titles and all the accomplishments. So what are your favorite activities when

you need to recharge yourself and rest --

BARLOW: Go to m--

ROSOLOWSKI: -- body and mind?

BARLOW: -- go to Florida, to my apartment, which is right on the beach, walk on the beach when the sun is rising, swim laps for hours. That's what I like to do. And then, in the evening, sit on the patio and watch the moon rise, with a glass of wine. That's [heaven?].

ROSOLOWSKI: Who are the most important people in your private life?

BARLOW: My husband.

ROSOLOWSKI: Describe a situation where you feel completely content.

BARLOW: Sitting on the -- (laughter) sitting in Florida.

ROSOLOWSKI: There you go.

BARLOW: Walking on the beach, watch-- Watching moonrises there is amazing. It comes up out of the ocean like this big orange ball. And there's a time that it -- that you can find out on the internet, when it's going to rise. And you sit and, at that exact moment, this huge orange ball comes out of the ocean. It's unbelievable!

ROSOLOWSKI: How important have friends and confidantes been for you? Are they medical people or from other disciplines?

BARLOW: My only confidante is my husband. I h-- I am a very busy person. We don't really have a social life. We have friends. When w-- we have friends that we travel with. We have friends that have apartments with us down in Florida. And I have friends whose marriages I've arranged.

(laughter) But really, I am so busy that we don't go out socially at all, basically.

ROSOLOWSKI: Hm. What is it that...? You said your husband's your confidante. In...?

BARLOW: He's everything.

ROSOLOWSKI: He's everything.

BARLOW: He's everything.

ROSOLOWSKI: Hm. That's wonderful!

BARLOW: It is. I'm very lucky.

ROSOLOWSKI: Mm-hmm. [03:30:00] What are some of your favorite places? And why do they mean something to you?

BARLOW: Well, when my parents went to retirement community, we bought their house. And unfortunately, the heating system failed -- that broke a pipe in the ceiling and flooded the house with 44,000 gallons of water, ruined the broad-plank floors and everything. But, you know, it wasn't a bad thing. Because I would have never redone the house. But now I had to. I had destroyed it! My mother looked at it and she said, "We didn't leave the house this way." And so

I totally redid the house. I made it the perfect house. It has a big great room that overlooks 40 acres of woods, with floor-to-ceiling windows. It's just perfect! It's everything I ever wanted. It has a Jacuzzi tub. And I said, "We'll retire there. It's perfect." Because it's one level, no basement. And it's perfect. But I can't seem to retire. So we go there on weekends. And I love it there too.

ROSOLOWSKI: Why does that place mean so much to you?

BARLOW: Well, my parents are there, basically -- all three of them. (laughs)

ROSOLOWSKI: Do you still have connections in that community?

BARLOW: I have lots of relatives there, and also friends from high school.

ROSOLOWSKI: Mm-hmm. Tell me about a few of your most important possessions and why they are significant.

BARLOW: I don't have any important possessions. I have a lot of things. But I don't consider any of them important.

ROSOLOWSKI: Mm-hmm. I read that you're a gardener. And what significance --

BARLOW: (laughs)

ROSOLOWSKI: -- does gardening have for you? And why did you practice beekeeping?

BARLOW: My step-father was a beekeeper. And we always had

eight hives, along the edge of the woods. So my sister and I both learned to beekeep. And I love beekeeping. But I can't keep hives alive now, because of the collapsing colony disorder. And so I haven't done it for about five years. I really miss it. But I have all the equipment. I ha-- used to have three or four hives. We took the honey. We made candles. Oh, that's another thing when I met my husband. He made candles. Can you imagine meeting a man who makes candles, when I'm a beekeeper and I have all this beeswax? It was like a miracle! (laughter) It is a miracle!

ROSOLOWSKI: So why did you like to keep bees? What was it about [your?]...?

BARLOW: I just liked the whole thing. I love bees. I l-- I love how bees work. I love taking the honey. I love the whole thing! It's... They make really good gardens, when you have bees. And my things haven't done well since my bees died. But, no, I like the whole thing. And it's very cute. Because my husband grew up and... After -- w-- after he got here and had political asylum, from the war, he grew up in Manhattan. So this city boy actually puts on bee clothes and helps with beekeeping. He got really into it. The wonderful thing about my husband is, when he met me... I mean, we were both old. We were like in our

forties, early forties. He took on everything I liked. I like to go to estate sales. I collect all sorts of strange things. I like to go -- to go antiquing. I like to go to flea markets. He always said that I buy everything in other people's houses. And it's probably true. And I like to beekeep. He learned how to beekeep. I love to travel. He didn't travel much before but... He loves to travel. Whatever I... And the opera... He -- even though he worked for Texaco, he had never been to the opera. So he's learned all the operas. He bought me all the tapes and all the CDs. We go to the opera nonsto-- And he knows all the music. And he has taken on all the things I really loved. And so it's a -- it's unbelievable! Where can you find such a man? I'm very lucky.

(laughter)

ROSOLOWSKI: You certainly are!

BARLOW: I really am. And he's a good cook!

ROSOLOWSKI: Do you consider yourself a religious or spiritual person?

BARLOW: Yes. I'm n-- I'm not practicing. I'm a Lutheran now. Because my mother -- when my father died... My mother was brought up a Lutheran. And my stepfather was also Lutheran. And they were very into the church, always. And so that my sister and I transferred from the Presbyterian

Church to the Lutheran church. And I support the church. And it's my church. I support it. I love the minister. But I'm -- I don't go to church very often, honestly. But I'm deeply religious.

ROSOLOWSKI: Mm-hmm. And you've mentioned how you feel that that influences your work, as well.

BARLOW: It influence everything. You have to meet your maker, finally. So you have to be really careful [03:35:00] what (laughter) you do in this life!

ROSOLOWSKI: How do you feel about getting older? And have your feelings about this changed, over the years?

BARLOW: You know, every ten years was better than the last ten years. I'm not too happy to become 70 on Friday. But, no... Forties were marvelous, because I met my husband. Fifties were wonderful, even better. The sixties were even better. The seventies, I hope, are even better. (laughs) But, no, I haven't minded. I hate to think it's so short. Because I still see -- there's a lot of things I would like to get done.

ROSOLOWSKI: Mm. In what ways do you think the cultural view of older women has changed?

BARLOW: See, I'm not so hooked into the culture, am I? I don't know. This society is still one that l-- that likes young women. But since I'm not into the woman business,

I'm into the medical business, it just doesn't make any difference to me.

ROSOLOWSKI: Mm-hmm. Mm-hmm. I have some general questions, just to ask as we're coming to the close here. And then I'll ask you if you have anything else you want to add, so if you want to just be thinking about that a bit. What impact do you think women had when they first entered the medical profession? And what has happened as more and more women have been drawn to it? Because now 50% --

BARLOW: Fifty percent women.

ROSOLOWSKI: -- yeah -- of women are in medical s--

BARLOW: I think it makes it very difficult. Because women have children. And they have children in medical school. They have children in training. (clears her throat) A lot of them find, once they have children, that they really don't want to work so hard, that they want to spend time with their families -- which is understandable. And I think this is a real problem. I applaud anybody who wants to go into medicine. It's... And I think women make great doctors. (coughs) But I think it's very hard, when you have children. And it's -- you can't really take off. Because medicine changes every five years. There's just so much new in medicine. You can't take off ten years, bring up your kids for the first ten years, and then easily go

back. So you have to keep doing it. And I think there's a lot of conflicts. I had no conflicts. And in the beginning, I was very sad that I didn't ha-- that I couldn't have children. But then I realized, as time went on, I have nothing -- no conflict. I can just concentrate on my job. And I know I would be horribly conflicted if I had children at home and was trying to work this job. So I was spared that struggle. I wasn't smart enough to figure it out for myself.

ROSOLOWSKI: (laughs) You said earlier that women bring special attributes to any kind of medical situation. And do you think -- what do you think has been the ripple effect, as more women have entered the profession and they bring those special gifts?

BARLOW: I don't know. The -- society has changed so much (clears her throat) from when I went to school. And now residents can only work an 80-hour week. They have lots of time off. My resident graduation was on Saturday. And it's really quite special. And they were showing slides of things that happened along the course of their five years' training in surgery. And they had all these slides of hiking in Bear Mountain and skiing and going out to dinner together. And I said, "You know, you all didn't work hard enough. I can't believe this!" They have so much time

now, that they can have lives as well as medicine. So when they look to work, after they finish their training, they don't want to work the way older doctors have always worked, being on call all the time, having very little time off, getting up all night. They just don't! So medicine is changing. And we all wonder what it's going to be like when the older generation totally retires. And when things started to get really tight in medicine and malpractice went up, a lot of doctors just retired. Because it was just too much. You can't -- malpractice is so high that you can't just practice part-time. The older doctors couldn't afford to keep practicing and slow down. They have to keep practicing full force to maintain their office staff, their offices, their malpractice. It's impossible. And we will have, soon, a whole generation of doctors that are trained in the [03:40:00] new system. Even medical school is easier.

ROSOLOWSKI: Hm. Do you have any predictions --

BARLOW: I don't know.

ROSOLOWSKI: -- or speculations?

BARLOW: I don't know. I mean, maybe it'll all work out. But I think they'll have to train more doctors. Because they won't have as many doctors that are willing to put in the hours that the doctors have in the past. My attending

doctors work more than my residents. And when you interview youngsters coming out of training, for a job, and you have a Level I trauma center, with gunshot wounds coming in and all sorts of things coming in all night... And we demand that the attending physically come in. He can't stay at home and talk on the phone. They don't want the jobs! A lot of them want jobs where they don't have any night-call. However, people get sick more at night than in the (laughter) daytime, which is a problem.

ROSOLOWSKI: Yeah. Imagine there maybe are more gunshot wounds at night too.,

BARLOW: Yeah, but also people don't realize how sick they are till they try to go to sleep. (laughter) And it's the same in ped surgery. The parents don't realize how sick the kids are until they won't go to sleep.

ROSOLOWSKI: Hm. You've mentioned that women bring different thought processes and gifts to medicine. Do you think that these gifts are socialized or biologically hardwired?

BARLOW: Oh, goodness! Probably both. It's probably both. Testosterone is lethal weapon -- really. That Y chromosome just makes a lot of trouble. So I think that probably it's both biological and socialization.

ROSOLOWSKI: Hm. When you consider the successful women that you know in medicine, is there some quality or qualities

that they all share?

BARLOW: Focused and driven.

ROSOLOWSKI: Focused and driven. Are women bringing new qualities into the workplace, as society changes?

BARLOW: I don't know. I think that they bring the same thing they've always brought into the workplace. And I think it's good.

ROSOLOWSKI: What's your view of how the climate for women has changed over the course of your career? What remains the same?

BARLOW: Oh, the climate is totally changed. As my husband says, women are getting into everything now. And it's really true. And law was also very hard. And now there are so many women going into law. There's really no field that I can think of that exclude women, except maybe the president of the United States.

(laughter)

ROSOLOWSKI: Do you think that women's styles of establishing credibility and authority has changed?

BARLOW: Yes. I think that the seductive woman who works her way up by being seductive is no longer cutting it in the workplace. I really do. And certainly not in the hospital.

ROSOLOWSKI: Mm-hmm. What needs to be done to keep women in

medicine, in active leadership, and in the sciences in general?

BARLOW: They have to do it themselves. It has to be something they want to do. I mean, there really aren't prohibitions about s-- about doing an active leadership role in medicine or in science. But you have to earn it. And that's -- that depends on what you're interested in doing with your life.

ROSOLOWSKI: Mm-hmm. I've been interested in talking to you and the other winners of this particular award, because it demonstrates that it's pos-- or it's in honor of the fact that it's possible to achieve in many different areas at the same time. And when I was thinking about the significance of this, I was setting that in the context of what people normally think of as a career path, which is that you focus in a single area and you become highly specialized. But you and the other women that the foundation are having me interview have actually achieved in multiple areas. I'm wondering what you think that signifies about people's capacities...

BARLOW: Well, you know, women multitask. They do! They multitask. I can -- I am wonderful at multitasking! My husband can only do one thing at a time. And I tease him all the time. He said, "No, no. Look at me. I'm

multitasking." No, he's not.

ROSOLOWSKI: (laughs) So give me an example of a multitasking moment for you.

BARLOW: I can be in the middle of writing a grant, answering the phone, answering my email, [03:45:00] and answering questions for my husband, all at the same time. I can keep them separate in my mind. And I can progressively work everything up to where it's done. I really can multitask. And that's really important for what I do. If I had to do just one thing at a time, I'd never get anything done.

ROSOLOWSKI: Why?

BARLOW: Because it takes too long to do one thing and another thing. You need to be doing everything all at the same time.

ROSOLOWSKI: Yeah. I think that's probably why you're really good at this kind of community work. Because it's like a whole big knotty system --

BARLOW: Oh, yes. It's not simple.

ROSOLOWSKI: -- and little tiny --

BARLOW: Yeah, it's r-- it's true.

ROSOLOWSKI: -- knots all over.

BARLOW: It's true!

ROSOLOWSKI: Undo little bits of knots everywhere.

BARLOW: That's true.

ROSOLOWSKI: (laughs) What legacies do you feel you have left and continue to leave for others, within and beyond your own field?

BARLOW: I think the injury prevention program, actually. This -- we really established, in trauma centers, injury prevention programs that depended on the doctors going out into the community, finding out what the problems were, and doing something about it. This really did not happen before. And I think this is the most important thing. And even if I don't get funded to maintain the office, the programs that are started will go on. And they'll encourage other folks to start the same thing. And we're saying now, it's been going on so long, that we have people who finish their training in a hospital that has an Injury Free program, go on to another hospital and start one.

ROSOLOWSKI: So it's really changing the medical culture, in a sense.

BARLOW: Yes.

ROSOLOWSKI: That's really exciting.

BARLOW: That's it.

ROSOLOWSKI: I think that's it, for my questions.

BARLOW: Yeah.

ROSOLOWSKI: Did y--?

BARLOW: Well, I think I said way enough -- (laughter) way, way

enough!

ROSOLOWSKI: Well, I want to thank you, so much --

BARLOW: Oh, you're welcome.

ROSOLOWSKI: -- for your time. It was really a pleasure to
talk to you.

BARLOW: You're welcome. It's dizzying to do all that talking
about yourself. That's the award up there, the Anna Mora
Day award.

ROSOLOWSKI: Oh!

BARLOW: My husband says it scares him. (laughs) He said --

ROSOLOWSKI: I'd heard...

BARLOW: -- "It's a disembodied hand!"

ROSOLOWSKI: Mm. That's interest--

BARLOW: It's her hand.

ROSOLOWSKI: It's her hand.

BARLOW: Yeah.

ROSOLOWSKI: Wow! Did she sculpt it? Or it was an artist?

BARLOW: An artist did it, I think. I'm not sure. They will
know.

ROSOLOWSKI: I'll have to check. I --

BARLOW: Yeah, I don't know if --

ROSOLOWSKI: -- know that I was told the story but...

BARLOW: -- she did it. But it is her hand.

ROSOLOWSKI: Yes. Well, let me s--

BARLOW: He doesn't want me to boil down into one hand.

(laughs)

ROSOLOWSKI: Oh. I don't blame him. (laughs) Let me just formally conclude the interview and thank you again and say that it is 1:40.

BARLOW: That's good. We did good.

ROSOLOWSKI: We did good.

END OF AUDIO FILE