

The
FOUNDATION
for the HISTORY of
WOMEN in MEDICINE



The Foundation for the History of Women in Medicine

The Renaissance Woman in Medicine Oral History Project

Mary Elizabeth Guinan, PhD, MD

Interview Sessions 1 – 2, 17-18 June, 2016

Mary Elizabeth Guinan, PhD, MD

Interview Profile

Dr. Mary Elizabeth Guinan (b. 1939, Brooklyn, New York) received her PhD in Physiology/Biochemistry from the University of Texas Medical Branch, Galveston, Texas and her MD from Johns Hopkins School of Medicine. She then began her medical career in the Centers for Disease Control and Prevention in Atlanta, Georgia, where she served as a medical epidemiologist and administrator for 24 years. She began at the Epidemic Intelligence Service, working on the containment of disease outbreaks and served in the smallpox eradication program in India. Later at CDC she focused her research on sexually transmitted disease and was part of the Task Force that investigated the first cases of the emerging AIDS epidemic in 1981. She published the first study on AIDS in women in the U.S. She was the first woman to serve as the CDC's Associate Director for Science, the chief scientific advisor to the Director of CDC –the first woman to serve in that role. In 1998 she was appointed the Nevada State Health Officer, again, the first woman to occupy that office. In 2004 she was recruited to the University of Nevada Las Vegas to serve as founding dean of the School of Public Health (since renamed as School of Community Health Sciences). Dr Guinan retired from UNLV in 2014 and is now Professor Emerita. At that time she began writing her first book about her CDC career entitled “Adventures of a Female Medical Detective” (published in 2016). She was awarded the Alma Dea Morani Renaissance Woman in Medicine Award in 2006.

Mary Elizabeth Guinan, PhD, MD

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Mary Elizabeth Guinan, PhD, MD

Session 1-A: 17 June 2016

Interview Identifier

[00:00:00]

T.A. Rosolowski: Today is June 17th, 2016, and I'm in Reno, Nevada, at the home of—

[00:00:15]

Mary Guinan: Christopher Horton.

[00:00:16]

T.A. Rosolowski: —Christopher Horton, who is [] the partner of Dr. Mary Guinan, who has kindly agreed to be interviewed for the Alma Dea Morani Renaissance Woman in Medicine Oral History Project, which is run by the Foundation for the History of Women in Medicine.

Now, just a little background on Dr. Guinan. She served as a medical epidemiologist and administrator at the Centers for Disease Control and Prevention in Atlanta, Georgia, for twenty-four years. She was the first woman to serve as the CDC's Associate Director for Science, the Chief Scientific Advisor to the Director of the CDC.

In 1998, she was appointed the Nevada State Health Officer, and in 2004, [] you were recruited to the University of Nevada at Las Vegas to serve as founding dean of the School of Public Health, which has since been renamed as the School of Community Health Sciences. Dr. Guinan retired from the Las Vegas institution in 2014 and is now professor emerita. She was awarded the Alma Dea Morani Renaissance Woman in Medicine Award in 2006.

Thank you very much for agreeing to take part in all of this.

[00:01:39]

Mary Guinan: You're welcome.

[00:01:40]

T.A. Rosolowski: I'm delighted.

[00:01:42]

Mary Guinan: So am I.

Chapter One

A Career Focus on STDs Arises from a Media Error

Dr. Guinan begins this chapter by sharing her reasons for writing her recently published memoir, *Adventures of a Female Medical Detective In Pursuit of Smallpox and AIDS* (2016, Johns Hopkins University Press). She then sketches the evolution of her research interests, noting that she decided to focus on women in 1975/'76, while on a fellowship at the University of Utah. She then explains that her work on oral herpes attracted the attention of the media, whose members mistakenly reported that she was working on genital herpes. She goes on to explain how this mistake channeled her into eventually focusing her work exclusively on STDs, where very little data existed on women. She notes that one of her studies was accepted in the *New England Journal of Medicine* and made her “famous overnight.”

[00:01:43]

T.A. Rosolowski: I also wanted to congratulate you on the recent publication of your memoir, which is—let me just get the title absolutely right—
Adventures of a Female Medical Detective. In Pursuit of Smallpox and AIDS. That was published just this spring, wasn't it?

[00:02:03]

Mary Guinan: Yes.

[00:02:04]

T.A. Rosolowski: And you've been a little bit hard to get a hold of sometimes, because you've been doing a book tour, haven't you?

[00:02:07]

Mary Guinan: Yes, I have.

[00:02:08]

T.A. Rosolowski: How cool.

[00:02:09]

Mary Guinan: Yes, yes, and I never realized how busy I'd be, you know, but I'm among the lucky people that my publisher has assigned a publicist. I've been told that only 5 percent of people are assigned publicists from a publisher, and so I was selected as one of them. So I'm very happy, and they're helping publicize the book, so I've been on a book tour. I just came back from Ireland, where I received an award from the Athlone Institute of Technology in County West Meath, Ireland.

[00:02:57]

T.A. Rosolowski: Wow. West Meath?

[00:02:59]

Mary Guinan: Meath, M-e-a-t-h.

[00:03:01]

T.W. Rosolowski: Okay. And I guess one other thing I forgot to mention before we turned on the recorder is I'm going to be taking down proper

names and technical terms, and I'll ask you to correct those afterwards so that helps with the transcript accuracy.

Well, I have my questions that I want to start with to start the oral history part of the interview proper, but I guess I wanted to get some comments from you first about the book. What was your motivation for writing the book?

[00:03:34]

Mary Guinan: Well, I read a book by George Orwell a long time ago on *Why I Write*, and what he said was that he was motivated to write by seeing something that was wrong and speaking out about it and trying to make things right. So he was that kind of writer.

And I have seen many people asked—Annie Lamott, who is a writer and whose book I read before I started writing, which was about her being a writer, and people would always ask, “Why did you write?” And she said of all the reasons that people give for why they write, writers said, “Well, because I want to and I'm good at it.” [laughter]

So I thought that was a pretty good reason, and I do think that I wanted to document what I saw at certain times in my career that were really of worldwide interest, and I was a spectator in one small part of that, whether it's a Smallpox Eradication Program or the AIDS epidemic or some other thing that I happened to be there

and be part of. And I also, I think, wanted to make sure that there is a documentation of how difficult it was for women during those years and how it was possible to overcome those difficulties and to give women an understanding of what medical detectives are and how they can be part of a system. I believe that very few people know what epidemiologists are. So I geared this book to the general reader rather than to a scientist, to say, essentially, “You can do this too.”

[00:06:03]

T.A. Rosolowski: Well, there’s some pretty exciting stories, and, obviously, your career is intersected with some issues that are pretty culturally volatile, I mean STDs, AIDS, that have raised a lot of conversation and discussion and controversy in the country. So your presence at those, I think, can be very, very inspiring.

[00:06:26]

Mary Guinan: Whether inspiring or not, I think it’s really important that people understand how women with STD were considered terrible people, whereas men, well, hey, that’s what happens when you’re a real stud. Do you know what I mean? It was almost as if they were admired.

[00:06:50]

T.A. Rosolowski: Absolutely, and that's still the case.

[00:06:51]

Mary Guinan: And there were very few studies done on women with sexually transmitted diseases. So when I found out about it, I just said I'm going to dedicate my research to women, to diseases of women, or whatever disease I'm working on, I'm going to look at the female part of it, because so often it's neglected in any history of any disease.

[00:07:19]

T.A. Rosolowski: So when was that moment when you realized, wow, women have been excluded from studies?

[00:07:25]

Mary Guinan: Well, it was when I was at the University of Utah in Salt Lake City. I was doing a postdoctoral fellowship in infectious diseases, and I was studying herpes viruses. There was a very nice group of people there studying herpes viruses, and they were studying oral herpes viruses, which cause cold sores. And I had all of my life suffered from cold sores, no matter—you know, I get them from the sun or from colds or trauma. If I went to the dentist, after a

dental appointment I would get—and very often I'd be sent home from school because I had them, so it wasn't—

[Telephone interruption]

[00:08:52]

Mary Guinan: So I did some studies. There was a really great group of people working on this problem of oral herpes, and I said, “Well, you know, this is my problem. I'm going to see if I can join in.” And I did a study on topical ether in the treatment of oral herpes infection, and I found out it didn't do anything. And I did the double-blind placebo-control study that was required. That's the requirements for testing whether a drug is useful or not in treatment of a disease. My results showed that it did absolutely nothing. There was no difference between those who were treated and not treated. Despite the fact that ether kills the virus, ether penetrates the skin and kills the virus, but does nothing for the disease, you'd think why would that be?

[00:10:05]

So I presented it at a symposium. Actually, it was in Atlanta, Georgia, and I was a part of the Infectious Diseases Society of America, and a panel there was a panel on herpes viruses, and there were many herpes viruses, but at that time, nobody really knew about herpes viruses. There was only one herpes virus

people thought about at that time, which was genital herpes infection, and everybody was interested in genital herpes infection at that time. It was sort of coming out that the government is covering up and that we've had this herpes epidemic of genital herpes infection.

So at that particular time, the Society asked us if the panel would be interviewed by the press, and we all said yes. So I talked about my study and I got asked lots of questions. Then I went home, went back to the hotel that night, and was watching the six o'clock news to see if the panel had been covered, the panel interviews had been covered. It was, and it was Dan Rather on *CBS News*. Indeed, they were covering the herpes panel interview.

Then I see myself there on the screen, and there's a voiceover that says, "Dr. Mary Guinan, expert in genital herpes infection." So I was shocked. This is an indication of my ability to communicate? [laughs] Why did they think I was talking about genital herpes? I think it was because the title of the talk was "Topical Ether in the Treatment of Herpes Simplex Labialis," which was the medical terminology which meant oral herpes labia, meaning lips, but somehow that confused people and they thought I was doing studies on genital herpes. I was really shocked. I was standing there, you see this picture of me, and I'm pointing to my lip, and they're saying I'm an expert in genital herpes infection.

[00:13:08]

So I went back to Salt Lake City and I found that CBS, the local affiliate of CBS had called the university and told them that I was a genital herpes expert and they wanted to interview me. The university was delighted to find out that they had this expert on genital herpes. [laughs] And they sent both the newspaper and the CBS local film crew to meet me at the airport.

Well, I'm coming off the plane, I have no idea they're taking pictures of me, and they have a photographer from the paper and the video. And I tried to tell them. I interviewed first the TV interview and said, "It was an error. My studies are in oral herpes," and I interviewed with the newspaper and told them the same story and tried to correct things, but when the stories came out, they said I was an expert.

So I tried to figure out—I thought it was over then. I thought, "Okay, it's over," and I went back to work. I got multiple phone calls from *so* many people from around the world, in fact, telling me their sad stories and that they wanted to see me and could I take care of them. And it turns out there were a large number of young women in Salt Lake City who were calling me. Well, I just didn't answer them. I said I can't really help people, and I'll spend several weeks of my life on the phone trying to explain this, which is not going to work. So I just didn't answer the phone calls.

Then the dean of the university called. Well, the Office of the Dean at the university called and said they were receiving complaints from the community that I wasn't answering their letters or phone calls. I got letters and phone calls. This is before the Internet or—

[00:15:36]

T.A. Rosolowski: What year was this?

[00:15:43]

Mary Guinan: I can't remember exactly.

[00:15:44]

T.A. Rosolowski: Your fellowship was in '76.

[00:15:47]

Mary Guinan: It was between '74 and '76. So I think it was 1976. 1976, I'd have to look that up. So it was probably '75 or '76, because then I decided that I would start answering the phone, and many women called me or wrote to me, asking to see me, which I then set up a time for patients who had genital herpes infections.

I came to find out that many of these were young married women who had genital herpes infection, and they wanted to get

pregnant but were scared to death because of the problem that the virus can be transmitted during childbirth to the newborn.

Newborn herpes infection is much different. It's a terrible disease, affects every organ of the body. I saw my first case of this at the University of Utah, and it was a really incredibly affected baby who was left comatose and alive and with no prospect of ever recovering.

So I realized how frightening this was for any woman who had this problem, and, of course, saying that you had genital herpes infection would be something that people wouldn't talk about to their own doctor, but they would talk to me because I was an expert, or so they thought.

So I looked up the literature on women and herpes infections and couldn't really find anything at all, anything. This is in the seventies. So I said, "Well, I've decided I'm going to study genital herpes in women," and so I did. I heard these stories and thought, "Nobody is doing anything about this. I think we really need to have something, treatment that we can somehow suppress the virus for, for women." And this was obviously something that was so important, but nobody was talking about it. It was like nothing was in the literature.

[00:18:47]

T.A. Rosolowski: So what's your view of why there was a big silence and an unwillingness to even look at the question at that time?

[00:18:57]

Mary Guinan: Well, I think that women were always second-class as far as research was concerned. Research in any subject was almost completely male. Women were excluded from any because they had monthly periods and hormone changes which might affect the study. This was the reasons given. So that women were not included in most studies, even those done by the National Institutes of Health, and it was only later that demands of women and women in the legislature on Capitol Hill, who demanded that women be included in studies.

[00:19:52]

T.A. Rosolowski: Florence Haseltine was part of that.

[00:19:54]

Mary Guinan: Yes, Florence Haseltine and other physicians. And even though that came and it was a slow, slow, slow process, I mean, it was like, "Oh, yes, we have to do the women. We have to include women in this study." And like the heart, when they did a study on aspirin and its use in heart disease on physicians, but excluded

women physicians. That was such a shock to me. I couldn't believe it. They said, "Oh, there aren't enough women physicians to include in the study." Of course there were. They just didn't know how to find them. I belong to the American Medical Women's Association, which was an association of women physicians. They could have just asked AMWA for volunteers, you know. And I was part of AMWA at that time, so I felt that that was an egregious offense.

Anyway, so that combined with sexually transmitted disease, if a woman had sexually transmitted diseases, she was considered to be a bad person and it was something people didn't want to touch. First of all, the sensitivity of it, asking women—was about any sexually transmitted disease. There were no data, very, very few data on women and any sexually transmitted disease, which I found out after reviewing the literature.

[00:21:41]

T.A. Rosolowski: And was there data on men?

[00:21:45]

Mary Guinan: Oh, yeah, there were lots of data, not always good, but much of the trials of treatments were done on men.

[00:21:53]

T.A. Rosolowski: Wow. Interesting.

[00:21:55]

Mary Guinan: And it's really interesting, there's lots of good reasons why. First of all, men, for the most part, who have gonorrhea, for example, have symptoms. They have a discharge from the penis and it's painful, so they go to the doctors, whereas gonorrhea in women is silent, but it's much more dangerous because they don't know they're infected. The organism can go through the uterus to the Fallopian tubes and cause scarring, which would make women infertile or can cause pelvic inflammatory disease, which is an infection of Fallopian tubes and uterus, and can move to various parts of the pelvis and cause chronic pain for the rest of the women's lives. So this is a much more serious problem for women than men, but no data on it [].

[00:23:02]

So that is why the government studies eventually of gonorrhea made the point that men who had gonorrhea had to be interviewed and their sex partners found before and after they had the infection so that the women could be treated. So that was a whole intervention that had to be done in changing how treatment

was done at sexually transmitted diseases clinics, which were then called VD.

“VD” was a bad word, venereal disease, and they had these VD clinics, which were all men. No women went to them because they didn’t have any symptoms. Do you see what I mean? So it was like “nice” women didn’t get disease, and those who did have disease were prostitutes or whores or whatever. So there was such a sensitivity about that, and still is. There still is. A woman with a sexually transmitted disease, there is this stigma, as with all sexually transmitted diseases, including HIV/AIDS. Stigma still exists.

So I decided that I was going to try and change that, and I did this study on genital herpes in women. It was published in the *New England Journal of Medicine*, which is one of the outstanding journals, which I was really shocked that it was accepted, , I found out who reviewed it for the *New England Journal of Medicine*. It was a woman. And she wrote to me. She said, “I reviewed your article, and I really reviewed it well, and what she thought were the shortcomings in it, and so that if they ask you, you’ll be ready to answer.” So I thought that was wonderful.

[00:25:21]

T.A. Rosolowski: Yeah, no kidding.

[00:25:22]

Mary Guinan: And she worked at Harvard on a Chlamydia infection, so she was studying Chlamydia, so she's one of the few women I know who might be involved in studying sexually transmitted diseases.

[00:25:43]

T.A. Rosolowski: Who was this colleague?

[00:25:45]

Mary Guinan: I can't remember her name right now, but I'll find it and give it to you.

[00:25:48]

T.A. Rosolowski: Yeah, that's great. That's great that you had that. I mean, how fortuitous she was one of the reviewers.

[00:25:53]

Mary Guinan: Yeah. And so it was published, and this has worldwide distribution, the journal, so that I became famous almost overnight as the expert in genital herpes infection in women. [laughs]

[00:26:17]

T.A. Rosolowski: All because of a mistake the media made.

[00:26:19]

Mary Guinan: Yeah. So I thank Dan Rather and Salt Lake City *[laughter]* for helping me find my career.

[00:26:31]

T.A. Rosolowski: Yeah, that's an amazing story.

Chapter Two

Immigrant Parents Committed to Education

Dr. Guinan sketches her family background, explaining that her parents emigrated from Ireland in 1928, a move she admires as courageous. She describes her father's job and talks about her mother's character and the messages she sent to all five children (Dr. Guinan is the middle child) that they would go to college.

[00:26:31]+

T.A. Rosolowski: Well, do you want to go back and kind of start at the oral history beginning, now that we had that little interlude? We're obviously going to come back to all these issues as we trace how your career evolves.

So I wanted to go back and start with kind of the beginning. Can you tell me where you were born and when? And tell me a bit about your family.

[00:26:59]

Mary Guinan: I was born in Brooklyn, New York, in 1939.

[00:27:03]

T.A. Rosolowski: Do you mind sharing your birth date?

[00:27:11]

Mary Guinan: I don't want to have my birth date because—

[00:27:12]

T.A. Rosolowski: Okay, that's fine.

[00:27:14]

Mary Guinan: —I think it gives people information that can hack you, you know, so they put your birth date.

[00:27:20]

T.A. Rosolowski: Yeah, yeah, absolutely understood. 1939?

[00:27:22]

Mary Guinan: Thirty-nine is fine.

[00:27:25]

T.A. Rosolowski: Brooklyn.

[00:27:24]

Mary Guinan: In Brooklyn, New York, in the Methodist Hospital in Brooklyn.
[laughter] And I was the middle of five children. My parents were immigrants from Ireland who met on the ship coming to America. Both of them were farmers who had left homes. At that time in Ireland, people did not want their children to emigrate, so each of them were—well, my father ran away, essentially, and didn't tell

his family—and sent a telegram to his mother after he arrived at Cobh, which was the port where the ships left for America at that time.

[00:28:19]

T.A. Rosolowski: What year was this that they—

[00:28:21]

Mary Guinan: 1928. And my mother, her family didn't talk to her for six months before she left, and her mother made her promise that she would not get married and she would come back, and she made her kneel down and put her hand on the Bible and say that she would do that.

So my parents met, apparently, at a party the night before the ship sailed, and they eventually, some years later, got married. But my mother did go back in 1932, before she got married, to go back to her and mother and said, "Yes, I'm back. I'm doing what you asked," and she told her mother she was getting married, and in 1932 they got married.

[00:29:29]

T.A. Rosolowski: So it sounds like both your parents were pretty independent spirits. I mean, to pick up and leave, go across the ocean to—

[00:29:35]

Mary Guinan: And neither of them knew anybody in America. I mean, they'd get someone to sponsor them. A friend of a friend or a distant relative would sponsor them. So they were sponsored by two different people.

[00:29:49]

T.A. Rosolowski: So what were their reasons for leaving?

[00:29:51]

Mary Guinan: Well, there was no future there. I mean, my father was the oldest son and he would inherit the farm, and it was a small farm. One worked very hard, and if you had a bad storm, the crops were ruined, or the cow died, or something terrible happened, you really didn't have money. I mean, you didn't make enough money to live on, to fix the plow or, you know, buy a cow or whatever. So it was just an unending sort of misery and poverty.

So my father decided to leave. And I didn't find out until much later, from his brother when I visited Ireland and talked to his brother after my father had died, he said that they went out to the field to bring him tea, and he was supposed to be plowing in the field, and he wasn't there and they couldn't find him. And they guessed that he was going to emigrate, and so he got on the horse

and went to the priest, and they took the horse to Tulamore station where the train was, where he had to take the train to go to Cobh, and they raced to the station, but the train had left. So that was the story.

And my mother, same way. My mother was one of eight children, and her brother would inherit the farm and she would just be there working the farm. And her mother had arranged a marriage for her with an older man, because in Ireland at that time, the man who inherited the farm would wait for his mother to die and then he would bring the wife into the house, so that there was these older men wanting young women who they could have a family, who'd And my mother wouldn't have anything to do with it. So she said, "I'm not going to do that," and she defied her mother, which was very—I can't imagine the courage she had doing that. So she left and—

[00:32:43]

T.A. Rosolowski: What did your parents do when they got to Brooklyn?

[00:32:45]

Mary Guinan: Well, my mother worked in various jobs. She was very handy. She could do lots of things. Like she was a dressmaker and she knew a number of—she was good in styles and helping people.

She was always conscious of style, of people's style, and the clothing and what to do, so that she got a job in a wealthy family's house. There was various jobs. You could be a cleaning woman or something. She was hired, and how she did this, I don't know, but she was hired as like a lady-in-waiting for the woman of the house. She would lay out her clothing and tell her, "No, don't wear this. Wear this," or, "This is what—." She would tell me—the couple's name was Wagner. She said Mrs. Wagner would say, "Oh, everybody admired the dress." So that she was very successful. And she also was, in addition to that, she helped the chef. There was a chef, and she helped the chef, so that she learned how to set a table.

[00:34:19]

T.A. Rosolowski: She had a sense of style about her [unclear].

[00:34:24]

Mary Guinan: Right. She did the table and she learned to cook. And she apparently made enough money to send back money to home, to Ireland, to her mother.

[00:34:43]

T.A. Rosolowski: Amazing. What were your parents' names?

[00:34:44]

Mary Guinan: Mary Lyne, L-y-n-e, is my mother. My father is Michael Guinan, G-u-i-n-a-n.

[00:35:00]

T.A. Rosolowski: They sound like pretty amazing people.

[00:35:01]

Mary Guinan: Right. I couldn't imagine going to a place they never had been to or had no idea what to do. My father got a job first in construction. He lived in Manhattan. My mother was in Brooklyn. This is before phones, and, you know, how they communicated, they gave each other the addresses of their sponsors where they stayed like for the first week or so until they found a place to be, or maybe they'd stay a month.

My father was in construction, and then he, fortunately, since he could read and write, he took the exam for the civil service exam in New York City, and he started working for the subway. So he worked for the IRT in Manhattan, and he worked there until he died very suddenly, a young man, when I was a teenager.

[00:36:12]

T.A. Rosolowski: How old were you when your dad died?

[00:36:15]

Mary Guinan: Sixteen, fifteen, sixteen, about there.

[00:36:18]

T.A. Rosolowski: Were you close to your dad?

[00:36:22]

Mary Guinan: Well, I didn't know him very well because he was always working. I mean, in those days, he would get up in the morning, he would have to be at work at six a.m., so he got up at five and he would go to work at six, and he'd come back about three o'clock and he'd have dinner early and then he would go back to do overtime. And then he would come back and go to bed. And he would often work, like he'd have one Sunday off every month or something like that, until later on when it was unionized and they developed this.

[00:37:03]

T.A. Rosolowski: It was kind of the immigrant pattern, you know, the émigrés really, really working hard when they got to the U.S.

[00:37:09]

Mary Guinan: Yes. Never stopped, never stopped.

[00:37:14]

T.A. Rosolowski: What about your mom? You were close with your mom?

[00:37:16]

Mary Guinan: Yes. Well, she was quite a character, and she was tough on us. We lived in a neighborhood that was Norwegian. We lived in a Norwegian neighborhood in Brooklyn, and also there were Irish sprinkled around, but it was mostly a Norwegian area. The people on the street used to say to their children, “If you don’t be good, I’m going to send you to live with Mrs. Guinan.” [laughter] Because we were so disciplined and people were afraid of my mother. She used to say, “You can’t do that. That’s wrong,” or something. So the kids on the block feared my mother more than they feared their own mother. [laughter] But she had to be tough. And then my father died and—

[00:38:10]

T.A. Rosolowski: Yeah, that’s huge for a family.

[00:38:12]

Mary Guinan: —and, you know, five children, all in school.

[00:38:17]

T.A. Rosolowski: Right. So what did your mom do?

[00:38:18]

Mary Guinan: She then—well, she lied about her age, because she was about fifty then, and she didn't think anybody would hire her. So she got a job in Abraham and Strauss, A & S Department Store, Christmas, for the Christmas holidays. So the following year, she worked, and then they would call her in when there were special days. Then she finally worked—after a couple years, they hired her full-time. But she never joined the pension plan because she had lied about her age, and she was so afraid they'd find out about it and so that they'd fire her.

But she worked there, and then eventually she was in a place where she was in a small department that did special stationery, and she took orders. So she had a sitting job. She did that until she was seventy-four or so, and they thought she was sixty, so that that's when she retired.

[00:39:43]

T.A. Rosolowski: Now, you said your mom gave you a lot of messages about what you should do with your life. Tell me about that a bit.

Mary Guinan: Well, she always said, “Make something out of yourself. You have no idea how wonderful this country is and what the opportunities you have.” We all knew we were going to college. That was a given. Our parents said, “That’s your job, to go to college.”

So when my father died, she said to me, to us—so the girls in the family—“Look, I married a wonderful man, but he died, and look at me. I have no skills. You need to be educated so you can get a job that you can always stand on your own two feet. You don’t have to depend on someone else.” And she said, “You can always get married. Go and see the world and make something of yourself. You can always get married.” She says, “Every old shoe finds an old stocking,” something like that. [laughter] That was her message.

Chapter Three

A Good Student Has Trouble Finding Work as a Chemist

Dr. Guinan sketches her educational background, noting that she attended an all-girls Catholic High School and applied to Hunter College, which was geared for children of immigrants, because of cost. She talks about classes she enjoyed and explains that she did really well in chemistry.

In college, she explains, there were mostly women in her chemistry classes. She compares the impact of same sex vs. coed classes on women.

After receiving her BA in Chemistry (1961), she had a lot of difficulty finding a job as a women in that field. She talks about her first job working as a flavor chemist and the discovery that men were being paid more.

[00:00:00]

T.A. Rosolowski: So tell me, during this time, about your education, and what I'm interested in here is what were your interests. When did you start knowing what direction you were going to go into in terms of your gifts and talents?

[00:00:15]

Mary Guinan: You know, I didn't really know what I wanted to do. At that stage, women's choices were you could be a nurse or a teacher.

[00:00:29]

T.A. Rosolowski: But what did you like doing in school?

[00:00:31]

Mary Guinan: Well, I was very good in school. In high school, I was very good in school, and I didn't really have any idea what I wanted to do. I knew I was going to college. Then when my father died, I only applied to one college, which was Hunter College of the City University of New York.

[00:01:01]

T.A. Rosolowski: Why did you only apply to one school?

[00:01:03]

Mary Guinan: Because it was free and all the others were not, and I couldn't really afford to pay for it. So I applied and I was accepted. In these universities, which New York City has its own university system outside of the state system, and it was really geared for immigrant children. It was just this place where if you maintained your grades, you were there free, and not only was it free, but your books, you could rent your books for \$20 a semester, every textbook, imagine this, so that you are given this.

And I lived at home and I commuted on the subway from Brooklyn to Manhattan every day. And I worked part-time. I worked in Bloomingdale's Department Store, which was just about ten blocks away from Hunter. I worked on, I think, Tuesdays,

Thursdays, and Saturdays, and that's how I made money and then took other jobs during the summers and things.

But I just went there, and I really liked—I had gone to an all-girls Catholic high school called St. Brendan's High School in Brooklyn. It was what was called a diocesan high school, where you had to apply, and you got a scholarship and it was free, but it was for gifted girls, so that I essentially had a good high school education, and my grades in high school at that time were sufficient to get me into Hunter College without taking any tests for admission. I was admitted.

I had taken three years of Latin, which I liked very much, so they had this degree in Latin and Greek studies, and I thought, "Oh, that sounds like something, so maybe I'll—." You had to sort of declare what you wanted to do when you first got there. Now, what did I know about what I was going to do? I just said, "Well, I'll study."

[00:03:43]

T.A. Rosolowski: What did you like about Greek and Latin?

[00:03:44]

Mary Guinan: Well, I loved the Greek mythology and just reading, you know, *The Iliad* and *The Odyssey* and all of these things that we were

required to read in high school, and it was just really very interesting. I found all of this interesting, and I loved to read.

[00:04:09]

T.A. Rosolowski: And you took the language too? You took Greek language and Latin?

[00:04:13]

Mary Guinan: No, no, just took Greek mythology.

[00:04:16]

T.A. Rosolowski: But you took Latin?

[00:04:18]

Mary Guinan: Latin. So I also took the required course in chemistry, and at the end of the semester, the professor, whose name is Hurst Hoyer, called me into his office. I was really afraid. I had no idea why I would be called into the office. I thought maybe I hadn't done well on my final exam. And he said, "Well, you know, you did very well." He didn't say, "You got an A." He said, "You did very well. Have you considered majoring in chemistry?"

And I said, "No. Oh, it's a fluke. I'm good at test-taking," I told him. [laughs]

He said, “Well, why don’t you try taking the next semester of chemistry and see how you do.”

I did remember my mother saying to me, “Do something that you can get a job, that you can be on your own two feet and support yourself.” And I figured I could probably do that better as a chemist than a Latin and Greek scholar; probably wouldn’t be too many jobs for me there. So I majored in chemistry, and I don’t believe—if he hadn’t said that to me, I doubt that I’d ever, ever have been a chemistry major or a scientist.

[00:04:18]

T.A. Rosolowski: Now, Hunter was coed at the time.

[00:05:56]

Mary Guinan: Well, it was coed at the time, but it had been from the 1800s, at its founding, a women’s school. It was called Hunter College for Women.

[00:06:06]

T.A. Rosolowski: Yeah, that’s what I thought.

[00:06:07]

Mary Guinan: But it was incorporated into the City University of New York system sometime in the late fifties, I think, or early fifties, and it became Hunter College of the City University of New York, and then you could not discriminate. So I was there maybe several years after the integration, and there were some men in my classes.

[00:06:36]

T.A. Rosolowski: But it was mostly women?

[00:06:37]

Mary Guinan: But it was mostly women, and in my chemistry class there were no men. So you can imagine if there had been men in my chemistry class, I'm sure that professor might have been talking to the men too. So he was definitely an influence, though I never got back to him to tell him that.

[00:07:03]

T.A. Rosolowski: That's really something. I was wondering about that situation, just with the gender, because often if there are boys in the class, they either kind of take over the conversation or they're the ones that attract all the attention.

[00:07:17]

Mary Guinan: Yeah. There was this woman who wrote an article, a book, and I can't remember the name of it, but I hope [unclear] can get it for you. She wrote a book about women who had been successful in America—it must have been in the sixties—and it turned out that the women, a Nobel Prize winner, and others who had gone to do great things, had either gone to all-girls schools or were daughters of immigrants or both. So I was both. [laughs]

[00:08:03]

T.A. Rosolowski: Oh, how interesting.

[00:08:04]

Mary Guinan: I went to an all-girls high school and, for all practical purposes, an all-girls college, and I do think that there was a great difference, especially at that time in encouraging women so that at Hunter they encourage women to do math and science. So I do think it has an impact still.

[00:08:37]

T.A. Rosolowski: I think it still does, absolutely, and there's certainly research that bears that out.

[00:08:41]

Mary Guinan: So I lucked out on this, you know. [laughter]

[00:08:45]

T.A. Rosolowski: You did. You did luck out.

[00:08:48]

Mary Guinan: I went to an all-girls high school and an all-girls college.

[00:08:52]

T.A. Rosolowski: So tell me about the next move, because you went then for the Ph.D. at University of Texas Medical Branch in Galveston. So what year did you graduate from college?

[00:09:06]

Mary Guinan: 1961, I graduated.

[00:09:07]

T.A. Rosolowski: 1961, and you got a B.S. at Hunter.

[00:09:11]

Mary Guinan: No, a B.A.

[00:09:12]

T.A. Rosolowski: A B.A., okay.

[00:09:13]

Mary Guinan: They gave me a Bachelor of Arts degree in chemistry. [laughs]

[00:09:16]

T.A. Rosolowski: So what about the Ph.D. move? How did you decide to do that?

[00:09:23]

Mary Guinan: Well, I was working. I couldn't get a job when I graduated.

[00:09:31]

T.A. Rosolowski: Why was that?

[00:09:32]

Mary Guinan: It wasn't a big market for women chemists. In *The New York Times* they had "help wanted" ads by gender. So there was never a "help wanted" ad for chemists in the women's "help wanted, female" section, so it was difficult. I would apply for the ones that were listed in the "help wanted, men," they'd say, "Well, did you know we advertised for a man?" So it was very difficult. I finally got a job.

[00:10:09]

T.A. Rosolowski: So, now, just as a point of history, so would you get to the interview and then they'd tell you? What was it like?

[00:10:18]

Mary Guinan: Well, I'd have to call up and make an appointment, and some people would say, "We aren't looking for women." But I would go and interview and they would ask me, "Well, we don't want to really make an investment in you. You're going to get married and you're going to leave—so it's not something we can do." And it was humiliating when people would say—I mean, I applied and then so I finally got a job in a chewing-gum factory working for the American Chicle Division.

[00:11:00]

T.A. Rosolowski: The American—

[00:11:01]

Mary Guinan: Chicle, C-h-i-c-l-e, of Warner-Lambert Pharmaceutical Company, which was in Queens, New York at the time, that division. So I found out while I was there that the men were making more money than I was, and the new men who were coming after me were making more money than I was making.

Mary Guinan

[00:11:37]

T.A. Rosolowski: What was the discrepancy? I mean, how much was the difference?

[00:11:42]

Mary Guinan: Maybe \$1,000 a year, which was a lot of money then. But because they had families, you know. I didn't have a family and this is—

[00:11:56]

T.A. Rosolowski: And pay is obviously on the basis of need, not merit. [laughs]

[00:12:00]

Mary Guinan: Right. And you could say that, people could say that to you. Well, my boss really wanted to help me, because he liked me, so he gave me a raise so that I would be even with the guys who were hired at the same time. They gave me the raise, but then when my next raise was due, they didn't give me the raise. They said, "Oh, we already gave it to you," so essentially I would be behind—so I applied for an advanced degree in chemistry to a number of schools, but I was rejected by almost all. They would say either, "We don't accept women in our program," or, "We don't provide funding for women."

[00:12:57]

T.A. Rosolowski: They don't provide funding for women?

[00:12:59]

Mary Guinan: No. I remember it was Caltech I applied to, and that was their letter. "We'll accept you if you pay," which, of course, I couldn't pay.

Chapter Four

A PhD Program and Frustrated Dreams of Becoming an Astronaut

Dr. Guinan talks about her decision to pursue a PhD and the challenges she faced, beginning with her discovery that many programs either didn't accept women or didn't provide financial support for them. She recalls being inspired by John F. Kennedy's "ask not" speech, which motivated her to go into a field where she could be of service, eventually inspiring her to become an astronaut. She talks about the period of the Cold War and the availability of money to support graduate degrees. She explains that she found support at a PhD program in Physiology at the University of Texas Medical Branch (Galveston, Texas), where she took courses with medical students and often attended lectures by astronauts. She conducted research into blood coagulation under her mentor, Dr. Mason Guest. She took flying lessons and eventually passed all the physical tests required to qualify for the astronaut program, but was not asked to apply for the program because she was a woman.

[00:13:12]

T.A. Rosolowski: What were your thoughts about that at the time, getting these—

[00:13:24]

Mary Guinan: It's humiliating to find out that, and then how do you advocate for yourself? It was very difficult to do. And I just decided I was going to leave, I was going to go somewhere else, because, first of all, it wasn't a very interesting job. I was a flavor chemist for chewing gum. It was interesting at first, and I did lots of things, which I think I have in my book, and how I found out President Kennedy was shot in 1963. I was working in my lab, and someone came in and told me that the president had been shot, and it was something you'll never forget in your whole lifetime. And I

Mary Guinan

remembered that President Kennedy had said, “Ask not what your country can do for you, but what you can do for your country.”

And I thought about what can I do for my country?

And at that time in the fifties, Sputnik, Russians had put Sputnik into space, you know, and it was really a frightening thing during the Cold War. People thought that Russia was going to get to the moon first and then would control the world. That’s really—everyone believed that and that was the story, and that’s why the president said, “In ten years, we’re going to put a man on the moon,” right? And following that, there was a whole lot of money invested for graduate degrees in sciences, because they needed scientists in the space program. So I started applying, and I decided that I was going to try and be an astronaut. Didn’t really tell too many people.

[00:15:40]

T.A. Rosolowski: I mean, seriously, if they don’t want you to be a chemist, what are they going to say about that? [laughter]

[00:15:45]

Mary Guinan: So I found about the University of Texas in Galveston was right near Clear Lake City and where NASA was, and that Charles Berry, who was the medical director of the program, had an

appointment at UTMB, University of Texas Medical Branch, Galveston, Texas. And I found an ad for graduate students in physiology, and I applied, sent my CV, and I got a letter back from Dr. Mason Guest, who was the chairman of the department, saying that I had been accepted into the program, but it said nothing about funding.

So I wrote back to him, and I couldn't type then. I handwrote him back saying, "Thank you very much. I'm really delighted to find out, but I want to know if there is a fellowship for me, if there's funding for support."

And I got my letter back from him, and he wrote at the bottom, "We are holding one for you," and signed his name. It was the thrill of my life.

[00:17:33]

T.A. Rosolowski: Well, especially after all that negative stuff looking for jobs. My gosh, that's amazing confirmation.

[00:17:40]

Mary Guinan: I knew no one in Texas, not a soul, and went there, and I think I describe in my book what a wonderful experience it was. I took classes with the medical students, and often they'd have an astronaut come and talk. Dr. Berry would bring one of the

astronauts to Galveston and they'd talk about it, or sometimes there would even be two together talking to the class about various things in space. So it was like a pretty, pretty wonderful environment, I mean, experiencing that. I felt, looking back on it, it was really a wonderful experience.

[00:18:33]

T.A. Rosolowski: How did you grow intellectually as a scientist at that time?

[00:18:39]

Mary Guinan: I don't know. I wanted to study something that was involved in space, so there wasn't an exact major in aviation and space medicine, but I could do that. And I told Dr. Guest, who became my mentor for my doctorate degree, after about two years, I told him that I wanted to be an astronaut, and he said—he was a man of few words [*chuckles*], and he said, "I think you should wait until you graduate and show people what you can do before you announce this, because you might have some negative feedback, essentially, about it, who do you think you are, that you would even compete in a program."

So the astronauts were flyers. Almost all of them were jet pilots, the first astronauts. So one of the things that I did was I started taking flying lessons, because I thought I had to be a pilot.

There was a Texas Longhorn Flying Club in Galveston [*laughter*], and they had these very reduced rates, you know, so I started taking flying lessons. I remember telling my sister. She said, “What’s new?”

“I’m taking flying lessons.”

She said, “Flying lessons?” She couldn’t believe it. [*laughs*]

[00:20:32]

T.A. Rosolowski: How’d you like it?

[00:20:33]

Guinan: Well, I used to get sick, motion sickness, and so that I would have to control that, so it was trying to do that. And I took, you know—you have to take so many classes before you can take a test.

So this is now as I’m finishing up my career, and I studied blood coagulation there, and Dr. Guest was an expert in blood coagulation. And it was looking about what was happening in space when people would go up there, lack of gravity, might the blood coagulate, that kind of thing. But it was not directly related to that, but there were studies that Dr. Guest was doing that I did so that I would be qualified to apply to the space program.

In the last semester that I was a student, I took a class in aviation and space medicine at NASA, so it was a pretty heady

experience going to NASA. There were ten or eleven people in the class. I was the only woman.

Then after this course was over, they gave us—obviously forms to fill out. Everybody in that class was interested in aviation space medicine. I don't know if they all wanted to be astronauts or not, but they were interested in aviation space medicine. So we were given a form to fill out to see if we were physically qualified to be astronauts, and the form had questions about what your vision was and what your height and weight was and also if you had any medical problems of any kind,.

So I completed the form, and the next day the instructor announced that I was the only one who qualified to be in the astronaut program physically because I had 20/20 vision, and at that time you had to fit in the capsule, so that you couldn't be too tall or too wide. So most of the guys in my class wore glasses, so I think that was what disqualified them. But I was not asked to apply, and then I became aware—it was in the paper, in the Houston paper, that—

[00:23:35]

T.A. Rosolowski: Was that a big disappointment?

[00:23:41]

Mary Guinan: Well, I didn't think I was the last—in other words, I just thought this guy just might not think that I'm—but the fact that I have qualified now, that makes me physically qualified, and I'm going to have my degree then, and then maybe I'll be—well, it turns out that the newspaper article described Command Central in Houston, which you've probably seen black-and-white films of, and it recorded that women were not allowed to go in there, even to bring coffee, because they would distract the men.

So I realized, and I talked to Dr. Guest—after I defended my dissertation, I realized that it was unlikely that I could do it, and he didn't think that I should. He thought that applying at that time was probably the wrong time, and he helped me to go a postdoctoral fellowship at National Institutes of Health. So I was disappointed, but not surprised.

[00:25:11]

T.A. Rosolowski: Handwriting was kind of on the wall [unclear].

Chapter Five

Views on Marriage and Family and Johns Hopkins for Medical School

Dr. Guinan first talks about her attitudes toward marriage and family and how she saw her future in personal terms. She notes her postdoctoral fellowship at the National Institutes of Health at the Heart and Lung and Blood Institute, then talks about why she ended up going to Johns Hopkins for Medical School. She talks about two women connected with that institution, Mary Elizabeth Garrett and Gertrude Stein.

[00:25:13]

Mary Guinan: Yeah, yeah, like was I willing to—this is before feminism had evolved, and people would always say to me, “Well, you know, you’re going to get married, have children. You’re not going to have a career.”

[00:25:31]

T.A. Rosolowski: What were your thoughts when they said that to you?

[00:25:34]

Mary Guinan: I thought about what my mother said. [laughs]

[00:25:39]

T.A. Rosolowski: Did you think to yourself that marriage and children was going to be part of your future?

[00:25:43]

Mary Guinan: I hadn't gotten married. I wasn't in a relationship. I had boyfriends, but I was not in a relationship that I thought about getting married. I mean, when I graduated college, almost everybody in my class was engaged. That was what you did; you were engaged. And the whole idea of that just frightened me, the whole idea of getting married at that point of my life, because all my experiences, all my friends got married and they disappeared. They moved out to Long Island or New Jersey or Staten Island or someplace, and I never saw them again because they became mothers of families.

My best friend from high school, Judy, she sat next to me in high school because we were seated in alphabetical order, and her name was Judy Gray and I'm Mary Guinan. We became best friends for life. But she got married when she was nineteen, and I was her bridesmaid, and she had two children and lived in Brooklyn—I didn't see her. I had gone to Texas, so I wouldn't see her, but we'd keep in touch by letters. But I was so busy that I very often didn't send letters, and phone calls were just so expensive, I never even dreamed about making long distance phone calls. Like once a month I'd call my mother or something and have it reverse the charges, because it would be really expensive.

[00:27:32]

T.A. Rosolowski: I think it's hard for people now to understand that communication was just a whole lot more difficult.

[00:27:36]

Mary Guinan: Mm-hmm, it was.

[00:27:39]

T.A. Rosolowski: Now, when you were thinking about—I mean, I'm also interested—so you want to get married, you're thinking about having a family, but not now. Now, were you thinking about these steps you were taking as building a career, or was it more looking for each opportunity step by step?

[00:28:02]

Mary Guinan: Well, I had a boyfriend when I was in Texas, but he was a cowboy. He was a medical student and a cowboy. He used to perform in rodeos. I went down and met his parents. They lived in a small town outside of San Antonio; I can't remember the name of it. His father was a veterinarian. It was sort of a whole new thing for me to be from New York City and learning about that.

[00:28:52]

T.A. Rosolowski: But, I mean, did you visualize your career? Did you have a sense of “This is where my career is going”?

[00:28:58]

Mary Guinan: No. I thought when I graduated I’d get a job at a university and teach, and then I’d do research and teach. So doing the postdoctoral fellowship would help me with my research and then help me get a job. So, as it turned out, when I graduated in 1969—

[00:29:28]

T.A. Rosolowski: So that was the year the Ph.D. was conferred?

[00:29:29]

Mary Guinan: Yeah. There was a glut of Ph.D.’s on the market because there had been this funding, and I was competing against the Ivy League schools. It was really difficult to find a job, so I got the postdoctoral fellowship. I didn’t find a job immediately. I really didn’t want to get married until I was supporting myself and had money to be able to do the kinds of things that I wanted to do, so I didn’t really—

[00:30:14]

T.A. Rosolowski: So the postdoctoral fellowship, where was that?

[00:30:19]

Mary Guinan: At the National Institutes of Health at the Heart and Lung and Blood Institute.

[00:30:32]

T.A. Rosolowski: So tell me about significant things during that time, because the next move would have been into medical school, right?

[00:30:40]

Mary Guinan: Mm-hmm. Well, I was there doing my postdoctoral fellowship and trying to apply for jobs. They had a lot of job openings at NIH but they all required being a physician, so, I mean, I would interview a job, and they said, "Listen, I would hire you, but you don't have the credentials. You don't have the M.D."

So I thought, "Maybe that's going to be a barrier if I'm going to continue this, because M.D.'s are preferred here, so that I'll always be essentially second-class if I didn't," in the areas that I wanted to be in, in other words.

[00:31:36]

T.A. Rosolowski: Can I ask you just for a second, what did your mom think of all these degrees and jobs and—

[00:31:41]

Mary Guinan: Well, she was really delighted when I got my Ph.D., but she then said, “Well, don’t you ever think about getting married?”

[laughter]

So I’d say, “I don’t want to have this conversation.” [laughs]
The whole idea. But she’d ask me periodically.

Then when I started medical school, I was—well, what happened was I was living in Maryland then, in Bethesda, and I applied to two medical schools, to Johns Hopkins and to the University of Maryland. I was rejected from the University of Maryland and accepted at Johns Hopkins. And this was pretty unusual, “Well, wonder why that happened?” because you would think that it would be easier for me to get into the University of Maryland.

Anyway, I found out after I got there that the Johns Hopkins University Hospital couldn’t open. Old man Hopkins hadn’t left enough money to open the hospital. It was the turn of the century, about 1900, and there was a young woman, a dowager. I’m not sure what “dowager” means, but she was an unmarried woman of means, she had inherited money, and they asked her to donate the money for the medical school, for the hospital and medical school, and she said she would do it if women were accepted into medical

school on the equal basis as men, and they refused to do it. They *refused* to do it. But a year passed, and she wouldn't relent. Her name was Mary Elizabeth Garrett. My name is Mary Elizabeth Guinan. [laughs]

[00:34:08]

T.A. Rosolowski: That's cool.

[00:34:11]

Mary Guinan: So, anyway, she finally prevailed, and that was what was in the Hopkins medical acceptance. But for many years, until Title IX, 1972, "equal" was 10 percent or less, so that we were 10 percent. So I believe I became part of the quota. Lucky for me.

[00:34:39]

T.A. Rosolowski: Yeah, lucky for you.

[00:34:40]

Mary Guinan: It's another person who helped me out, essentially, right?

[00:34:46]

T.A. Rosolowski: Yeah, yeah, it's amazing. Yeah.

[00:34:50]

Mary Guinan: She was a scandalous woman.

[00:34:52]

T.A. Rosolowski: Was she?

[00:34:53]

Mary Guinan: Apparently—well, I haven't read about her. That's one of the things I'd like to do, and write something more about her. She apparently was a lesbian, and she went to Bryn Mawr, and the president of Bryn Mawr lived with her, and it was just scandalous, you know. But in those days, women could live together so it wasn't like they outed themselves. So she was quite something.

[00:35:23]

T.A. Rosolowski: Yeah, well, and had an imagination of what she would do with her money, too, instead of buying silly things with it. [laughter]

[00:35:30]

Mary Guinan: You know Gertrude Stein was a medical student at Hopkins.

[00:35:35]

T.A. Rosolowski: Oh, I didn't know that.

[00:35:36]

Mary Guinan: Yeah. She failed biochemistry, and they dismissed her from the school. I'm not sure that she wouldn't take it over again or what, I don't know exactly the story was, but she left and went to Paris.

[00:35:58]

T.A. Rosolowski: [laughs] That's pretty good.

[00:36:05]

Mary Guinan: And she was from Baltimore also, in the Baltimore area. Her brother—I think his name was Leo—lived in Baltimore and used to get a lot of the paintings and sell the paintings of Gertrude's entourage. She would designate who the important people were, including Picasso and Matisse. She ended up becoming a fan of Matisse because she thought maybe Picasso wasn't under her control anymore or whatever, so Matisse became her favorite. The Baltimore Museum has a large collection of Matisse paintings that her brother—she would send them to her brother to be sold, but many of them are there—so that's one of the ways that the Baltimore Museum has a wonderful Matisse collection.—

[00:37:16]

T.A. Rosolowski: Interesting.

[00:37:17]

Mary Guinan: Yeah. So Gertrude and Mary Elizabeth Garrett, two interesting women in Baltimore.

[00:37:26]

T.A. Rosolowski: Very interesting. Would you mind if we took just a little bit of a break?

[00:37:30]

Mary Guinan: No.

[00:37:31]

T.A. Rosolowski: Okay.

[00:37:31]

Mary Guinan: It's time.

[00:37:32]

T.A. Rosolowski: I'll put this on pause.

Session 1-B: Afternoon Session, 17 June 2016

Chapter Six

Joining the CDC's Epidemic Intelligence Service

Dr. Guinan begins this chapter by explaining that when she began her medical training (Johns Hopkins Medical Institutions, Baltimore, Maryland), she assumed she would continue in academic medicine and study hematology. However, she was doing her residency (Internal Medicine, Hershey Medical Center, Pennsylvania State University) when students at Kent State University were killed by National Guard (4 May 1970), and this event had a great impact on her. Dr. Guinan wanted to do something for her country. She read about the ongoing smallpox eradication program and decided to join the CDC's Epidemic Intelligence Service, which was in charge of that program.

Dr. Guinan notes that she was the only woman among thirty-nine physicians. She describes how she made herself inconspicuous in a "system that was against you" and in which women were not considered career people.

[00:00:00]

T.A. Rosolowski: Okay, so we are recording after our lunch break. It is twenty-five after one.

So you were just talking about getting into Johns Hopkins for medical school. So tell me about what you did, what you wanted your specialization to be at that time.

[00:00:26]

Mary Guinan: Well, when I went to medical school, I assumed that I would continue in hematology since I had studied blood coagulation in Texas. Then I presumed I'd have a career in academic medicine, so I'd be doing research and seeing patients. So I did an internal

Mary Guinan

medicine residency, and then as I was finishing that residency, which I did in Hershey, Pennsylvania, at Penn State, that's Penn State School of Medicine [Penn State College of Medicine]. I don't know exactly what they call it now.

[00:01:20]

T.A. Rosolowski: I'll check.

[00:01:25]

Mary Guinan: So I was finishing and the Vietnam War was going on, and just as I had graduated from medical school, Kent State happened, you know, where unarmed war protesters were killed in our country and nothing was ever revealed about it. It was all covered up. The National Guard was called out and they killed people, unarmed protesters on campus. I found that hard to believe.

I thought I wanted to do something for my country, and I thought to myself, "Maybe this is not what I should—." I just couldn't imagine. My parents had come from Ireland because of political problems, and they had been involved in the civil war during the time of what was called the Black and Tans, people killing Irish people, you know, the English. Our parents said this is the greatest country in the world and you can do anything, and here unarmed protesters are being killed.

Mary Guinan

[00:02:52]

So I discovered in a medical magazine, which is *Johns Hopkins Medical Journal*, that was sent to me as an alumna, I read an article about the Smallpox Eradication Program, that there was this plan that 165 nations of the world had decided to get together during the Cold War, this is, in the sixties, and to eliminate smallpox from the world. And it would be the first time in history that a disease of humans would be eliminated by design of humans. First time in history. So I thought, “God, I want to be part of that. It’s so interesting.”

And I did part of my residency at Hopkins, and there was a guy there, a resident, who told me about this program at CDC he had signed up for, which was the Epidemic Intelligence Service, and he had signed up to avoid the draft, because if you became a member of the Commissioned Corps of the Public Health Service, it counted as serving your country.

So he was telling me about that, and so I found out then that WHO was running the program to eliminate smallpox and that each nation of the world had an agency that related to WHO for volunteers and whatever money that was sent from the country. So that agency in the United States was the Center for Disease Control, which it was called at that time. It’s now the Centers for

Disease Control and Prevention. Then it was the Center for Disease Control; singular.

I found out, [] this Epidemic Intelligence Service, is sending people to various places for Smallpox Eradication Program. So I decided to apply. I applied to that program, and I was interviewed and I was accepted into the program, and it was a two-year program where you learned about detecting and controlling epidemics. That was your job.

[00:06:10]

T.A. Rosolowski: This was in 1974, you started that job?

[00:06:13]

Mary Guinan: Yes, I was in the class of 1974. There were thirty-nine physicians in the class, and I was the only woman physician in that class of 1974.

[00:06:28]

T.A. Rosolowski: How was that, working with all those guys?

[00:06:31]

Mary Guinan: It was great. I loved it. I mean, I loved doing what I was doing, and I didn't feel that my peers discriminated against me. I was

unusual, to say the least, and I felt I didn't want to be conspicuous.

[laughs] And I tried to always not be conspicuous.

[00:06:57]

T.A. Rosolowski: How did you do that?

[00:06:59]

Mary Guinan: Well, I really tried to wear clothes that didn't make me obvious, so I wore kind of a self-imposed uniform. I wore black slacks and a plaid long-sleeved shirt, Earth shoes. Earth shoes were these shoes that—

[00:07:29]

T.A. Rosolowski: The negative heel?

[00:07:30]

Mary Guinan: Yeah, negative heel that was supposedly good for your back. And that's what I wore. I never wore makeup. I just wore my hair in a braid. People said, "You look like a hippie." Hippies were antiwar activists. I think many of the people who were there at CDC who didn't want to go were opposed to the war, so that, you know, essentially, I was okay. I was part of the—

[00:08:11]

T.A. Rosolowski: You were fitting in.

[00:08:12]

Mary Guinan: —counterculture of where everybody was questioning the war, you know. And I had participated in the March on Washington in 1969.

[00:08:26]

T.A. Rosolowski: Did you feel you had to work harder to establish credibility? Were you listened to? What was the environment like for learning and working?

[00:08:38]

Mary Guinan: Well, I didn't feel that my peers were a problem. I really enjoyed working with them, and they helped me a great deal, but the system was always against you. Like, for example, we used to have to dictate letters. People would send letters to you, and you were assigned to the hospital infections program, and then people would write to CDC or call CDC about something, information they wanted, and then you had to send letters back as part of your job. But all the other EIS officers in my unit got dictating machines, but I didn't, so I kept asking, finally say, "Where is my

dictaphone—?” I asked the guy, asked my boss, and he asks the administrator to get me a dictating machine. So I’m writing all these things and giving them to a secretary. I can’t dictate it.

So I didn’t get one. Months passed by. So I wrote a note to the director of CDC, and I said, “I’m Mary Guinan, I am an EIS officer in the program, and I am the only woman in the program, and I’m the only one who doesn’t have a dictating machine. I don’t know if these two things are related, but I would appreciate getting a dictating machine.”

Well, it caused all sorts of havoc, because, of course, the director of CDC talked to my boss, and my boss was furious that I had gone outside the lines. I said, “Well, I told you last month.” Well, he didn’t realize the administrator hadn’t done this for me, and the administrator was furious because he got in trouble. So I think that people thought, “Uh-oh, she’s going to be a problem. She’s going to be a problem.”

I mean, the culture was like the rest of the nation, where women were really not considered to be career people. They were going to have a short life in working, and then they’d get married and have families. That was the underlying assumption.

Chapter Seven

Working at the Epidemic Intelligence Service and a First Success as a Field Officer

After sketching the EIS's one-month training program and her role once beginning work in August of 1974, Dr. Guinan tells the story of how she handled an outbreak of pseudomonas at a military hospital –the first time the military had ever asked the CDC for assistance.

She describes attitudes the military showed toward her and how she worked around them to successfully deal with the outbreak. She notes the main lesson she learned from this experience: "I could do it."

[00:11:37]

Mary Guinan: [] You waited. You did your work in your station where you worked, and I shared an office with another guy, who was an EIS officer, and we'd handle all the incoming mail and things, and you had to do various things. Then if there was an outbreak occurring, all of us were waiting for an outbreak to occur so we could go out and see if we could do it. So we had a one-month training program in July, started in July, and all of July, and then in August we went to our regular offices and started doing the work of that office, which included lots of things.

Anyway, it was my turn. There was an outbreak in a hospital, a military hospital, and there was what's called pseudomonas sepsis outbreak in the hospital. Pseudomonas is a bacterial organism and sepsis is blood infection. It was happening in the intensive care unit in this large military hospital. So my boss came

Mary Guinan

and told me I was to go home and pack my things and be back to get on the plane in the afternoon.

In the meantime, they gathered all sorts of information. I came back to CDC with my bag packed. I didn't have time to change out of my self-imposed uniform. I got information on the organism and various things and got orders to go. I was a member of the Commissioned Corps of the Public Health Service, so the issues for you as a Commissioned Corps officer, you had to get orders from the Surgeon General's Office, essentially. The Surgeon General was the head of the Commissioned Corps of the Public Health Service.

[00:14:06]

At that time, CDC was exempt from wearing uniforms. We eventually started wearing uniforms, but at that time, we weren't wearing uniforms, and it was really to protect the person from being obvious when you went to investigate an epidemic. Usually, the hospital, it was confidential. If something was happening at a hospital, usually you tried to work with it before it got out into the press, right? So that we always signed a confidentiality agreement that you wouldn't tell anybody what was where, where it was, or whatever it was.

Anyway, so I got on the plane, and before we arrived, the pilot says, "Oh, we have a little problem. Some horses broke loose

and they're out on the runway, and a plane crashed into one of them, and we can't land until they clean it up." So we circled for a couple of hours.

And then when I arrived, there was this military group of, I think, four people, who met me at the plane, and they were holding a sign. It said "Dr. Guinan, CDC." So there was three men and one woman, and so I walked up and said, "I'm Dr. Guinan," and they were obviously shocked, and one said, "CDC sent a woman?"

[00:15:50]

T.A. Rosolowski: Why did they send you? Why didn't they send one of the men?

[00:15:57]

Mary Guinan: Well, it was my turn, my turn. You know what I mean? So it wasn't like I got selected to do it. We were in line, and there's an outbreak in my unit, that my unit handled, and it was my turn to go.

[00:16:16]

T.A. Rosolowski: Thank goodness for rules. [laughs]

[00:16:17]

Mary Guinan: Yeah. So from a CDC point of view, it was the first time the military ever asked CDC to help, so it was a big deal, and no one remembered ever the military asking for help. Nowadays, they would never send a new EIS officer, but in those days, that's what you did.

[00:16:44]

So when I arrived, one of the people who met me in uniform was Sarah, who was infection control nurse at the hospital, and she had contacted me in advance. She called and said that I could stay with her, because it was very difficult to find a place to stay, said I could stay at her house, which was wonderful, while I was investigating. So we became good friends, which was very nice.

So it's about two o'clock in the morning when we got back, and the head of the unit, the military unit, had closed the OR because they were very worried. One of their theories was that someone was trying to kill the people in the OR because most of those in the OR who were infected were generals getting bypass operations, you see. So they thought that someone was trying to knock off some of the generals. Of course, that was never said out loud, but that was one of the reasons why they called the CDC in.

So the next morning, the commander of the base had called an all-hands at seven a.m., all-hands meeting of everybody in the hospital, many hundreds of people in uniform, and I was sitting in

the back of the room by myself, probably the only one not in uniform. And the general said, “I’m telling you how serious this problem is. I’ve closed the OR, and there’s not going to be any surgery until this is cleared up. So we’ve called the CDC in, and let me tell you how CDC works. We called them yesterday morning, and in the afternoon, their man was on the plane coming to here, and he’s here in the audience. Will he please stand up?”

[00:18:58]

Well, I decided not to stand up. I just thought, “I’m not going to humiliate him or myself,” you know, so I just sat there. He looks around, and I’m thinking, “Why didn’t they tell him it was a woman? Are they trying to—is this some—they should have told him, right, something. I’m not going to be part of this joke or whatever.”

So afterwards, he was introduced to me, he thanked me so much for coming, and his praise for CDC was great. So I start being introduced to people. They said, “How long have you been at CDC?”

“Oh, a while.” I said. I wasn’t going to say six weeks, you know, or whatever. Not only was I a woman, but I was a woman who was only at CDC for six weeks they’re sending to investigate this very difficult problem.

So I reviewed all of the information with Sarah, and she was great. She collected all this information. She was wonderful, and I stayed at her house, so that we could talk things at night and go through the data, and we just had a very good rapport. She was great. I mean, she was great infection control nurse. She knew more than all the doctors about what was going on.

[00:20:25]

So I reviewed all of the data, and then I told her about everyone seems to get infected when they go into this intensive care unit, and then the infection goes away when they're out of it, so it's happening in there. I sort of interviewed many people. Many thought it was the OR. They had this old OR, and they thought it was contaminated, maybe had some environmental contamination or something, and that it was happening in the OR.

So I talked to all these various people with various theories about what was going on, and then reviewing the data that Sarah had collected, I found that there was these transducers that are mechanical devices that translate information from the blood or wherever the attachment is, and then it puts it on the screen, the screen that shows you the blood pressure. So if they put it in an artery, there's a blood pressure there you put the connection into. They had cultured one of these transducers after it was taken off,

and it was positive for the organism. I said, “Well, is this a problem?”

So Sarah said, “Well, I thought it might be, and I talked to my boss.”

Now, this is a military organization, so they outrank her. Not to her boss, to the head of the ICU, and he said, “No, there’s no way that that could possibly have been, because nothing is flushed into the body from these transducers. There’s a long tube of saline solution that connects them, but there’s nothing flushed in there, so how would it get into the bloodstream?”

[00:22:42]

So I called CDC, I called my backup boss, and said, “Listen, this is what I found. What do you think?” There was no emails or cell phones then that you could easily connect, so getting a long-distance phone call, I had to wait till a certain time during the day and the military, so I could call CDC and say, “Hey, this is a problem.” I couldn’t email and say send me whatever.

So I called up my boss and he has a microbiologist on the phone who’s an expert in pseudomonas infection, so the three of us talk, and I told him. He said, “Of course they can. Pseudomonas can swim. They can swim down that tube. I don’t know how long it would take.” He was very exasperated. So he says, “Get those

transducers off the guy. If they have other infected transducers, you need to get them out.”

So I go back and tell Sarah this. And so we review what’s happening with these transducers. It turns out that they didn’t have enough of them, they had a shortage of these transducers, so that they’d reuse them, and they wouldn’t use what was called the recommended sterilizing, which took a long time. They essentially clean them by putting an iodine solution through the transducer and cleaning out several times. Iodine would kill the organism. Then they would clean them and reuse them without what was the recommended way of sterilizing a transducer.

[00:24:34]

So we asked, “Well, how long has this been going on?” Well, nobody was quite sure. So we said, “Listen, we looked at the transducers—.” And one of the transducers on one of the patients in the ICU was positive. I said, “You’ve got to get that transducer out.”

They said, “No, we can’t. We need transducers or this patient will die.” The patient was a guy who was in a motorcycle accident, and he had a crushed chest and collapsed lungs and he was unconscious. So he hadn’t been in the OR, so he couldn’t have been infected in the OR, so we knew he had to have been infected in the ICU—but there was this idea that somebody was

coming into the ICU and contaminating. They thought it was the blood supply. So Sarah tested the blood before and after and none of it was contaminated, so we could eliminate the blood. So somebody had to be injecting something if they were putting something in.

So we went through and I called the director of the ICU and told him what I thought, that they had to take it. He said, "No." He said, "There's no way those bacteria can get down [the tube and into the blood]." And I told him what CDC said. He said, "I can't. That patient will die if I take that out. I have to monitor him, because if his blood pressure drops, I have to know. There's a bell goes off, and we adjust his blood pressure and whatever we have to do. If this patient dies, it'll be your responsibility."

[00:26:34]

So I called back CDC. They said, "We think it's the transducer. Go to a higher authority."

So I say to Sarah, "I need to speak to someone else. Who do you suggest I speak to?"

Now, her boss was the head of the infectious diseases unit, and his boss was the general who ran the hospital. It was a military base, so he was the commander of the base. So Sarah tells them, and she comes back with the general and the infectious diseases doctor, and they call the ICU director and he comes down.

I tell my part of the story, he tells his part, and the commander commands him to take the transducers out, because he over-ranks him. And the ICU director looked at me and said, “If he dies, it’s your fault.”

So I didn’t sleep well that night. We went home, Sarah and I went home, and the next day we came in and the patient’s still the same way. He hasn’t died. Then the next day, the second day, his cultures were negative, so his blood was negative, and he started to awake. So then the next day, he was clear and he didn’t die, and he was getting better. There was no one else infected. All the other infected people had left the ICU and were in other parts of the hospital and were okay.

[00:28:32]

So then CDC called me and said—I called them and told them. They said, “It’s time to come home.” They said, “The general has called us and he said you were wonderful. He said you were a cross between Einstein and Wonder Woman,” and that he gave a glowing report of my performance. So that was very nice of that general to do that. You know, he understood the system, that he would tell *my* boss that I did a good job. He didn’t tell *me* that I did a good thing, but he told the important person that I did it, because I could tell anybody my story and who would say? So I thought that was great.

[00:29:19]

T.A. Rosolowski: Let me ask you two questions. The first question is what did you learn from that experience as a new officer?

[00:29:32]

Mary Guinan: Well, I learned that I could do it, and I would say this to other EIS officers. I said, “You’ll do it. We’re trained and you have backup, so you’ll know. People will help you. You’re not going to be out there by yourself having to make decisions.” So that was a very successful time for me, that first outbreak.

[00:30:02]

T.A. Rosolowski: What about working in that particular environment? I mean, did you learn anything about how to handle those situations?

[00:30:11]

Mary Guinan: Well, I sort of thought to myself, I thought what—people at the base, the medical officers, started calling me “the Spy Lady from CDC.” “The Spy Lady from CDC” was my name. I actually met somebody who I knew at UTMB there, and he told me that. He told, “They’re saying you’re a spy,” because they didn’t really know what’s going on. All they know is the operating room’s

closed. I mean, can you imagine a major hospital, they close the operating room?

So they opened the operating room and I went home. And Sarah was very happy. Sarah looked good because she was obviously the key person—so it was a very good outcome. And then I realized that, you know, I could do this. It was a logical thing, at least I had done this, and that the system worked. The system worked, I had all of the information I needed to help solve the epidemic, so I felt a lot of confidence. I developed confidence doing it, and I did a number of other outbreaks in different things around the country.

[00:31:35]

T.A. Rosolowski: Let me just pause this for a sec.

Chapter Eight

The Smallpox Eradication Program in Uttar Pradesh

In this chapter, Dr. Guinan goes into detail about her work on the smallpox eradication program (1974 – 1975). She explains that the CDC was using a new strategy of search and containment, rather than mass vaccination. She then describes how she and her team worked in India for four to five months, after which India was declared free of smallpox. “Imagine being part of this,” she says, and affirms that this was a “life changing experience.”

Next, Dr. Guinan discusses the current debate over what should be done with the remaining strains of smallpox that are under the control of Russia and the US. Dr. Guinan rejects the argument that smallpox can be effectively used for bioterrorism, and supports keeping strains.

Next she notes that she was one of a very few women who went into the field on CDC initiatives in the seventies. She tells a story about being offered an elephant to facilitate her travels around Uttar Pradesh, then talks about the culture shock she experienced in India.

[00:00:00]

T.A. Rosolowski: Okay, we’re back recording again. These are really—it’s interesting, I mean, you kind of go into that situation, you’re confronted with stuff you’ve never been confronted with before, the issue of being with the media and having the media make a mistake about your—

[00:00:26]

Mary Guinan: My expertise?

[00:00:27]

T.A. Rosolowski: —your expertise, and having had—and also just—

[00:00:29]

Mary Guinan: But that happened afterwards.

[00:00:30]

T.A. Rosolowski: No, I know. But it's just interesting how this particular work took you into these situations where you're confronted with all these situations that you never would have imagined being part of and really had no preparation for at the time.

[00:00:44]

Mary Guinan: Weren't in the textbooks.

[00:00:46]

T.A. Rosolowski: Yes, absolutely. So you had to really learn on the job in some pretty amazing situations. You know, I mean, I don't know if this is a relevant question, but it occurred to me, okay, it was great that the CDC was just going down the list and you were the next person in line, but I wonder if anyone said, "Should we send such a novice to the military the first time they're asking?" Whether it was male or female. "Should we be sending someone inexperienced there?"

[00:01:15]

Mary Guinan: Well, I don't know. I know they don't do it now. CDC now has a junior and a senior person. An EIS officer usually doesn't go by his or her self, but at that time, everybody did it. Every EIS officer did that, and so it wasn't like I was selected to do it. People said to me, "Was someone setting you up to fail?" I said, "No. It was my turn." I was happy to go. I mean, that was why I was there.

[00:01:46]

T.A. Rosolowski: Was it a relatively new program?

[00:01:48]

Mary Guinan: No. I think it was probably twenty years old, so it was—

[00:01:57]

T.A. Rosolowski: Okay, yeah. Well, who knows? Well, and, fortunately, you could finesse the situation and made the CDC look good and made yourself look good—

[00:02:03]

Mary Guinan: It worked.

[00:02:05]

T.A. Rosolowski: —and came out with a lot of confidence.

[00:02:07]

Mary Guinan: Mm-hmm.

[00:02:07]

T.A. Rosolowski: So that program lasted two years.

[00:02:10]

Mary Guinan: And during that time, I volunteered for the Smallpox Eradication Program.

[00:02:16]

T.A. Rosolowski: Okay, yes. And that, as I recall, was pretty interesting because you got experience with a new method of working with infectious diseases.

[00:02:25]

Mary Guinan: Right. Searching and containment it's called.

[00:02:27]

T.A. Rosolowski: So maybe talk about that a bit and how it influenced what you did later.

[00:02:31]

Mary Guinan: Well, the search and containment, the smallpox eradication, there had been mass vaccination of smallpox for twenty-five years in all of the world, and still there was smallpox there, because somebody was always missed. Somebody was always missed. So in Africa, Dr. Bill Foege, who was working the Smallpox Eradication Program in Africa, ran out of vaccine, and they developed this system for vaccinating people to just quarantine the cases of smallpox that they found and then put a ring of immunity around the person by immunizing everyone in a ten-mile radius. The whole idea was smallpox spreads from person to person. There's no environmental smallpox; it's only in people.

So it worked so well, this sort of search and containment, that it became the mode of operation instead of mass vaccination. So when they moved from Africa to India, they said, "Well, that's going to work in Africa, but it's not going to work in India," because India's got a billion people and Africa has these small towns and you can do this. But it was ongoing, and by the time that I got there, which was in 1975, '74, '75, India was one of five or six countries that still had smallpox, and it was one of the largest countries ever really where the Smallpox Eradication Program was working.

So that I was sent to Geneva for training, and then in Geneva you're trained of this whole method, the big difference between smallpox and chickenpox and how to recognize it and how to diagnose it. So you went through a whole week of training in which you went through this whole training program, and then you were assigned to someplace. And I was assigned to Uttar Pradesh, India.

[00:05:06]

T.A. Rosolowski: Now, you talk a lot about this experience in your book, so I don't know if you want to repeat that or maybe kind of summarize what were the big things you got from that.

[00:05:16]

Mary Guinan: Well, I mean, it was a great experience for me being in a third world country by myself. We had a Jeep and a driver and a paramedical assistant, who was essentially translator, cook, and all-around person. And what we would do to our assigned area, we'd go and show pictures of smallpox to the villagers and say, "Has anybody seen a case of this?" And if you found a case and we recognized it as smallpox, you would get ten rupees, so that was a lot of money then. Then you'd publicly give them money, so

you'd show the people this person got money because they found a case.

So we would go, and then we would isolate the patient, and then I had to hire vaccinators to vaccinate. I didn't have a map, so it was like trying to find out what a ten-mile radius was of this village was kind of hard to do. So we started just working around, going around from village to village around, hiring people to vaccinate.

[00:06:43]

So it was a fascinating program. Where I was in Uttar Pradesh, it was up near Nepal, was 99 percent illiteracy rate, and nobody had ever seen a foreign woman before, so I was always a subject of great interest to the villagers. They would look at me and they would want to talk to me. These were all mud huts. They lived in mud huts, and they would want me to come into their hut, but I couldn't understand what they said, but they wouldn't allow a man in there, so that I would go in and they would ask me where my babies were, and I'd try to communicate with them. So it was astounding to me, being in this area where there's absolutely no communication whatsoever. This is before cell phones or anything, and you're out there all by yourself doing things.

[00:07:52]

I had to pay all these vaccinators. WHO issued us like checks in rupees. They were like travelers checks, only they were in rupees, and you would go to the bank and cash them. Then I'd take this money back and have to pay, and very often large amounts of money. Each week I would pay. And we were always worried about robbers, you know. And Shafi, my paramedical assistant, really protected me, because he would say anytime it got dark—what would happen, the robbers would set up a roadblock and stop your Jeep and then rob you. So we had a WHO Jeep, was a Mahindra Mahindra Jeep, which is the Indian Jeep, Indian-made Jeep. But it had the “WHO,” the World Health Organization, on it. And Shafi told me that I had to cover myself, so I bought a shawl that I could cover my whole self. He told me that my skin was a giveaway, it was too light, and I had to cover the skin. And I sat in the back of Jeep, and if we came upon someone stopping, I would make sure that I was covered and wouldn't move, and kept my hands under the shawl so they let us go. I had all the money with me. I had various ways of hiding the money—I had pockets in my pants, but it was a lot of money.

[00:09:39]

T.A. Rosolowski: Now, you said this was really a great experience. What was it that made it so terrific for you?

[00:09:45]

Mary Guinan: That it was successful. I mean, can you imagine after a month after I returned to CDC from India—I was there for four or five months—the month after that, the Uttar Pradesh was declared free of smallpox. So you say, “Wow. It works. You can actually do that.” You can actually eliminate a disease from an area.

Then it started going down, and then within a year or two, the world was free of smallpox. Imagine being part of this? Many people who have been in the Smallpox Eradication Program, including me, found it a life-changing experience. It was so clear to me that I was going to work in public health and prevention rather than doing what I thought I was going to do, academic medicine. I said, “This is unbelievable, that you could be so effective.” It’s so effective. It was like, for me, intoxicating, saying, “You can actually do this? You can actually do this?” And you’re part of this program.

[00:11:06]

The Smallpoxers have a link. We have a LinkedIn or similar program where we often communicate with each other if somebody finds something, a story or something’s going on about smallpox, because there’s a big debate on whether to kill the smallpox virus right now. Only Russia and the United States have

laboratory specimens of smallpox, and since it's been eradicated, most people—many people say we should eliminate it in both. But there's a lack of trust. People think, well, maybe somebody really did steal some of that out of the laboratory in Russia, because it was in the area where the Chechen rebels were, and there were always rumors that they had smallpox and that people were working in the Soviet Union to find a species of smallpox that the vaccine was not essentially useful for, so we would have no protection. So if that smallpox specimen—which turned out to be all false, just like all those bioterrorist agents in Iraq or Iran.

People were telling these stories, and it probably wasn't true. So you really don't know what the truth was. I mean, *The New York Times* is writing about it, and I was working at CDC and I'd see these stories in the paper, and I'd say, "How do they know about it and we don't know about it?"

So some spy who had defected to the United States spoke to these people and told them all this stuff, and they all believed it, and we still don't know the truth about all of this. So it is of concern that this agent might not be only—I doubt it's true, but it could be. So they said, well, if we eliminate it and then somebody sort of starts an outbreak of it.

[00:13:40]

T.A. Rosolowski: Interesting.

[00:13:42]

Mary Guinan: But I think that it's not a very good agent, bioterrorist agent, smallpox, because it's spread from person to person, it's not spread in the air, so you have to have very close contact. So the flu is probably one of the *best* bioterrorist agents. You could get a flu strain that kills people, but how are you going to protect yourself if you release that into the world? Then you have to have a vaccine against that flu specimen.

And that's one of the concerns about all this research in flu, that somehow if you publish it in journals, people will know how to make these dangerous flu specimens that can go around the world in twenty-four hours, you know, like it did in 1918 and 1919, killed fifteen million people; that's an estimate. It actually probably started in Fort Riley, Kansas, and that was where it was first detected. But because the war was on, they were forbidden to talk about anything in the military that might show weakness. Spain was neutral during the war, and they first described this new flu which was killing people, and so they started calling it the Spanish flu, because it was the first public report—but the tracking that was done by a number of investigators and historians say it started in Fort Riley, Kansas.

Mary Guinan

[00:15:28]

Anyway, people would be exposed to it and would develop a disease so profound that they'd be dead in twenty-four to forty-eight hours. It was incredible, the death rates. So it's something to be feared and still is something to be feared, and that's why every year we have a new flu vaccine because there's always new strains of flu. We try to immunize people, and people are pretty—well, I would say there isn't certainly 100 percent of people who get flu shots. Many people refuse to get them for lots of reasons. So you're thinking about this.

But we know so much about the virus now, and we know about smallpox virus, so we know its genetic material, we know it's been done, all these things have been done on the smallpox so that I don't think it should be kept there. I mean, there are problems that they escape from labs and people in labs can get infected, so I think that I'd be on the side of destroying those at CDC and in Russia. But WHO just recently voted no, that they're waiting another few years to do whatever, and there are people who are on the opposing side.

[00:17:04]

T.A. Rosolowski: Let me ask you. Your role in Uttar Pradesh, it was so successful. What did successes like that do for your own career at the CDC?

[00:17:18]

Mary Guinan: Well, I was one of the few women who went into the field at CDC, the Smallpox Eradication Program in India. So that when I came back, people wanted to interview me, so I gave TV interviews, and there are clips of them available, which are in the smallpox history. So people saw me as somebody who could do it. In other words, it gave me confidence, but I was there as part of this multi-million-people team. I mean, the whole world was involved, so you're not, you know, a big honcho. You're one little cog in the wheel that does it. And if I can do it, then I did my part. Not like I did anything so fantastic, except for the elephant. I had problems trying to cross rivers in India. The rivers were too deep, the Jeep couldn't get across them, and we had to get this circle of immunity around these villages. And I used to try—some boat people would come by, we'd try to rent the boat and have them take us across, and then we'd never get back. Or there were camels, and we'd ask the camel drivers, and I would get on the camel. The camel would be nasty—the camel would turn around, always turn around to the left side and bite my left arm, or spit or try to push you off.

[00:19:09]

So we had this problem, and I was really worried that smallpox is spreading in these other villages, and here I am, you

Mary Guinan

know, at the side of the river and I can't get there. There were three, actually, streams of the river in three different areas that I had to cross. So one day while we were in this village, I see from the distance this Mercedes, a black Mercedes coming down. I didn't recognize it a Mercedes until it arrived, but it came down in a swirl of dust, covered with dust,. It came down, and this young man jumps out, speaks in perfect English, "What are you doing here?"

And I told him, and he said, "Oh, I understand you've been having a problem getting across the river."

So I said, "Yes, yes."

He said, "Well, I'm going to give you a present of an elephant."

Well, at the time I didn't really know what an elephant could do or whether I could accept it or whether it would be useful to me, and so I was trying to say gently, "Well, thank you, but I don't think I could—."

And he says, "And here it is now," and he points. And here I see in the distance this elephant coming. He said, "I drive too fast. The elephant can't keep up with me." [laughs]

[00:20:34]

So the present is coming down the road with a driver, which is the elephant driver, called the mahout, and he's in beautiful

white robes and a white turban. The elephant comes up, and they were very anxious to show me the elephant could swim.

So we go to the river, and I get on the—Indian elephants are about nine feet high or so, at the back, and I'm sure they measure them in hands. And then they had this hemp saddle, and there was a hemp ladder that you had to climb up to get up there. It wasn't easy, so it wasn't like I was the most graceful mount, but I got up on the elephant.

They were explaining to me that if water went over the elephant's back, the elephant would pick me up in its trunk and keep me dry. I said, oh, no, I wasn't going to do that. So we had a great deal of discussion in Hindi and English and Urdu, making sure everybody understands that's not what I was going to do. I just couldn't really picture myself doing that.

Anyway, we all agree on it, get into the water, and the elephant just swims across. It was just incredible. And the water came up over his back, and, sure enough, he picks up the mahout, not me, but the driver, and holds him so he doesn't get wet. I said, "It's okay if I get wet. No problem."

Then we'd be on the other side, so then we could use the elephant to go to the next village, so we didn't even have to need a Jeep, because otherwise we would have had a trek to the village. It

might be three or four miles and carrying all our stuff and then
how are we going to get back, so—

[00:22:32]

T.A. Rosolowski: Did you find out the name of the elephant?

[00:22:35]

Mary Guinan: No, it was just called Elephant. “Elephant here, Madam.” He
called me Madam. My paramedical assistant called me Madam.

[00:22:44]

T.A. Rosolowski: That’s funny.

[00:22:45]

Mary Guinan: And he’d say, “Elephant here, Madam.”

[00:22:48]

T.A. Rosolowski: Interesting.

[00:22:49]

Mary Guinan: So that was the name.

[00:22:50]

T.A. Rosolowski: Did you find it was in some ways an advantage being a novelty, a foreign woman in those areas?

[00:22:57]

Mary Guinan: I imagine that they might be more interested in cooperating if they thought I was a friendly person. It's possible, but I can't really know that.

After I was there for several months, many babies had been born, I found out. Like when we went to villages, we would take a census first to find out who was in the village, because people would hide if they thought they might not want to get vaccinated. So we would take a census first, and the next day we'd vaccinate. Then we'd search for everyone in the house, and we'd take the names of everybody in the house. I found out that two or three of babies were named America. [laughs]

[00:23:43]

T.A. Rosolowski: That's cute.

[00:23:45]

Mary Guinan: "She's from America.

[00:23:46]

T.A. Rosolowski: Did you find that they had a concept of what was being done? Did they understand what vaccination was?

[00:23:55]

Mary Guinan: I'm not sure, since I never really could communicate directly with them, but how it worked was that if you convinced the village elder of the safety and the need for the smallpox vaccination, he would agree that his village could be vaccinated. So you had to more or less sit down, have tea with the village elder, and since I couldn't speak, I just—my paramedical assistant and others, vaccinators that we had with us, would speak and then he would say yea or nay. If they said nay, we would say, "Well, how can we convince you?" and whatever.

[00:24:43]

T.A. Rosolowski: And what was required in those situations sometimes?

[00:24:45]

Mary Guinan: Well, it's usually just another sitting down with tea and making sure that I wasn't somebody who was trying to harm them in some way.

[00:24:54]

T.A. Rosolowski: Because I have known from other people that those intercultural issues with medicine can be really challenging sometimes.

[00:25:03]

Mary Guinan: Oh, yes. Oh, yes. You're in a new culture and it's so unbelievably different. You have this culture shock which stays with you for a while, and then you all of a sudden are blending into the—they're getting used to you hanging around and they're seeing you around in this thing, so that you're no longer seen as a threat.

[00:25:34]

T.A. Rosolowski: Was it difficult for you to be away from the U.S. for so long? I mean, that's such a different culture.

[00:25:39]

Mary Guinan: No. I loved the whole process. It was so exciting. I mean, every month we would have a meeting in Lucknow, which is the capital of Uttar Pradesh, and Dr. Bill Foege, who was the head of the Smallpox Eradication Program in India, would travel up by train to Lucknow, and all of the epidemiologists who were working came to the meeting and explained what was happening in their area, so all of Uttar Pradesh, what was happening there. There was only one other state that had smallpox, which was Bihar. He'd go to

Bihar. So there was sort of a competition on who was going to get there first, to be smallpox-free. Uttar Pradesh won, but Bihar had much more of a problem than we had, so it wasn't for lack of work.

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So we would know what was happening, and they'd say how many epidemics there are, and he'd have this slide and he'd show the smallpox cases were coming down and coming down and coming down, and each month we'd be there, he'd say, "It's working." Despite all the problems we had and trying to get our stuff done, it was pretty amazing. So we were psyched.

I had a good friend there, a fellow EIS officer, Walt Orenstein, who was also from New York, and we had this great talk. We'd always see each other once a month, and we'd be talking to each other how nobody understood our humor, the New York humor. We talked about the word "stuff." We'd never realized how much we used this word. We'd say, "Where's the stuff?"

And my paramedical assistant would look at me and say, "What is this stuff you talk about, Madam?"

I say, "Oh, the vaccine." Or if it was something else, I'd say, "And where's the stuff?" I used it so much, and we would just die laughing during these monthly—we'd just have so much fun

talking about the stories and what “stuff” meant. They’d still ask me, “What is this stuff, Madam?” They thought I was maybe not telling them something, and kept asking me about it.

I’d say, “It means things. It means things. ‘Stuff’ means things.” I had no idea how often I used that, but it became very obvious to me that I was, and it was ingrained in me. I couldn’t stop saying it. I’d say, “I’m sorry. Things, things, where are the things? Where are the things?”

Chapter Nine

Recruited to the CDC's STD Division and Work on AIDS

In this chapter, Dr. Guinan sketches the beginnings of her work on sexually transmitted diseases. (She notes that she had already come to be known as “Dr. Herpes.”) She explains that the CDC recruited her to the STD Division in 1978. She talks about conducting the first case control study of gay men with and without AIDS, documenting that the disease was sexually transmitted.

Next, Dr. Guinan offers current statistics on AIDS, treatments available, and the WHO's goal of eradicating the disease by 2030.

[00:28:35]

T.A. Rosolowski: That's funny. Tell me about—I mean, there were a number of other experiences that you had, working with Kaposi sarcoma, working in the Sexually Transmitted Diseases Division. How do you want to—I'm asking you for a little direction now. What makes sense now to kind of tell the story of how you moved through the CDC and kind of up in the ranks of the CDC?

[00:29:04]

Mary Guinan: Well, I actually left CDC after my two-year assignment as an EIS officer and went to Salt Lake City to do training in infectious diseases and to study more virology. I got interested in smallpox as a virus, so I did my infectious diseases training. As I explained in the book, I was interested in herpes viruses and I studied herpes

viruses, and people thought that I was an expert in genital herpes infection, and so I eventually became one.

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T.A. Rosolowski: Just for the record, this was the Infectious Diseases Fellowship at the University of Utah School of Medicine.

[00:29:48]

Mary Guinan: Right.

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T.A. Rosolowski: And the years there were—

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Mary Guinan: Seventy-six to '78.

[00:29:53]

T.A. Rosolowski: Seventy-six to '78. Okay. So that, obviously, was another career changer there.

[00:30:00]

Mary Guinan: Mm-hmm. So then I became “Dr. Herpes” when I was in Utah.

[00:30:09]

T.A. Rosolowski: People called you that? [laughs]

[00:30:10]

Mary Guinan: That's the name of one of the chapters in the book.

[00:30:15]

T.A. Rosolowski: I'd forgotten that.

[00:30:17]

Mary Guinan: Dr. Herpes.

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T.A. Rosolowski: There we go.

[00:30:18]

Mary Guinan: Because I was the expert, and CDC recruited me back to the Sexually Transmitted Diseases Division as their herpes expert, so I became this expert. And then while I was in the Sexually Transmitted Diseases Division, the emerging AIDS epidemic occurred, and I became part of the task force that investigated the first cases of AIDS and worked on that for a long time.

[00:30:45]

T.A. Rosolowski: Okay. So '78 to '86, you were part of the Sexually Transmitted Diseases Division, and so your work on Kaposi sarcoma and AIDS was part of that.

[00:30:58]

Mary Guinan: Right.

[00:30:59]

T.A. Rosolowski: So do you want to tell me about that chunk of years? I mean, what kind of impact do you feel you had?

[00:31:07]

Mary Guinan: I'm not sure I had a lot of impact, because there was such an outpouring of hatred against gays and those who had AIDS. Eventually, the virus that causes AIDS was discovered, that was in 1983.

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We did a case control study, the first case control study between gay men with AIDS and gay men who didn't have AIDS, to find out what the differences were. I think I described that first investigation in the book. So the results of those studies showed a statistically significant difference between the number of sex

partners that the patients with AIDS had compared to those that didn't have AIDS. These are both gay men, you see. So it was clear to us that the disease could be sexually transmitted. That was our assumption, and that was before the virus was discovered, so we couldn't really test that.

But then we started to do investigations on other things, and within two years we knew it could be transmitted through intravenous drug use, through a needle stick, through blood and blood products, and hit the hemophilia community, and it could be mother-to-child transmission and also breast-milk transmission. So all these were discovered, and they're very, very similar to the epidemiology of Hepatitis-B virus, so we were pretty sure it was a virus, because we'd tested for every bacteria we could do, and we thought it was a new virus because we'd tested for so many viruses, and it wasn't any of those.

People who understood the immune defect that was found in AIDS patients, their immune system was broken down, and immunologists thought that it was probably a retrovirus, because that's what retroviruses could do in animals, like feline leukemia virus. That's a retrovirus.

[00:34:01]

So now the search is on for the virus, because, I mean, I thought at the time that as soon as we found the virus, we would

develop a vaccine within a year and we would have the epidemic under control. Well, how wrong I was. Now, thirty-five or so years later, here we are. We have five thousand new cases a day of HIV infection, most of them, two-thirds of them are in Sub-Saharan Africa, and the majority are in women. It's a heterosexual disease in Africa. And we don't have a vaccine and we don't have a cure, so it's really very difficult to control this epidemic. It's out of control. We have fifty thousand new cases every year in the United States. Why? We know how to prevent it. It's because we don't understand people's behavior or how we can help them change their behavior, and as much as it's talked about, there's a stigma still associated with the virus that people refuse to get tested.

We have the ability right now—and this is the new strategy that the WHO and CDC have announced last year—they're going to try to eliminate HIV from the planet by the year 2030, even without the vaccine or a cure. But we do have a treatment, and the treatment is this cocktail of different drugs that keeps the virus intact. What it does, it reduces the activity of the virus and it reduces the viral load in a person so that it becomes undetectable so they will not transmit disease.

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So you can find everybody in the world who's HIV-positive and put them on this drug, these drugs, and stay on them, there's no environmental HIV, it's all from person-to-person, so there's no other route of infection, so it would work. But one of the reasons that people don't get tested is because of the stigma. So it's unlikely we're going to do that very quickly, but that's the plan now.

There's also a day drug for people who are at high risk for getting the disease, like very sexually active gay men in the United States. It's a drug called Truvada. If you take it every day and you have sex with someone with HIV, you're unlikely to get it because this prevents the acquisition of the virus. So it's been tested in Los Angeles and found to be quite effective, but it's expensive, and people say, "Why should we do that? You're encouraging people to have sex without condoms or without protection." But, of course, it's saving lives. It's much more expensive to have an infected person than to pay to keep them uninfected, but it's not a very convincing story to the public.

[00:37:42]

T.A. Rosolowski: Well, and it's also a kind of odd thing to say when there's still not entire comfort with marketing condoms to people as part of—I mean, giving young people condoms, oh, or even telling them

about condoms as something that will protect them. “Oh, you’re encouraging them to have sex.”

[00:38:02]

Mary Guinan: Well, condoms aren’t really effective —condoms break, so it’s a real big problem. What are you going to do if it breaks?—

[00:38:16]

T.A. Rosolowski: Or if it isn’t used properly.

[00:38:17]

Mary Guinan: Or if it isn’t used properly or if somebody’s had a few drinks or some drugs, and they just don’t use it—

[00:38:24]

T.A. Rosolowski: They don’t do it, yeah, absolutely.

[00:38:26]

Mary Guinan: —because they lose their commitment to protection, well, the risks seem unlikely. It reduces the fear of risk, you know.

[00:38:37]

T.A. Rosolowski: Right, right. I mean, it's a very—we were talking earlier about the stigma that women have and the difficulty in North American culture and maybe in Western culture in talking about sex and sexuality and giving people a sense of responsibility over their own biological sexual health destinies. I mean, it's still very real that people are uncomfortable stepping up to that and talking about it and doing it. It's a cultural problem.

[00:39:11]

Mary Guinan: So we have an epidemic out of control, and I think it's a brave and important commitment that WHO and CDC have committed to, and I think it has the support of the nonprofit organizations that work in areas, such as the Gates Foundation and many others. So, hopefully, there will be this prevention program—but there is so much that we don't understand about people's behavior and how we can help them prevent the disease. So it's like if you could have a vaccine, it would be like a mechanical just stop it, whereas people didn't have to think about anything, they have the vaccine, so they're protected—but the virus mutates a great deal, and that's why we don't have the vaccine. The vaccines eventually will become ineffective because the virus keeps mutating.

[00:40:27]

T.A. Rosolowski: Interesting. I didn't realize that.

Chapter Ten

Admiration for Nobel Prize Winner, Françoise Barré-Sinoussi

Dr. Guinan begins this chapter by explaining how difficult it was to identify the AIDS virus as it was constantly mutating. She then talks about the work of Françoise Barré-Sinoussi, who performed some of the fundamental work in the identification of the HIV virus as the cause of AIDS. (Dr. Guinan interviewed Dr. Barré-Sinoussi in 2012.) Dr. Guinan sketches Dr. Barré-Sinoussi's research and activist contributions to the AIDS movement, including her open letter to Pope Benedict.

[00:40:29]

Mary Guinan: So it's important. In fact, that was how the true discover of the AIDS virus was finally identified, when in 1983 Françoise Barré-Sinoussi, who was at the Institute Pasteur in Paris, published an article in *Science* saying they had identified a virus that might be the cause of AIDS from a lymph node of an AIDS patient in Paris.

And then an NIH doctor, Dr. Robert Gallo, announced that he had found the virus, and so what happened was Bob Gallo, with his virus, got a patent for the test, for the HIV test, from the U.S. government, and they claimed that this was their property, and they got all the royalties for the patent, the NIH, the National Institutes for Health, and Bob Gallo.

And the French sued, and for years and years this went back and forth about who really discovered the AIDS virus, and it turned out that over these years from 1983 until, oh, I guess, it was in 2000, it was discovered that every virus seemed to be unique. Each person, it mutated so much so that when they did the genetic

Mary Guinan

sequencing of the virus, they found that they could track the virus back to the patient. So the French insisted on having the virus that was submitted as the patent virus, they insisted on that genetic sequence, and it was traced back to a patient that Dr. Françoise Barré-Sinoussi got the specimen from. So in 2008, she received the Nobel Prize in Medicine for discovering the AIDS virus. So it was the virus that pointed who was the true discoverer.

[00:42:56]

T.A. Rosolowski: Oh, how interesting.

[00:42:57]

Mary Guinan: Isn't that interesting?

[00:42:57]

T.A. Rosolowski: That is interesting. Wow.

[00:43:00]

Mary Guinan: Yeah. And I interviewed her. All this fighting back and forth, the senior person at the Institute Pasteur, her boss, was Luc Montagnier, and Luc Montagnier led the fight for the French against Gallo. So the two of them were sparring constantly, and there were many, many newspaper stories about all this.

[00:43:30]

We knew at CDC that the French had discovered it, because we had been working with them. We couldn't say anything, weren't allowed to say anything about it, but I think that you never heard anything about Françoise. She's the first author on the study, so you know what that means. That's the person who did the work. There are ten authors, maybe, and she's the first. So all you hear about is Luc Montagnier and Bob Gallo, and they're going to get the Nobel Prize for this whatever, and you never heard once about Françoise. No one's heard of her even though she was the one. But I knew her because she was part of the French team—we'd go to AIDS meetings each year, and there was an international AIDS meeting every other year or so, and we would meet. I mean, I knew her, not well, but knew her.

[00:44:32]

So when I retired in 2012, I wrote to her and asked her if I could interview her about the situation, and she graciously accepted. I went with my sister to interview her. My sister speaks French better than I do. I didn't know whether there would be a problem, but there wasn't a problem. Françoise speaks English beautifully.

So I interviewed her.” She had received the Nobel Prize in 2008, and I interviewed her in 2012. I said, “How did you keep so quiet, and why were you under the radar all the time?”

[00:45:18]

And she said, “Well, in the early days of AIDS when they first discovered the virus in 1983, they had a collaborative.” She said, “I was a laboratorian, I’m not a physician, and I never see patients.” But during those early years, they would bring the clinicians—every month they’d have a meeting with the clinicians, and the clinicians often brought patients so that everybody would understand what was going on. Then after they did their publication and the ensuing fight, at one meeting a patient said to them, “You don’t care about us. All you care about is who’s going to get credit for discovering the virus. You don’t care about what’s happening to us. We’re dying.”

[00:46:07]

And she said that changed her life. She dedicated herself to advancing the cause, doing all sorts of more research, trying to implement prevention in francophone countries in Asia and Africa. She became head of the international AIDS organization, and she told me that she was proud to call herself an activist.

In fact, when I interviewed her, I said, “Did you know that you were on the list to get the Nobel Prize?”

[00:46:47]

She said, “I had no idea.” This is twenty-five years later, okay, after she discovers the virus. And she said, “In fact, I was in Cambodia, and the Nobel Committee couldn’t contact me, and I was at a meeting and I got this call from a friend of mine, and she was crying. She was saying things, and she said something about the Nobel Prize.” But she said, “Listen, I’m really busy. I’m at a meeting, so I’ll call you back.”

And all the other people at the meeting, all her colleagues were getting calls, and they said, “Françoise, something’s happening.” So she finally contacted someone, and the Nobel Committee found her in Cambodia and told her, and she celebrated that night at the French Embassy in Cambodia and then went home to a great reception.

[00:47:45]

And also what she did was she called out the Pope for talking about condoms not working. That was Pope Benedict. He was on his first flight to Africa and he had a press conference, all the press people who were on the plane, and he said, “Condoms don’t work, they make things worse, and so people shouldn’t be using condoms.”

[00:48:09]

So she called out the Pope. She wrote an open letter to the Pope, saying, “You should know better. You have all these people who can help you to get the truth, and that’s not the truth, what you said. You know how loud your voice is on the African continent, what an influence it is, and the harm you can do with this incorrect knowledge?”

And I asked her, I said, “How did you have the guts to do that?” I mean, I don’t know if I would have it, because there’s no criticizing the Pope, you could be *shot* for doing such a thing.

And she said, “I had to do it. I was the head of this organization, and I just had to do it.”

[00:48:53]

I said, ‘Did he ever answer you?’

She said “No,” very sadly, he had never answered her.

But can you imagine doing that? After she got the Nobel Prize, she did that, so she had a voice, a loud voice, so it was really wonderful. So I feel that’s another story that wasn’t included in my book.

[00:49:20]

T.A. Rosolowski: It’s an amazing story.

[00:49:21]

Mary Guinan: Mm-hmm.

[00:49:21]

T.A. Rosolowski: Yeah. Another woman with a lot of influence, and the importance of having the right kind of credibility.

[00:49:30]

Mary Guinan: She was a junior scientist. Gallo was a big scientist, very highly regarded, had all the resources of NIH behind him. She's in this small agency that gets funded by donations in Paris and some government money, but it's not like NIH, which is completely funded by the U.S. Government—

[00:49:59]

T.A. Rosolowski: Every once in a while things do turn out right.

[00:50:00]

Mary Guinan: Yeah. It's a great, good story.

[00:50:03]

T.A. Rosolowski: It is a good story. It's a very good story.

[00:50:05]

Mary Guinan: I'm hoping to get the story published soon. My co-author thinks we should start on volume two because I have a number of stories that weren't included.

[00:50:20]

T.A. Rosolowski: Do you want to take a little break or regroup?

[00:50:26]

Mary Guinan: I'm okay.

[00:50:27]

T.A. Rosolowski: You're okay? All right.

[00:50:28]

Mary Guinan: Are you okay?

[00:50:29]

T.A. Rosolowski: Maybe *I* should take just a little quick break.

[00:50:30]

Mary Guinan: Okay.

Chapter Eleven

A Team Focus at the CDC and Programs Directed at AIDS

Dr. Guinan first talks about the culture of team work at the CDC. She then explains the importance of the MMWR (the CDC's newsletter, the Morbidity and Mortality Weekly Report) and describes how she was able to get the first report on five cases of a new virus (AIDS) into the newsletter in June of 1981.

Dr. Guinan explained how the STD Division was alerted that “something terrible was going on.” She talks about cultural attitudes toward the disease and the difficulties funding work on AIDS after budget cuts during the Reagan administration. She tells stories of working seeing AIDS patients while working in clinic one day a week. She empathetically describes these patient’s “terrible physical and social condition” where there was no treatment—a situation that “went on for fourteen years.” She explains the importance of AIDS activists and the impact of the drug cocktails that became available in 1995.

[Begin file 5; 00:00:00]

T.A. Rosolowski: All right, we're recording again. We had just a little break. We started to talk about how you always worked as part of a team, and the thing that immediately occurs to me is that if you had stayed as an academic, you would have operated much more autonomously, but you elected to work in a situation in which you would be part of the team.

[00:00:21]

Mary Guinan: Yes, and certainly on individual studies you did your own, but when the AIDS epidemic emerged and we started to recognize it, we were in the STD Division, we used to get calls from physicians

saying, “I have a gay man who’s very sick and is in the ICU. Is there something new going around that I should know about?”

We said, “No, no,” but we would make notes of it, then we’d discuss it, saying, “I’m getting these calls. Are you?” So we knew something was going on.

Then, finally, Dr. Gottlieb, Michael Gottlieb from Los Angeles, UCLA, sent us a manuscript that said there were five cases of this new disease in gay men, and that he wanted us to publish it in the newsletter of the CDC, which is called the *MMWR*. The newsletter goes out every week to the public health community and it goes to the media, on Wednesday, so on Thursday you usually see in the paper what CDC is saying about whatever, is there an outbreak in something and where the flu is or where the Zika virus is or whatever. So it’s information for the public health community and everyone to know that something is going on. That’s surveillance. That’s the surveillance data analyzed and then brought to the people in a way they can understand what they can do to prevent it. That’s what the CDC does with their information. They’re constantly providing education on what’s going on and what needs to be done to prevent whatever the condition is, whether it be poisoning, like lead poisoning, or an infectious disease or fires in various places or contaminated something or other.

[00:02:26]

So I think that when that hit, that came to CDC, there was really no place it fit because there was no such disease, and in order to put that into the *MMWR*, somebody from CDC had to say, “Yes, this is important.” So because those five men who were in Dr. Gottlieb’s article had also had herpes virus infection, which was cytomegalovirus, so they had a herpes virus infection, I was the herpes expert, I was “Dr. Herpes” at the time, so they asked me if I would shepherd it through the system and that for the publication.

[00:03:20]

So that’s how I first became involved—and then shared that with the rest of our group, and we knew something big was happening, that five cases in one place was published in June of 1981, and it was called pneumocystis pneumonia, Los Angeles, with no indication they were gay men. So this disease, pneumocystis pneumonia, usually occurs in people who have immunosuppression for some reason. They have a disease like cancer that cuts their immune system. And it just described that these five men have never had any history of disease before, but their immune system has been compromised, but nobody knows why.

So that was published in June of 1981, and we were just inundated with phone calls from around the nation, from doctors saying, “I have patients. I have these patients. I have patients,” mostly from cities like New York and San Francisco, from California, from L.A.

So we started collecting these things. So immediately the head of CDC formed a task force. In other words, we had to sort of—we knew something terrible was going on because two of the patients had died, the [unclear] patients. So a sexually transmitted disease could kill you. That was like something biblical, like, “Well, they deserved it. They were being punished by God.” And that became something that I think the response of the United States was very much in this religious mode, that these people are doing bad things and they deserve what they get, and we shouldn’t be spending the government money on it.

[00:05:31]

And Reagan was president, he had been elected, his whole platform included decreasing the amount of money, the amount of the budget of Health and Human Services, which is what CDC is part of. So we got no funding for years for AIDS, no funding, which was terrible. We’re really limited, too, because what we had to do was go out and investigate it. Can women get it? Every time we had a woman possible, I went and tried to investigate. Very

often they died before we could get there. In other words, is it just in gay men? We found drug users with the disease. I interviewed a number of the drug users too. —

[00:06:22]

T.A. Rosolowski: So I hate to ask such a pragmatic question, but if you were getting no funding, so how did you work these investigations? Were they umbrellaed under other projects or—

[00:06:33]

Mary Guinan: What they did was the head of the STD Division at that time, Paul Wiesner, W-i-e-s-n-e-r, understood what was going on. He heard from us that something terrible was going on, and so he somehow used the money for the Sexually Transmitted Diseases Division to—but that meant that the rest of the things were neglected. Do you see what I mean? So that you're taking money from syphilis and gonorrhea and chlamydia and herpes and other things to fund AIDS, and very often we didn't have the money. We couldn't go out and do this. The director of the task force, Jim Curran, he would be finding ways to do that, finding ways to get it done.

So there was not a lot of sympathy about this, and the whole atmosphere was complicated by many of the religious groups coming out, Catholics and Mormons and evangelicals, about “This

is something God has done, these are people doing bad things,” and there was very little sympathy, which was so horrible to have to deal with it.

I used to work in a clinic one day a week as part of my research. I used to do research in the clinic, and as part of that, I volunteered a day and I would work. And soon we started seeing patients, AIDS patients, and there was very little we could do for them, and it was so terrible. The stories I tell in the book of five different men who I had contact with, they'd come in, and their families had disowned them, their partners had left them, they'd lost their jobs. Patients with Kaposi sarcoma, you could see the lesions on them. They'd become almost like lepers, you know. You couldn't go near them. Nobody wanted to touch you. And these are the patients, and there's nothing we could do for them, for their immune defect. And they were developing all these diseases and infections and painful, horrible things, wasting syndrome, where they would look like skeletons, practically, because they couldn't eat. So this painful time, we could do very little for them. We did the best we could. Dr. Wiesner became the head of the Dekalb clinic later on—

[00:09:51]

T.A. Rosolowski: What clinic is this?

[00:09:52]

Mary Guinan: I worked in the DeKalb County --in Georgia-- Clinic. This clinic, people would come, but we had no treatment for them. We would try to treat their infections or what they had, but very often the antibiotics didn't work because their immune system wasn't working, so they were suffering. They couldn't eat, and they would have terrible diarrhea and pain, unrelenting pain. So for years this went on, everyone died, all of the patients died, because by the time they had this pneumocystis pneumonia, their immune system was pretty much gone. So maybe the average lifespan after AIDS diagnosis was about two years. So we would see people, and maybe some would live more than that, but the average was two years.

[00:10:57]

So for fourteen years, that's the way it was. There was no treatment, no vaccine, and this terrible disease—so that's when the AIDS activists became involved, fortunately, because if they had not, I don't know what really would have happened with the government. They demanded to be heard. They demanded that tests be done, that they be part of these tests, and that it be given a priority by the National Institutes of Health, and for the Food and Drug Administration to have—trials of drugs, and that the AIDS

Mary Guinan

patients be included in the trials. They could perhaps shorten the period for these trials because of the critical epidemic. The NIH operates very slowly in these studies because they're very careful and they go according to protocol. Well, they had no budget for this either, so how to develop a protocol for studying the virus and trying to treat people for the disease and get them into treatment trials.

[00:12:17]

So it took almost fourteen years, and in 1995, the treatment, was a cocktail, a mixture of various drugs, was found to be very effective in decreasing the symptoms of AIDS and in lowering the virus load in the blood. In other words, how you see if it's working is if the amount of virus in the blood, which is called the viral load, is decreased, and this cocktail could decrease it to non-detectable, in other words, so you can't detect it, and presumably, the patient is not infectious then.

[00:13:00]

So this came in 1995, so fourteen years. Fourteen years we were there without anything, people kept dying, and then all of a sudden this miracle happened where people were going back to school, back to work, and they were coming to the clinic, and people were happy. It was like you couldn't believe it. It was like,

you know, that movie, but the reverse of it, where people were tried on a new drug. Oh, I can't remember the name of the movie.

Anyway, it was a wonderful thing to see, and to see really what happened as a result of the activists. It essentially was the beginning of the civil rights—not the beginning, but it gave that push to the Civil Rights Movement for gays that resulted in what we have today, which is same-sex marriage. Who would ever even conceived of that happening in those years?

Chapter Twelve

Self-Confidence, Attitudes Toward STD Physicians, and the Enduring Pain of AIDS

Dr. Guinan begins this chapter sharing her own reactions to patients experiencing STDs. She provides a portrait of attitudes surrounding STDs at the time: she talks about assumptions that MDs who worked on STDs couldn't get work in any other specialty. She talks about attitudes about AIDS patients and the impact Princess Diana had when she held an AIDS child.

Dr. Guinan notes that she published the first article on AIDS in women (and discusses assumptions about women and AIDS at the time). She observes how many women contributed to making changes that have led to improvements in AIDS.

[00:14:09]

Mary Guinan: When I was in Ireland recently, I thanked Ireland for voting for same-sex marriage, the only country in the world where the citizens have voted for same-sex marriage. And in the audience, when I said, "Thank you, Ireland, for voting for same-sex marriage," I got a standing ovation for saying that, and told them, "You shamed the United States and New York into allowing gays in the St. Patrick's Day parade—." The St. Patrick's Day Parade in New York City is the oldest St. Patrick's Day Parade in the world. It started in 1898, and it's the largest, and it's very important. The mayor goes, all the civic groups,—I mean it goes on for hours and hours. And they refused to allow gays, or gay units to march in the parade, as if there were no gays in Ireland, you know. So that the mayor last year, Bill DeBlassio, refused to march in the parade because lesbians and gays were excluded.

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So this year, the group that sponsored the parade, Ancient Order of Hibernians, were told, “Listen, Ireland voted for it. Are you going to do it?” So they shamed them into allowing gays in the parade.

[00:15:40]

T.A. Rosolowski: You know, I was surprised when I read that Ireland had voted for same-sex marriage just because of the deep Catholicism in the country. So, you know, tell me about that. How does that—because I was going to ask you as well. I mean, you went to Catholic school. I mean, obviously you come from Catholicism in your background but have quite a liberal attitude. So how does that make sense? What is that about?

[00:16:07]

Mary Guinan: Well, it made sense. The young people don’t have that hatred of gays. They said, “So what if he’s gay?” And I think it’s true in our country too. It’s the young people who say, “What’s the big problem? Who is same-sex marriage hurting? Who is going to be hurt? Who?”

“Oh, it’s tradition.” It’s since the years—since the Bible. Say, “Who is going to be hurt by this?” And the young people convinced the elders. I talked to a number of people in Ireland

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who told me, no, their grandmother voted for it, because, they said, “You know, Grandma, so-and-so is gay. He’s our cousin. Would you deny him this?”

And Grandma said, “Oh, don’t worry. I’m voting for it. I’m voting yes.”

And sixty-two percent, 62 percent of Ireland, one of the most conservative countries of the world, which now still abortion is forbidden in Ireland, and very much because of the influence of the Catholic Church, but this passed. The Catholic Church was against it and lobbied against it. So you see how Ireland has emerged from this. I mean, people are so receptive, have been so receptive to it. Sure, there are lots of people that don’t, but 62 percent voted for it.

[00:17:43]

T.A. Rosolowski: That’s amazing. Yeah, it is. Now, what about in your own background? Was your mother a liberal thinker? I’m wondering where your attitudes, your willingness to move into the area of working with STDs, for example, and embrace that. Where do you think that came from in your own background or self?

[00:18:06]

Mary Guinan: Well, I told you how I found these women with herpes infections and was horrified that there was no information, how could I help

them, and they might have these children who were infected, and what an important problem that was. So that seemed, to me, important that people who aren't studied are getting these very serious diseases, especially women, and then their children, and just thinking about that, what that causes.

So I think I told you, at least I told about this in the book, I was asked to be on *60 Minutes*, talking about herpes viruses, and at first I said no, because I actually didn't know anything about *60 Minutes*. I never watch TV. But in those days, there wasn't any cable and everybody watched *60 Minutes* on Sunday night. They were having this thing on herpes virus, genital herpes. So the CDC advised—asked me to reconsider, after some pressure, and I said, “Okay, I'll be interviewed.” And they came and interviewed me for several hours, I mean maybe four or five hours, and all this, asking millions of questions in my office.

[00:19:40]

Then I forgot about it, but in six weeks it was going to be aired—I used to be on TV all the time. People would mention these interviews to my mother, and my mother would say, “Oh, so-and-so told me you were on television. Why don't you tell me when you're going to be on TV?”

I said, “Well, I don't know when I'm going to be on TV.”

So she asked, so I told her I was going to be on *60 Minutes*. Well, she was retired then, and she told her senior citizens group, she told her church group, she told our cousins in Ireland, and she wrote to them and said in six weeks I'm going to be on this. But she didn't know what it was about. She knew I worked at CDC, but she had no idea what I was doing.

So I was very worried about how she would respond, and my husband told me that, "You know, your mother might have a heart attack if she hears this. I think you'd better warn her in advance."

And I said, "I just don't have the language to speak to my mother about this, since I don't think she's ever mentioned sex in her life in the house."

[00:20:57]

So the first question comes on, this Sunday night, the first question was, "Dr. Guinan, which venereal disease would you least like to have?" Of course, they hadn't asked me that question, so they just paste different pieces of your interview on to the answer. And I'm talking about gonorrhea and syphilis and herpes and orogenital sex and lots of other things, and it just got worse.

My mother was in New York and I was in Atlanta, and she called me and she said, "Congratulations, dear. Your hair looked very nice." But I knew what the code was. She said, "Go, girl." She essentially accepted it. Although she couldn't deal with the

subject matter, she essentially said, “If you’re doing it, I trust you.” And after that, I never really worried about what people thought about what I was doing. People thought, you know, that you’re really weird. People would ask me, doctors, “Why would anyone go into such a specialty? Do you have this thing about looking at genitals?”

I said, “Is that what you ask OB/GYNs and urologists?” But then STD doctors were considered like doctors who couldn’t make it anywhere else.

[00:22:34]

T.A. Rosolowski: Oh, really?

[00:22:35]

Mary Guinan: Yeah. There were doctors who couldn’t make it in private practice, and they found a job in STD clinics.

[00:22:46]

T.A. Rosolowski: I didn’t realize that.

[00:22:47]

Mary Guinan: Yeah. So when I was hired at CDC, there was a big push to improve the physicians who worked in STD clinics, and for that

reason they asked us, as part of our job, to work in an STD clinic for a half a day a week. So that's how I got involved in doing clinical work. At CDC, people usually don't do clinical work. So we were involved in this clinical work, and so we would be essentially helping them improve the quality of care for the patient, and we had a protocol for how to do it. We knew what we had to do.

Then I did some of my studies in that clinic so that we would know what the recommendations were for the appropriate care of STD patients, the care and treatment, and then tracking. The doctors didn't do the tracking. In every state they have people who track the contacts of people. That's why STDs have to report it, and then they're reported to the state, and the state and county health officials get someone to interview the patient and find out who their contacts were so you can get their contacts. So, a complex system ongoing, which nobody understands very well, and that's one of the reasons I wrote the book, because I wanted to try and explain how the public health system in America works for people and that they would value it, because prevention and budgets for prevention are the first things cut. So people don't value public health, at least the general public doesn't. They only know about it when something bad happens, like there's an

outbreak of something, like what's happening in Flint, Michigan, with the lead in the water and pipes.

[00:24:57]

T.A. Rosolowski: Do you think the perspective on STD physicians has changed since then? Is there still—not really, no? [laughs]

[00:25:06]

Mary Guinan: Well, I can tell you that a lot more people are doing it because, first of all, AIDS changed everything, where people wanted to be part of it. Many, many people got involved in working with AIDS. But I can tell you that people would ask me what I did, and if I mentioned I was an AIDS doctor, they'd take four steps back.

So it's still a problem. Being Irish, I'm not really fond of royalty, but I was so happy with Diana when she went to Africa and was holding those children with AIDS. It was beautiful, I mean such an unbelievable, wonderful thing to do. She did it despite anyone saying, "Maybe that's not a good idea." She did it, and she was a spokesperson for it, and she was one of the people that could change people's minds, that could actually change the tide of fear that is so prevalent. But I can tell you that there's still lots of people who think you can get AIDS from touching people

with AIDS, get HIV infection from touching people, or from the toilet seat, which is still a myth that people believe.

So I think only the people who work in AIDS understand each other, like even though you can talk to me, and this is one of the reasons why I really loved belonging to the American Medical Women's Association, because I could go there and talk about all this, and people would be very sympathetic, because I published the first study on AIDS in Women in the United States. Before that, people were saying women can't get it, it's all these other people get it, and women don't really get it, and if they get it, well, they were probably prostitutes or something or were doing something wrong or had maybe drug use or something, I guess. The whole idea that a woman could get AIDS was thought not to be possible. People wanted to deny, deny it.

[00:27:43]

And that was why Mary Fisher was so important. She was a Republican who spoke at the Republican Convention in—it's in the book; I can't remember the date. But she contracted HIV infection from her husband, who had been a drug user, apparently, and she had HIV, and she came out and talked to them. So that if a white Republican woman—I mean, that was another person who I'm eternally grateful for, because she, another woman, faced that opposition with such courage and then revealing herself to be HIV-

positive. And she has two children, and they were young children, you know, babies. She just took it on.

And I think that it's really important to recognize how many women made the change, like mothers made the change that they were going to accept their children with HIV and take care of them. And doctors taking care of—because, you know, in those days, if anybody found out that there was an AIDS patient in a doctor's office, nobody'd go there. So doctors couldn't really say anything about AIDS and didn't want to. And then it was so expensive because an AIDS patient would be sick and they didn't have insurance, and they were constantly sick and required so much attention that you essentially couldn't afford to take care of them if you were in private practice. So it was like an unbelievable time for people to try and get healthcare.

So it wasn't until the treatment came about, and then I think more and more people have changed their feelings about homosexuals and the whole Civil Rights Movement for gays have changed, and, you know, we have same-sex marriage in many states, including Nevada. I think it's a destination wedding place for heterosexuals and now homosexuals, you see.

[00:30:21]

T.A. Rosolowski: I understand, yeah.

[00:30:22]

Mary Guinan: Because people go to Las Vegas to get married, and that was a big thing to go, so it's now another industry.

Chapter Thirteen

On Feminism, Religion, and the Desire to Serve the Public

In this chapter, Dr. Guinan talks about becoming a feminist then discusses her views on religion. She notes that her mother was very devout and stressed the importance of doing public service, a message that Dr. Guinan embraced from an early age.

[00:30:34]

T.A. Rosolowski: Now, you've mentioned the Civil Rights Movement for gays a couple of times. What about the Feminist Movement? Did that have any impact on you at all? You mentioned Gloria Steinem a couple times.

[00:30:46]

Mary Guinan: Well, not with regard to this. She was just a leader who spoke out on various issues and advocated for women's equality, and, of course, from my point of view, that was clearly important, and I became a feminist, I think, oh, early on, maybe just after I graduated. I didn't know about feminism, but knew that something wasn't right about this, that I'm working, doing good work, maybe even better work than a colleague and getting paid less, and maybe even my evaluations were better than my colleague's evaluation, but I don't get that money, and it just didn't seem right.

So that's how I evolved, and I feel that the hypocrisy of many of the evangelical and other religions in finding out that there's so

much abuse of children by clergy of all kinds, I have to say that I look on religion, in general, now with some suspicion because of that. That's been covered up for years and years and years. Even now, new things are coming out about how priests have in schools and orphanages, and not only in the United States but in Canada, harming children and hurting them for a lifetime, and it's covered up. Now, how can that be, a religion look at itself, saying they want to help when they're really harming?

So I'm very clear about trying to understand what's right and what's wrong and for there to be some transparency in all of this. I believe that religion does wonderful thing. I think for my mother it kept her—after my father died suddenly, she always practiced her religion. Her religion kept her going. Her religion kept her going, and she didn't see the bad side. She didn't live to see all of this—so she was quite religious, but gave me some leeway on this, you know. So she was never critical of me in any way, because she trusted that I was trying to do the right thing.

[00:33:54]

T.A. Rosolowski: Did she do the same for your siblings?

[00:33:56]

Mary Guinan: Well, none of them got into what would be controversial areas, but she gave the same message to all of us, “Make something of yourself, go out, do something.” And also to do public service. Do something to improve the lives of others. Look what you’ve been given. Look what you’ve been given. You’ve been born in the best country in the world. You have this freedom. You can do anything you want. You have to give back. You have to somehow—my sister’s a teacher, and she became the deputy superintendent of schools in New York City. I mean, this whole idea that this is public service, doing public service was important, was something she gave us.

[00:34:52]

T.A. Rosolowski: Yeah. Yeah, I mean, over the course of the time that we’ve been talking, I’ve gotten a much clearer sense of that as really part of your home life, this idea of being of service to your community, to your country, was kind of there from the beginning, as well as being independent, standing on your own. It’s an interesting set of messages for kids to receive.

[00:35:20]

Mary Guinan: And help those who can’t help themselves. Always, like at Thanksgiving, she would invite people for Thanksgiving dinner

who she thought had no place to go for dinner. That's what she did. So she had that. But she was very, very strong in what her beliefs, and I think that it would be disillusioning to her if she had seen what happened.

[00:35:52]

T.A. Rosolowski: I imagine it was for many people who were religious. Yeah, yeah.
Do you want to stop for today?

[00:36:03]

Mary Guinan: If that's what you'd like, that's fine.

[00:36:05]

T.A. Rosolowski: Yeah. I mean, maybe we can pause just for a sec and strategize a little bit. I'm pausing the recorder at 3:29.

[The recorder is paused]

Chapter Fourteen

Promotions at the CDC and Creating Functional Teams as Director of AIDS Evaluation

In this chapter, Dr. Guinan talks about roles she serves after being promoted (1986 - 1990) out of the STD Division at the CDC. She was first promoted to Associate Director for Science –the first woman to serve that role. She explains how this came about because the head of the CDC is a political appointee. In this role she was the chief scientific advisor to the head of the CDC.

Next, she talks about her role as Deputy Director of AIDS Evaluation (1990 – 1995), focusing on work in behavioral sciences. She notes that, at the time, there was little respect for behavioral sciences research and researchers, and part of her role was to develop a respectful team culture. She describes creating the first working group focused on the behavioral sciences CDC. The group included behavioral theorists, sociologists and economists. She talks about the goals the group set, how they achieved them, and how she built a respectful culture.

[00:36:16]

T.A. Rosolowski: Okay, we're back recording. And so we were going to talk next about when you got the promotion to Associate Director for Science at the CDC in 1986.

[00:36:28]

Mary Guinan: Yes. It was a very interesting time of—at that time there was a Republican administration, and the head of CDC is a political appointee, and that's the head of all the agencies. When there's a new election, presidential election, all of the heads of the agencies of government resign, hand in a resignation letter, and if the party changes, very often the head of the organization will change.

So then Dr. James Mason was selected as the director of CDC, and I was still working in the Sexually Transmitted Diseases Division, but I had known him because he was from Utah and he was in the Infectious Diseases Department at the University of Utah School of Medicine, where I was doing my fellowship. So he was essentially a senior there. I would rotate some various services, and sometimes he would be the person who helped me. You know, like when you're a fellow, you go and see the patient, then you report to whoever's on duty, and he would be on duty. So that we became good friends while he was in Utah. And he also directed the laboratory at the Public Health Department, so that I rotated through that and did some work in there. So it was a good rotation for me.

Then when he came, I was one of the few people he really knew there, which everybody said to me, "So you know the director of CDC? You know the new director?"

I said, "Yeah, I know him, but not well."

Then we saw each other, and then the Associate Director of Science had gone on to another position, and so he was recruiting a new Associate Director for Science, and I was asked by Human Resources to apply. Now, when you're asked to apply for the job, you get some idea that maybe I have a good chance of getting this,

because, I mean, I had applied for a number of jobs that I didn't get.

So I applied for the job and got it, and this was the first time a woman had been the Associate Director for Science. It's chief scientific advisor to the head of CDC. I really liked the work. I did a lot of work and found out about all sorts of things, because I was no longer just in Infectious Diseases but dealt with all the problems of CDC issues.

[00:40:12]

T.A. Rosolowski: What exactly did the job look like?

[00:40:14]

Mary Guinan: Well, when there were scientific issues—the CDC is composed of all these centers, Center for Injury Prevention, Center for Health Promotion, Disease Prevention, and they change as CDC evolves, so that each center would have an Associate Director for Science.

So I would meet with them. Say there's seven, eight, nine centers. I would meet with them and find out what was going on in their area and know if there's any problems or how we could help—so we would essentially meet once a month, and very often big issues were going on that we had to deal with. Agent Orange and what it was doing to veterans, our Center for Environment

Health was handing that, and it was very controversial what was happening and who was doing what to whom and how each group was fighting, and they didn't trust the VA, so they asked CDC to do the study. So it was very important that we met with the veterans and made sure that they understand that we were doing everything according to a protocol that we all had agreed on.

[00:41:49]

So that was just one thing, but there were other things. The new Surgeon General was Koop. Dr. Koop was Surgeon General. He decided to send out a document, a letter to every household in the United States about AIDS and saying and actually using the "c" word, condoms. So, essentially, CDC had to help write that, make sure everything was right. So it was a letter that was going out. So I would supervise some of the—not supervise, but I'd oversee what's happening, and the people from the Center would come to me and say to me, "This is wrong. We can't support this by evidence, so we have to take this out." So I would then explain to the representatives of the Surgeon General that, "CDC cannot support this. This is not something supported by evidence—." So that I was part of making sure that what went out was correct and that we had evidence to support what we said.

[00:43:14]

T.A. Rosolowski: And also gave you just a really broad perspective on health issues in the country. It's pretty amazing.

[00:43:19]

Mary Guinan: Yes. So I was there for five years and I really enjoyed it, but I missed working directly with program. So I stepped down, and I didn't know what I was going to do, but a new administration came in, there was a new director of CDC, and I decided that it was time, it was a good time. I also would always give my resignation. It was pro forma. And then it would be said, "We're not going to accept it," whatever, or they will accept it, or they said, "We're not really interested in your leaving, and so you don't have to leave."

So I then applied for and asked to apply for the Deputy Director for Evaluation, and that was to evaluate all of our AIDS interventions and see if they were working, what's the evidence, and develop evidence-based decision making—we had to have evidence. Working was very hard, because we were working on behavioral intervention, and doing that was a whole new area for CDC, doing behavioral work. Usually they did quantitative studies.

There wasn't a respect for behavioral science when I became the Associate Director for Science. I was the head of all the

sciences, so the laboratory scientists, the epidemiologists, who were the sort of alpha scientists at CDC. But there were wonderful laboratorians and statisticians and environmental people who all felt that they wanted to be recognized as an equal. Laboratory scientists would often say, “Our science is really the good science, and epidemiology wasn’t so great.” Or statisticians would say, “You know, we’re doing all the statistics, and we don’t feel that we’re getting our recognition.” And then the behavioral scientists, especially, because all of a sudden here we are, we know everything about the epidemiology of the HIV virus within three or four years of its discovery and yet we didn’t know what to do about it. The only thing we had was possibly behavioral change, and the whole idea that behavioral science—people would look and say, “That’s junk science,” or they just had no respect. So part of what I would try and do as the Associate Director for Science was to make people respect the others and the other sciences.

[00:46:37]

T.A. Rosolowski: How did you do that?

[00:46:39]

Mary Guinan: Well, one of the things, we started giving awards for the best statistical paper, not just the best epidemiology paper or not the—

do you see? So that reward systems, for each of the sciences were developed. Each little society could have a voice in things.

And the behavioral scientists, listening to them—when I stepped down and I became the Deputy Director of Evaluation, I needed to really be with behavioral scientists, and so I organized a group, the working group, the HIV Evaluation Working Group, in which we had a number of behavioral scientists come, and they advised me. They were sometimes outside of CDC and used as consultants some. They were like evaluation experts or behavior change and behavior theory, what these theories of behavior—I didn't even know there were theories of behavior change at that point. All I knew was we need to change behaviors.

[00:48:07]

There were very many theories of behavior change, five or six, on what is effective, and they're theories. When we're doing behavioral interventions, trying to keep drug users from using, reusing needles, or getting gays to use condoms, we really didn't know what the best intervention was, which was the right theory. So you'd say, "Well, it has to be theory-based. The intervention has to be theory-based, and then you have to evaluate it according to what the theory is." So this is very complex.

So I had people who worked with me who were specialists in all this. It was wonderful for me. I was the only epidemiologist

and medical person in the group, and this group of people helped to understand how to evaluate and how to introduce behavioral science into CDC and recognize it as an important part of our mission, is to help and—

[00:49:18]

T.A. Rosolowski: Was this the first group of behavioral scientists that worked at the CDC?

[00:49:23]

Mary Guinan: Mm-hmm.

[00:49:23]

T.A. Rosolowski: Wow.

[00:49:25]

Mary Guinan: Well, there were always behavioral scientists, but rare. There was one in the STD Division when I was there.

[00:49:30]

T.A. Rosolowski: But here it was sort of embracing this as—

[00:49:33]

Mary Guinan: And then bringing people in. One of the behavioral theorists was Marty Fishbein, Dr. Marty Fishbein from the University of Illinois. He came to CDC on a sabbatical for a year and then stayed for a while, and he was very interested in evaluating the AIDS intervention. He contacted me and then he told me that he had been part of a group of behavioral scientists, all the people with the theories, that had gotten together at the National Institutes of Health and talked about the commonalities of their theories so that we could get a theory that we could use for the intervention. So he opened my eyes to this whole thing, but they never published anything, but they got together.

[00:50:38]

So we started doing the evaluations then based on this combination of theories and then evaluating them. The behavioral scientists wanted to get—the first behavioral science article ever in the *MMWR*, which is the leading newsletter coming out of CDC. So their goal, they made this goal that they would have within a year a behavioral article in the *MMWR*. So it was led by Marty Fishbein and David Holgrave and Laura Leviton and all sorts of people who were experts in fields, and we talked about it.

[00:51:29]

One of the problems with this was that behavioral science is much more complicated to write about, and medical journals want

short, sharp articles. In behavioral science you have to explain things, these big long protocols, and they take pages and pages, which the medical journals will not accept. So what we decided to do was we bought an issue of a public health journal, in which we would describe the protocol of all the interventions we were doing, and just the protocols. They were extremely long. But it was peer-reviewed. It was peer-reviewed, and what their evaluation process was, you see, but not the outcomes. The outcomes would be—they could put that in another journal. But unless we had the protocols, the outline of what they were doing and how they were doing it so that people could try to reproduce it, which we have to do in science, they could just reference this journal, say, “According to our protocol, we did this and this.”

So we published that. My boss was very happy to the journal. I coedited with Marty Fishbein, and we sent it out for peer review, did peer reviews, all of the people that were involved in it, including David Holgrave and others. Leading behavioral scientists helped, and they found people to review the protocols and so that we had that feedback.

Then it was published so that the protocols were there and so that the next step of getting into the *MMWR*, then we had the references, you know, various things that we could do. So the first behavioral article was on what was called the AIDS Demonstration

Projects, these interventions for IV-drug users or gay men and what the outcome measure was. And what I learned is that behavior change doesn't happen overnight, so you really need long-term studies to understand if you've really been effective. But there was this theory of behavior change. It was one that said actually behavior change happens in steps. You start thinking about it and then you maybe try it, and it was developed for smoking.

[00:54:33]

So we used that in the evaluation, saying we would ask people if they changed their mind, if they moved from just thinking about it or doing it or continuing to do it or if they relapsed. So we would ask them on a scale if they had moved, and so that was the outcome measure. And that was eventually published in the *MMWR* as the first behavioral *ever* on the AIDS Demonstration Project. So the behavioral scientists, we had a party, champagne.

But it's still a problem. I mean, still, I think behavioral science doesn't get its due. So we'll have to see how that works. But behavioral science is extremely important because behavior affects most of our health, you know, smoking and drinking and drug use and how you change people's behavior. Look at the heroin epidemic we're having, the opioid epidemic. This is behavior. How are we going to help people?

[00:55:54]

T.A. Rosolowski: There's so much information coming out about how there are real reasons why it's so difficult to change, neurological, biochemical reasons. It's not easy as, "Well, just decide to do it."

[00:56:07]

Mary Guinan: Right. "Just do it." Or people say, "It's common sense. If you know that it's bad for you, you won't do it."

I said, "Are you kidding? Do you really realize? Have you had children? Do you even know children?" [laughter]

So the whole idea that it was common sense, I mean, that's what people say. "Well, if you know it's bad for you, you won't do it." So therefore they would put that as one of the—

[00:56:37]

T.A. Rosolowski: Or it's a personal failing if you don't, which for a lot of these behaviors, of course, it makes perfect sense for people to conclude that a drug user is just a person who has lots of personal failings, so, of course, they'll stay using a drug. Why bother to think about it any more than that?

[00:56:54]

Mary Guinan: Yeah. So very little is known about the brain. We're just learning now about PTSD may be just something that harms the brain. It's not a mental issue; it's a physical—

[00:57:05]

T.A. Rosolowski: Oh, yeah, there was that big article in the *Times* just this last week.

[00:57:07]

Mary Guinan: Yes, just recently, yeah, yeah. So we don't understand, and there has been little study on the brain, but it's being done now and why people have certain behaviors.

[00:57:20]

T.A. Rosolowski: That's very exciting, though, to be part of getting that group together and then helping them shepherd that into—

[00:57:27]

Mary Guinan: Yeah, one of the thrills of my lifetime of being—and all of us were from different—like there was an economist, Paul Farnham, and he was looking at the interventions and the cost-effectiveness of various interventions and doing various things. And we would publish in kind of medical journals, but the other sociologists and the economists and various specialties, we were all on the margins.

Nobody wanted to accept your paper because it really wasn't an economics paper; it was a medical paper. And then Paul worked at Georgia State University, and, of course, getting promotion and tenure, all of his publications, and they would downgrade his publications because they weren't in an economics journal, even though they were leading articles on AIDS, HIV, and what programs we should be using in evaluating them.

[00:58:38]

T.A. Rosolowski: Classic problem of interdisciplinary work and team science, teamwork.

[00:58:43]

Mary Guinan: It was great. It was so great, and to see all of these—I met all of these people, and we invited every one of those theorists to CDC and gave talks, brought everyone, asked everyone to come and see so they could hear. So I think there was a big move. Then they appointed an Associate Director for Behavioral Science.

[00:59:07]

T.A. Rosolowski: Oh, did they really?

[00:59:08]

Mary Guinan: Yes.

[00:59:08]

T.A. Rosolowski: Wow. So the CDC was really recognizing the value of this work.
Wow.

[00:59:13]

Mary Guinan: Oh, yeah. I mean, some still don't, because, you know, people think, well, there's a hierarchy in the science. Find the physicist or brain surgeon or something, then I'm really up here. And, you know, maybe the next would be medical sciences, and then down below are other sciences. This is hierarchy in respectability. And I think that that still persists now. A rocket scientist, right? Oh, you don't have to be a rocket scientist to do *x*.

[00:59:55]

T.A. Rosolowski: You don't have to be a brain surgeon, right? [laughs]

[00:59:56]

Mary Guinan: Right. Those are the two—

[00:59:58]

T.A. Rosolowski: You don't have to be an Einstein. [laughs]

[00:59:58]

Mary Guinan: Right. I think that that recognition—and still, it's still not what I consider to be—many people are not convinced of the value of behavioral research; other scientists, other disciplines. But that's one of the things that we used to do, and one of the things I would ask everyone to do is not call each other names. The laboratorians might say, "Oh, that's junk science," and the behavioral scientists would say, "You know, laboratory science is easy science. All you have to do is put these chemicals together. Look what *we* have to do. We have to try and understand the human brain. This is very important." And they'd call it "easy science." The lab was easy science.

I'd say, "Listen, if any one of our disciplines had the answer, we wouldn't need each other, would we? But we don't. So all these problems, people can try and understand how they can contribute to the problem at hand, and if you can't, then you need to be doing something else and not criticizing what other people are doing."

[01:01:26]

T.A. Rosolowski: How many women were part of this group?

[01:01:28]

Mary Guinan: Two.

[01:01:29]

T.A. Rosolowski: In addition to you?

[01:01:31]

Mary Guinan: Two in addition to me, yeah.

[01:01:33]

T.A. Rosolowski: And the group was how many people total in it?

[01:01:36]

Mary Guinan: It was six. There was three and three.

[01:01:39]

T.A. Rosolowski: So how did everybody work together gender-wise?

[01:01:44]

Mary Guinan: Oh, it was great. People are very respectful. We'd all been through things. I mean, these behavioral scientists had been so used to being put down by various groups—as they go through their career, and many of them were leaders. Like David Holgrave

is now the Chair of the Social Behavioral Health Department in Johns Hopkins University. And Laura Leviton, who was our evaluation expert, is the evaluation expert for the Robert Wood Johnson Foundation. Still good friends of mine, doing leadership work. Robin was the analyst, and she died in a plane crash. That was a disaster. She and her husband were killed in a plane crash.

[01:02:35]

T.A. Rosolowski: What's her last name? Robin—

[01:02:36]

Mary Guinan: Robin Gorsky, G-o-r-s-k-y. She was a mathematician and she analyzed cost. She was a cost analyst. People would analyze the cost of healthcare, they used data from hospitals, but it really wasn't the right data, because they just told you what they charged, not really the cost. So she was part of our team that tried to understand the cost of an intervention. So we'd say, "What does it cost to implement this smoking-cessation program in the community?" And there were no data on it, you see, so she would go and try and figure out how much money do you have to pay rent for the office that they work in, and do all these things and come out do this thing. And she *loved* doing it.

People loved working on the task force because we all had different specialties but we started understanding each other's specialties and thinking that we could come up with something that might integrate us. But I can tell you that we all laughed about being marginal scientists then, because the leading journals in our particular subspecialties didn't think our work was that great, so you had difficulty getting them accepted in your journals. But, you know, at that point in my life, I wasn't worried about publications. I was worried about getting them published, and if it wasn't in *Science* or, you know, it was published and published in a peer-reviewed journal and then available for the public—

[01:04:32]

T.A. Rosolowski: That was good enough.

Why don't we stop for today?

[01:04:39]

Mary Guinan: Okay.

[01:04:40]

T.A. Rosolowski: It's four o'clock, so why don't we turn off the recorder. I want to thank you for your time today.

[01:04:46]

Mary Guinan: Oh, you're welcome.

[01:04:47]

T.A. Rosolowski: And lunch. [laughter] All right. Well, we will resume tomorrow.

[End of June 17, 2016 interview]

Interview Session 2: 18 June 2016*Interview Identifier*

[00:00:00]

Tacey Rosolowski: Today is June 18th, 2016, and I'm sitting here with Dr. Mary Guinan for our second day of recording together.

So thanks again for making time.

[00:00:16]

Mary Guinan: You're welcome.

Chapter Fifteen

Politics and a New Role as Director of Urban Research Centers

Dr. Guinan begins this chapter by explaining that she was forced to transition out of work on AIDS because of a political shift in administration. This was a real shock, she notes, and forced her to realize that she was not indispensable, no matter how good her work might be.

She then explains how she became Director of Urban Research Centers (1995 – 1998). She explains her role of increasing the level of research and prevention in communities. She notes that she was also going through a divorce at this time and it was time to think about changing careers.

[00:00:18]

T.A. Rosolowski: We talked a lot about your work in AIDS yesterday, and you wanted to start today talking about how you transitioned, why you transitioned away from that work.

[00:00:27]

Mary Guinan: Well, I transitioned against my will. I was working in AIDS as the deputy director to Dr. James Curran, who ran the AIDS Program for CDC, and there was an administration change. And during an administration change, all agency heads have to submit their resignation, and the president's advisors decide whether to ask to accept the resignations or ask the people to stay. And my boss, his resignation was accepted, and I was his deputy, so for some reason, I also was not in—when the reorganization came out, I looked at the reorganization of our program, AIDS Program, I wasn't in it.

Mary Guinan

That's how I was told that I was no longer going to be in the AIDS Program.

[00:01:44]

T.A. Rosolowski: So obviously this was a real shock.

[00:01:45]

Mary Guinan: It was a shock. I was more than shocked. Looking back on it, I'd say it helped me work through lots of things and understand that I was not indispensable, and no matter how good I was, I wasn't indispensable. I had to come to terms with that.

[00:02:11]

T.A. Rosolowski: Why do you think you were not included in the team that was going to go on under the new administration?

[00:02:16]

Mary Guinan: I think somebody else wanted my job. So that's all I think, you know; that's all I know. You're not given a reason.

[00:02:32]

T.A. Rosolowski: Oh, sure. I'm just wondering if you had any speculations about it. And just for the record, what was the new administration coming in at the time? I don't remember.

[00:02:40]

Mary Guinan: It was Bill Clinton, I believe. What year was it?

[00:02:47]

T.A. Rosolowski: 1998.

[00:02:55]

Mary Guinan: So that's how I found out I was no longer going to be working with AIDS, and I had to either leave CDC and find some other place to work or find another job within CDC. I did the latter, and I found a job with the Epidemiology Office in this new area which was called Urban Research Centers, and this was an idea of the—can you stop?

[00:03:43]

T.A. Rosolowski: Sure.

[The recorder is paused.]

[00:03:45]

T.A. Rosolowski: Okay, we're restarting again. So who was head of the CDC at the time?

[00:03:49]

Mary Guinan: The head of CDC was then David Satcher, and he had decided on a program that he wanted to do what was called community-based prevention and health promotion in communities that needed help, and he wanted to do it through private-public partnerships. So a grant notice went out asking for applications from the states or cities or whatever to establish an Urban Research Center, obviously a city in a city, an inner-city area, and then to get the community to come in and the community decide what they needed, and not the CDC decide or the state decide, but that there be a community of leaders in saying what were the greatest needs and what the community would like, , because [] if you go in and do whatever it is that you want to do and the community hasn't embraced it, then it doesn't stay. So you leave and your program dies with it. So the idea is that the program would be accepted and embraced by the community, and they understood the importance of prevention, and how to do that. It involved changing behavior of the community, so—

[00:05:26]

T.A. Rosolowski: So you're obviously very onboard with the whole philosophy of this new initiative.

[00:05:31]

Mary Guinan: Right. So I applied for the job, to be the director, and I got it, but I had no decision in selecting who was going to receive it. By the time that I was in the position, the centers had been selected. One was in New York City, one was in Seattle, and one was in Detroit, so that I worked there for three years. It was actually a wonderful effort.

Also then during this time, I was going through a divorce, and I thought to myself, it's time for me to change, maybe make a change in my career, and move to someplace else where I thought I could start anew. So I applied for a number of jobs, and I found one in Nevada as a State Health Officer, and I really loved Nevada when I got there. I didn't know anyone in Nevada, but I asked my son if he wanted to move there. He was about twelve or thirteen.

[00:06:56]

T.A. Rosolowski: Your son's name?

[00:06:58]

Mary Guinan: Brendan. And he wanted to leave, too, he wanted to leave Atlanta, and the deal was that he could pick whatever school he wanted to go. So I brought him to Nevada. Carson City is the capital where I worked, but Reno is nearby. So we came and looked in the ski areas, and he loved to ski, so his eyes were open. We went up to Lake Tahoe and he saw how wonderful it was. So we moved to Nevada in 1998.

[00:07:45]

T.A. Rosolowski: You have such a big smile on your face. [laughs]

Chapter Sixteen

Leaving the CDC and a New Role as Nevada State Health Officer

Dr. Guinan discusses her work as Nevada State Health Officer (1998-2002). She begins by talking about her love of Nevada and explains that the state's low population makes it easier to get things done in government. She talks about the role of State Health Officers and talks about her own learning curve as she settled into the role.

Dr. Guinan notes that she took part in the State Health Leadership Initiative (1998 – 1999), a training program for new state health officials, offered through the Harvard University Kennedy School of Government and Robert Wood Johnson. One of the most important lessons she learned, she explains, is that she is an “introvert in an extrovert job.”

[00:07:47]

Mary Guinan: Yeah. I actually love Nevada. It's just a place—it's small. It's a large state in area, seventh largest, but it's small in population, and everybody kind of knows each other and you can get things done by talking to people. Like my senators and representatives knew who I was and would accept my phone calls or would ask me advice on various things or what I thought. So I think it was a very good move for me.

[00:08:19]

T.A. Rosolowski: Yeah, that's interesting, you know, that idea of getting things done because of the small community. Nobody's ever mentioned that before in talking about a job. Tell me what your role was.

[00:08:32]

Mary Guinan: As a State Health Officer, you're in charge of the—the states are in charge of health, not the federal government. The Constitution provides that anything which authority is not mentioned in the Constitution is assigned to the states, so the authority for health is not mentioned in the Constitution. So the states really are the powerhouse in health, and I didn't realize that until I became a State Health Officer and realized that making laws in our state really was something that we needed to do to improve the health of our communities, and then I had to learn how to do that, which is a whole new idea for me. I had some training. The Robert Wood Johnson Foundation and others decided on a training program for new Health Officers, and there were twelve new Health Officers that year. So we were trained. They had a training program for us.

[00:09:44]

T.A. Rosolowski: And this is at the Harvard University Kennedy School of Government, right?

[00:09:50]

Mary Guinan: Right, yes.

[00:09:51]

T.A. Rosolowski: So this was in 1998 you took that on?

[00:09:53]

Mary Guinan: Yes.

[00:09:53]

T.A. Rosolowski: Wow.

[00:09:54]

Mary Guinan: So in 1998 through 1999, I think it was. The Association of State and Territorial Epidemiologists was also involved in this, with — the Association of State Health Officers—because Health Officers are so important, but they change with every administration every time the governor changed, so often there would be a political appointee and maybe within a year or so, the political appointee left or whatever, so—

[00:10:33]

T.A. Rosolowski: It's not the best for continuity and investment in training these people too.

[00:10:37]

Mary Guinan: And so their idea was to lengthen the tenures of State Health Officers to try and improve the health of the state. So I was not a political appointee. It was within civil service system or the state

system. I applied and went through the regular process so I wasn't subject to dismissal with the change of governor.

[00:11:09]

T.A. Rosolowski: That must have been a real relief after the CDC experience.

[laughs]

[00:11:12]

Mary Guinan: Well, I mean, it didn't mean I couldn't be fired; it meant that it wouldn't be automatically done. And I actually didn't really think about that. I knew that I wasn't going to be a political appointee, but it could be changed. They can change this to their liking, the state government, you know, whether they want a State Health Officer, and it eventually changed. Now it's a political appointee.

[00:11:39]

T.A. Rosolowski: Oh, interesting.

[00:11:40]

Mary Guinan: But it was very interesting to learn, and I think that training program really helped me. [] They interviewed me. They had this psychologist interviewing us and asking us what was our state like and what we were doing, what we planned on doing. I told

them, and there were two psychologists, and they told me, “You think you’re going to sit in your office and do good and everything’s going to be fine, but that’s not what’s going to happen. Besides your boss, who is a political appointee who directly works for the governor, you have to understand that they might not necessarily be in favor of your being there or doing things, so you have to go out into the community and meet people and let them know what you’re doing.”

And that’s not what I could do. They gave me these tests, and it showed that I was an introvert. They say, “You’re an introvert. You like to be by yourself, and you get your batteries charged by being by yourself, and then you go out and do your job. So you’re in an extrovert job, but being an introvert, so you have to change your behavior.” And I think that was the greatest advice that I got, because I went out and became—I went to all the various places that I thought a new Health Officer should meet with [] both in healthcare and the various health departments. Like there’s a State Health Department and there are other health departments. So they would know who I was and feel comfortable talking to me. I talked to my representatives, but I wasn’t allowed to really talk with any political people like the state legislature or the federal. Senator Harry Reid was our senator, and he eventually became the Leader of the Senate.

Chapter Seventeen

A Nevada Water Fluoridation Initiative

In this chapter, Dr. Guinan talks about her first major initiative as Nevada State Health Officer: developing a successful legislative bill to fluoridate the Nevada water supply. She talks about why this was needed, the opposition she encountered, and what she learned about creating strategies to promote health initiatives while in political office.

Dr. Guinan also notes that this project demonstrated that a state health officer has a “tremendous responsibility” and must operate in a very complicated system. She also learned how to take care of herself as an introvert in a demanding extrovert job and how she had to “move beyond failure.”

[00:14:11]

T.A. Rosolowski: Who was governor at the time?

[00:14:14]

Mary Guinan: Kenny Guinn.

So it was very interesting. The first thing I took on was fluoridation of the water supply. I was surprised to find that there was no fluoride in the water, and it turns out that Nevada has the worst oral health in the nation. The children had bad teeth and there weren't enough dentists to take care of them, and many dentists wouldn't take Medicaid, so poor children had poor access. So we had what was described as the worst oral health in the nation. So it seemed to me a no-brainer that we should have fluoride in the water supply.

Well, I learned a lot. The opposition was really strong, and the opposition were environmentalists who said that fluoride is

Mary Guinan

poisoning the water supply. So this went on, and the governor then told me that I must be neutral in this, so when I testified at the legislature, I tried to be neutral as possible, but point out all the reasons why we need to have—and it was very controversial.

[00:15:53]

So what happened was the legislature finally passed it, and it went to the governor for signature. And I wrote to the governor and said, “If you’re going to veto this, please can I talk to you before this? I want you to know what’s in the balance here.” I never heard from him, and he signed the bill to fluoridate the water supplies in counties of over 300,000. There was only one county at that time that had 300,000 people, and that was Clark County, which is Las Vegas area. Reno area, which is Washoe County, had not yet reached 300,000, and they didn’t want to be involved in this, so we had to write the law so that Reno was not going to be in it. But the majority of people live in Las Vegas, two-thirds of the population in Las Vegas, so I was happy with that compromise. I I said eventually Reno will reach 300,000 and they’ll be in it, so I wasn’t worried about that.

But the governor put a trailer on it saying that any county that was going to be impacted by this new regulation would have to approve it by the community in the next election. So there had to be an initiative on the ballot, will you take or not take fluoride. So

this is what really [*chuckles*]*—*so it had to go the next election cycle on the ballot and in Clark County.

We lobbied and did a number of things to try and talk to—got all of the health departments and all the nonprofit organizations and advocates for children to come together to get it passed by the public and children. We got the various people involved, and especially children’s advocates, mothers and various groups. What happened was the people who ran the Water System and the head of the Water System in Clark County said, “It’s not going to cost anything. It’s really cheap. So it’s not going to be [expensive].” But one of the criticisms was that it’s going to increase the taxes and the cost of water. They said, “It’s not going to. It’s really not going to.” It was a woman who was head of the Water—which I loved because she decided this.

[00:19:07]

So what we found out, there was a group of people, marketing people, who decided they were going to help us. For whatever reason, I don’t know why they took this on, and they helped us and they told us that in an initiative on the ballot when you have an initiative, especially in Nevada where often there are five or six different ones, most people don’t understand the initiatives, and that 60 percent vote no. So when you put your proposal on the ballot, no has to mean yes. So that group helped us write the law,

the proposal [for the ballot]—and it’s a very tangled process of how to get this on the [ballot].

[00:20:03]

But what happened was the Water Systems people said, “You know, we can actually, according to the law, we can fluoridate the water supply right now, and then you could put on the ballot, ‘Do you want to stop the water fluoridation or not?’”

And there were these claims by the environmentalists, who were not advocates, that there would be a stream of fluoride gas coming out during the fluoridation, would kill people, and all sorts of terrible things would happen.

So what happened was the water supply was fluoridated without anybody knowing about it. Nothing happened. [laughs] And it went on the ballot and said, “Do you want to stop fluoride?” and 60 percent voted no. [laughter] Isn’t that wonderful?

[00:21:02]

T.A. Rosolowski: It is.

[00:21:03]

Mary Guinan: And now we have fluoridation in Clark County, and Washoe County, which contains Reno, voted no on it when they reached 300,000, so they’re still not fluoridated here in northern Nevada.

But it was a great victory for the majority of—and there was so many people were involved in it. The Junior League, for example, the Junior League is a wonderful organization, but it's of elite women who take on a project each year, and they took on fluoridation of the water supply, which was absolutely wonderful. The leader, the president that year, we told her how terrible the oral health of children was in Nevada and they have no place to go, and it was the tenth leading cause of visits to the pediatric emergency room, abscessed teeth, and the emergency people couldn't do anything there except maybe give antibiotics or pain relievers, because there's no dentists in the emergency room.

[00:22:17]

So she was convinced, and she became the leader of it. The women had time and access, and they would go to each of their legislators and they'd say, "This is the absentee list in our school district for dental problems in the school. So you think we don't have dental problems?" So each legislator had to listen to the Junior League, which is, like, incredible, so I think that that was one of the reasons why it passed.

[00:22:48]

T.A. Rosolowski: Sure. Well, that's amazing, you know. I mean, obviously you were learning about building these collaborations and leveraging unexpected resources like the Junior League.

[00:23:00]

Mary Guinan: Yes. Who would ever dream.

[00:23:00]

T.A. Rosolowski: Yeah. But how amazing. What an amazing experience, and that happened pretty much right away.

[00:23:05]

Mary Guinan: Right. [laughter]

[00:23:08]

T.A. Rosolowski: Trial by fire.

[00:23:08]

Mary Guinan: Well, I think it happened during the first Bush—when Bush-Gore, during that, and we didn't know who the president was, but we knew we were going to get fluoridated water. [laughter] So I wrote to everybody, emailed everyone, and said, "We don't know

who the president is, but we're going to have fluoride in the water supply in southern Nevada."

[00:23:31]

T.A. Rosolowski: How amazing. Huh. That's pretty incredible. So, I mean, what did you learn about yourself? I mean, obviously, you went through the training program and you're an introvert and how do you change your behavior. I mean, obviously, you did that very successfully. What were some other lessons you learned from that complicated situation?

[00:23:52]

Mary Guinan: Well, I learned that the responsibility that I had as State Health Officer, it's a tremendous responsibility because you have to convince people on both sides of the aisle, Republicans and Democrats and Independents, of how important it is for their community, and you are responsible for the state's health, essentially. You're responsible for the state's health, and it's your responsibility to look and see what the things are that you can do something about. And I had no idea that it would be so controversial, no idea whatsoever. Millions of dollars went into the campaign to prevent it. But, you know, naïveté, I learned then how complicated the system was and that there was a system, that

you had to work in a system, and I was not a systems thinker. That's not something that came naturally to me, and I didn't know.

I had actually had an extrovert job when I was at CDC, because I'd have to deal with the media, and it was very exhausting for me, and I never understood why. So learning that I was an introvert and that I needed time to close down, to recharge my batteries, I learned how to take care of myself, which I actually didn't know before that. So I think that was really important. And I had failed before, and they gave you a little humility in saying, "Well, you know, I can't really worry about my reputation for failing."

[00:25:59]

T.A. Rosolowski: What do you mean you failed before?

[00:26:00]

Mary Guinan: Like various things that I did at CDC didn't work or whatever. I worked in areas that I tried something and it didn't work. And then I learned from losing my job that I was not going to be indispensable, and I knew that as a State Health Officer I wasn't indispensable. They could find someone in no time to do that.

Chapter Eighteen

Recruited to Start a School of Public Health at University of Nevada-Las Vegas

Dr. Guinan begins this chapter by explaining why she was recruited to start a School of Public Health at University of Nevada-Las Vegas. She explains the need for the school in Nevada and notes her own reluctance to serve such an administrative role in academia. She sketches her vision and strategy for developing the school.

Dr. Guinan explains that PhDs are often suspicious of MDs and there was some suspicion about an MD heading a school of public health.

[00:26:00]

Mary Guinan: Then after two and a half years then, I think, or two or three years, I was recruited to UNLV. They [] had just passed a resolution that they were going to create a School of Public Health, and so they asked if I would come for a year as interim dean to start the School of Public Health. So I had never been in academia, and I wasn't really sure that I could do it. Although I had appointments like at Emory University when I was in Atlanta, I was never really part of academia.

[00:27:19]

T.A. Rosolowski: Why did they recruit you, do you think?

[00:27:22]

Mary Guinan: Well, I think because there weren't very many people in Nevada who knew about public health, and that's really one of the reasons

why I took the job, was that I knew that I was probably the person in Nevada who understood most about public health and the need for employees—like when we used to try and hire people at the State Health Department, we would never find anybody who had been trained in public health, so that you essentially hired somebody who might be, like, a sociologist or a psychologist or something, and they learned on the job, but you really couldn't get highly skilled epidemiologists or a statistician. So I knew the need for a School of Public Health here. I knew that we needed training. So I said, "Okay. Well, I really don't want the job. I'll take it as interim for one year."

[00:28:28]

T.A. Rosolowski: Now, why didn't you want the job?

[00:28:30]

Mary Guinan: Well, I didn't really think academia was for me. It was not really what I thought I wanted to do. It was too much of an administrative job. I really wasn't involved in issues, and I'd be constantly looking for money. You know, it wasn't very appealing. Administration was never very appealing to me.

So I took the job for a year, and then, as it turned out, it became—I was then asked to stay another year, because it was

complicated what happened. The recession started hitting, and the economy of Nevada was really, really hit by that, and I knew it was, and that they wouldn't be able to replace me if I left, and they didn't have anyone else that they could really—who would come to some place that's in such dire straits from a financial point of view?

[00:29:42]

T.A. Rosolowski: Tell me how—I mean, when you took on this role, you know, what was your vision and strategy for how you were going to create this new school? It's kind of [unclear].

[00:29:54]

Mary Guinan: There was a young man who was an environmental scientist, who was asked to help me in developing, and he knew about academia. He knew about developing departments and what you had to do to apply for things.

[00:30:18]

T.A. Rosolowski: His name?

[00:30:20]

Mary Guinan: Shawn Gerstenberger. So after that first year we had worked together, Shawn and I had worked together trying to draft what the school would be []—the president of the university asked me if I would be the founding dean, essentially stay, to continue. So I then became the founding dean of the School of Public Health.

[00:30:54]

T.A. Rosolowski: And the president at the time was—

[00:30:55]

Mary Guinan: Carol Harter.

[00:31:00]

T.A. Rosolowski: Did you have a good relationship with her?

[00:31:01]

Mary Guinan: Yes, yes, she was very, very happy that I came and took the job, because very often at any university, Ph.D.'s don't like to have M.D.'s as their boss.

[The recorder is paused]

[00:31:23]

Mary Guinan: What was I saying?

[00:31:24]

T.A. Rosolowski: You were saying that Ph.D.'s often kind of have a suspicion of working with M.D.'s, and you were about to explain why.

[00:31:32]

Mary Guinan: In academia.

[00:31:34]

T.A. Rosolowski: Mm-hmm. Why is that?

[00:31:36]

Mary Guinan: I don't know. There's always be a tension in academia between M.D.'s and Ph.D.'s, and I think that there was a resistance to having an M.D. as the head of the School of Public Health, this new School of Public Health, because they felt that I would be more interested in having physicians than a scientist, Ph.D. scientists, in the school. People didn't say it out loud, but I knew that there was that.

So when that question came up when I was getting the appointment, the president said, "Well, she has a Ph.D. You can't really complain about this." [laughs] So this is an area where I

managed to, because of my education background, just jump over that loophole, that problem. But it still is. I mean, there is still this M.D.-Ph.D. thing. So now if somebody asks me, “Are you an M.D. or a Ph.D.?” and I say, “I’m both,” it stops the conversation where people are going to challenge me for, well, one side or the other.

Chapter Nineteen

The Practicalities of Starting a School; Committed to Minority Representation

In this chapter, Dr. Guinan sketches some of the process she went through setting up the School of Public Health, noting the learning curve she was on. She notes that Shawn Gerstenberger was really a co-founder throughout this process.

Dr. Guinan also notes that she is proud of the minority faculty they have recruited and the school's focus on minority health. She explains that the NIH awarded Michelle Chino a \$1.3 million grant for minority health, the first competitive grant that the University of Nevada-Las Vegas received from the NIH. She explains some of the work with minority health that is underway. Dr. Guinan explains that her aim is to move to evidence-based decision making and wants all research to solve Nevada problems.

Next Dr. Guinan talks about challenges the school has faced. She notes that the name had to be changed because the school is not an accredited institution of public health: The School of Community Health Sciences. She discusses establishing an undergraduate program. She talks about working with Richard Whitley in the State Health Department.

[00:33:17]

T.A. Rosolowski: So tell me how you—what was your thinking when you were working with Shawn Gerstenberger and others to set it up? Was there a philosophy? How did you set up the school?

[00:33:33]

Mary Guinan: Well, we knew that there is an organization of Schools of Public Health which designs what you need to be, and there are five areas that you have to have. You have to have Epidemiology, Biostatistics, Environmental Health, Social and Behavioral Health, and Healthcare Administration. So there's five areas that you have to have, and usually by the time you become a School of Public

Health, you will have departments or sub-departments of each one of those five areas.

The president brought in—various departments. There was a Healthcare Administration Department, which was in the Business School, and so they brought that over. And then there was a Social and Behavioral Health Group that they weren't really Social and Behavioral Health Group but could be, and that was brought over from the School of Education.

[00:34:49]

T.A. Rosolowski: So you weren't really starting from complete scratch.

[00:34:52]

Mary Guinan: No, no. And Shawn was environmental scientist, so he knew that area, but he was the only one, so we had to develop a whole department. So what we had to do is write through what our plans were and when we were going to achieve the minimum number that would make us an accredited school.

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So we had to start asking and asking. We had to ask for a budget. And, you know, this is something that I really never did before. And how much should I ask for? What is all this about? So Shawn was really great because he knew the academic—he

knew exactly what was going on, because he'd been in academia, and he'd been at UNLV in the Environmental Department, so he knew the whole [system]—so I really feel that we were co-founding deans, you know, because—and he wrote everything. He wrote everything we needed—and I would just look through it.

Then there were other groups that they brought in, little groups within the UNLV that they decided would fit better with us rather than independent, like the Center for Children's Health and various other groups. So we started with these groups and tried to bring them together, and they had to vote whether they were going to come with us or not. They voted, and that wasn't easy, but people wanted various things and expected various things.

[00:36:55]

T.A. Rosolowski: Did you have to build buildings as well?

[00:36:56]

Mary Guinan: No. Well, there was this building, actually a very nice building which had been built and was the Health Sciences Building, and the Nursing School was in that. And there was another school. So essentially we just took over various places within that.

And then as things changed—and I knew that I wanted to [get a] Master's of Public Health going. We had to get some program

and recruit students. We had to get a website. We had to—I mean, all of these things. So I started getting a website, finding out how to get a website up and how to get it, because the only way you could register is online. [laughs] So we couldn't get anyone registered, so we had to get this thing up as fast as possible, and had all sorts of problems. You have to wait in line. I said, "Well, I can't wait in line." [laughs]

[00:00:00]

T.A. Rosolowski: So let me ask you, it sounds as though you had everything in place fairly quickly. You had your faculty in place. You didn't have to do tons of recruiting.

[00:00:07]

Mary Guinan: Well, we didn't have any money for recruiting, so they just gave me this. This is what I would start with. So I agreed to that. I would never have agreed to going there and saying, "Well, I'm going to start a school," because I didn't know anything about it.

But Shawn, obviously, I immediately trusted. We became very good partners throughout all of the difficulties. And as we were doing that and asking, you set your budgets and you never know why or when you're getting them or what's happening, or would go through.

But one of the faculty, Michelle Chino, who was an American Indian—I was very proud that we had a number of minority faculty, told me that she wanted to apply for this grant for minority health, and she asked if I would help her and could we get money because we needed somebody to help write the grant. This was just when I started, and I was commuting from my home in Lake Tahoe each week, because I didn't have a place to stay, and I didn't really think I was going to stay there, so I just commuted for a while and I'd stay in a hotel for a week.

So she asked me to help her, and so I did, and we got someone to help us get the grant. But she asked me if I would put my name on the grant, too, because it concerned AIDS in some areas, but really it was about minority health. It was about trying to make sure that our collection systems for data in Nevada had minorities in them so that we would understand if there were certain problems among the various minorities.

[00:02:22]

So we did it, and within six months we had a 1.3-million-dollar grant. It was actually the first competitive grant that UNLV ever got from NIH. So I think that that first year, I said to Shawn, "This is a big deal, because everybody's going to know about this. It's not like people aren't going to know about it. So we have to be very careful to make sure we handle this grant really well and

everybody is aware of what the stakes are here.” And it worked out. She was wonderful and still is. She’s retired.

[00:03:17]

T.A. Rosolowski: What was the impact of the grant? I mean, what were you able to accomplish with that money?

[00:03:22]

Mary Guinan: Well, it was various outcomes. I don’t remember all of the—but it was essentially documenting, using databases in Nevada so we could analyze, and having the databases include minority status so we’d be able to understand what the greatest priorities were for our minority communities. Without understanding that, we wouldn’t know how to prioritize. So she dealt with the data collection system in the state, to ask for how they do it and what data is available. It’s really not apparent to everybody about all the datasets there are in a state and who’s collecting them and how they’re organized, but since we had such a small state, it was easier for us to figure out all the data. Where is all the data collectings? There are four health departments in Nevada. What do they collect? What does the state collect? What does the educational system collect on students and minority students?

[00:04:43]

So we essentially started putting those databases together so we would have evidence-based decision-making, and that was our goal and that was our mantra. All that we decided on going forward should be evidence-based, and all our research had to be evidence-based, and also I felt very strongly that because we were a state institution that our research should at least in part—and I hoped the majority of our research would be to help Nevada, to solve Nevada’s problems. It’s very nice to do international and national and be a national scholar, which is great, but you really need, as the state—the state, which is paying your salaries—~~to~~, I feel, have an absolute commitment to researching the problems of our community and helping solve their problems. So that became a big part of what we did.

[00:05:54]

So then we got our MPH Program going within a year, Master’s of Public Health, and then the recession hit badly in 2007 and Nevada was so impacted, and all of our salaries were cut, all the university salaries were cut, and the housing market fell apart. It was really a terrible time for Nevadans. There were no jobs. People lost their jobs. They lost their healthcare because they lost their job. They didn’t have insurance. This is before Obamacare.

It was really a very difficult time for Nevada, and I couldn’t leave then. Now I’m into the second and third year, so I made a

commitment that I would stay, because if I left, they wouldn't be able to afford someone else to come in.

So I became the founding dean, and we struggled through those areas trying to get grants and do things, and we were successful in doing some of that and then starting to recruit and getting—you know, what would happen, if people would leave, some people would leave and then there'd be a space open, then we'd take that and say, "I may move this to this department because we need it in this department." And people wouldn't like that. They don't want things out of their department, so that you have to negotiate this and say, "Okay, next time we get someone, you're going to get the—." Because each of those areas had to have a sufficient number of faculty in order for us to be accredited.

[00:07:58]

T.A. Rosolowski: How quickly did you get accreditation?

[00:08:01]

Mary Guinan: Well, we got accreditation for our MPH Program, because that's what we started, but we understood that we were not going to have the money or the faculty to be an accredited School of Public Health. So what we had to do—and that's why the name was changed—we had to change our name, and it was voted because if

we were not a School of Public Health, an accredited School of Public Health, we couldn't call ourselves a School of Public Health. So we then changed the name.

[00:08:41]

T.A. Rosolowski: To?

[00:08:42]

Mary Guinan: The School of Community Health Sciences. And then got our Master's of Public Health Program accredited. So when that was accredited, then we got a doctorate program going. You need to have a doctorate program in the specialties, in three or four of the specialties that you have, and so we started with Environmental Health and then did Social and Behavioral Health. So we have now a fair number of graduates.

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What I understood with the budget, I began to understand that where all the money was to support the graduate program is in undergraduate school, and that unless we had an undergraduate program, we weren't going to survive. So that's what I learned. I learned that in academia, this is how the system works. I thought it would be just a graduate program. So we changed and decided, and, of course, this cost money and various things, and changed it,

Mary Guinan

and so we now have, which is relatively new, an undergraduate degree in public health, which is just approved within the past few years, and they have the same specialties. And what's good about a bachelor's degree in public health is that people can get jobs immediately, and often what happens, you know, health departments are looking for people all the time. Epidemiologists are in short supply, statisticians, all of the various jobs, healthcare administration.

We're the only healthcare administration program in the West, in the middle West, in Nevada and Utah, so that we had a niche in that. It was the only one in Nevada. And healthcare administrators are in great demand, so we had lots of support from the hospitals and healthcare organizations because they needed people to run their organizations. So we developed eventually a doctorate program in that.

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T.A. Rosolowski: That's amazing for young people, I mean in an era when undergraduates are having a lot of trouble.

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Mary Guinan: Getting jobs.

[00:11:28]

T.A. Rosolowski: Getting jobs.

[00:11:29]

Mary Guinan: Our undergraduate program in healthcare administration, we have an internship program, and people want them, all the healthcare—and usually they have jobs before they graduate.

[00:11:40]

T.A. Rosolowski: Wow. That's great.

[00:11:42]

Mary Guinan: And it's one of the things that the accrediting agencies evaluate you on. Do you link your people to jobs? So in healthcare administration, we don't have any problems in that.

[00:11:57]

T.A. Rosolowski: How many undergraduates do you have right now and how many grad students?

[00:12:00]

Mary Guinan: I don't know.

[00:12:02]

T.A. Rosolowski: Yeah. Well, I mean, what was the population that you do remember?

[00:12:05]

Mary Guinan: I don't.

[00:12:06]

T.A. Rosolowski: You don't really recall?

[00:12:07]

Mary Guinan: No.

[00:12:07]

T.A. Rosolowski: I mean, I'm just wondering was it several hundred, was it a thousand, you know, what kind of ballpark numbers?

[00:12:13]

Mary Guinan: We started small, maybe had ten MPH students in the first year, and then we got a lot of publicity, so people then saying—you know. And the health departments, they would have people that wanted [training] —and so the health departments then paid their

tuition, you see, to go. So it was very helpful and we would work with that.

Then I would ask—we had a really good epidemiologist in the health department in the Southern Nevada Health District, which is their health department in the south, and he was a really outstanding epidemiologist, but he just had a master's degree. But I asked him if he would be on our faculty to teach, so we had an epidemiologist on faculty who could talk about outbreaks, and, you know, the students loved him because he could tell you what was happening with the latest outbreak and all of that.

[00:13:09]

T.A. Rosolowski: Sure. What was his name?

[00:13:11]

Mary Guinan: Brian Labus, L-a-b-u-s. Brian, eventually, just last year, got his doctorate from UNLV in environmental health. Really he's an infectious disease epidemiologist, and he now left the health department, is on our faculty, so I find that really wonderful to see that we have brought people into—you know, we've really created a large number of qualified people who can work in Nevada and elsewhere. We probably have now ten or twelve Ph.D. graduates and, oh, probably maybe two hundred MPH graduates. The

undergrad program that's new, but we have maybe about—many people transferred into it, so we have had a number of graduates, maybe five, seven, eight, in our undergraduate program for the first year, and now it's increasing, so we expect that to be—and we're advertising as you can get a job with a bachelor's degree in public health.

[00:14:35]

T.A. Rosolowski: It's kind of amazing when you think about public health. You know, what comes to my mind, at least, and probably many people, is teams of people going out into the community and doing this work, and you don't think about, well, where do those people come from. [laughs] There has to be an educational system in place.

[00:14:49]

Mary Guinan: Right.

[00:14:52]

T.A. Rosolowski: So here a kind of amazing test case within Nevada of how public health needs both parts, not only—

Chapter Twenty

A Hepatitis-C Outbreak and a Return to State Health Officer

In this chapter, Dr. Guinan explains that when Nevada had an outbreak of hepatitis-C in 2008 (the largest ever in the U.S.), she went back to serving as State Health Officer half-time and reduced work as Dean to half time.

She explains how she and Richard Gerstenberger worked to address the outbreak, giving Dr. Gerstenberger great credit for his ability to analyze systems to improve them. She notes that the CDC came in to help with tracking the hepatitis-C cases.

[00:15:01]

Mary Guinan: Right. And that there's a system. And I worked in the State Health Department with a wonderful person who was very supportive, and he was a systems thinker. His name is Richard Whitley, W-h-i-t-l-e-y. He's now the head of Health and Human Services in the Governor's Office. So he's in the governor's cabinet. But he came and he was an openly gay guy who was a psychologist, and worked in the women's prison and used to have lots of HIV-positive people in the prison. In the women's prison, a lot of the women were drug users. So he became very familiar with that.

[00:15:58]

And then they closed the prison, so he applied for a job in HIV, in the HIV behavioral area, and he got the job, and he was really so creative in what he did. He worked out this program of paying—with the prisoners, what would happen was the people

Mary Guinan

would be in prison with HIV. They would take drugs in prison, but they'd be discharged and lost to follow-up and never show up anywhere for follow-up care. This is a terrible thing, that people aren't getting their medication. So he developed a program between the State Health Department and the prisoners where they told us in advance who was going to be—

[00:16:57]

T.A. Rosolowski: Paroled.

[00:17:00]

Mary Guinan: Who was going to be released, and we gave them a month's supply of the drugs that they needed and then an appointment with the clinic, and then we knew we could follow them up if they didn't come to the clinic. Do you see what I mean?

[00:17:18]

T.A. Rosolowski: Yeah, yeah.

[00:17:19]

Mary Guinan: So it was a wonderful, innovative program which he did, which we, of course, got the credit for, but it was his idea. He thought how the prison system should work with the State Health

Department on this, which I would never have done, and he talked with various people, and he was worked very, very successfully with the School of Public Health. He knows that “This is what you do. This is what I do. Can you help us?”

It turned out that there was a very bad outbreak of Hepatitis-C, the largest ever recorded in the United States, in southern Nevada, and it turned out that there was no Health Officer at the time. The Health Officer had resigned. So Richard and others asked me if I would leave UNLV as dean and come back as State Health Officer because there was a critical outbreak and fifty thousand people possibly at stake. So it was pretty frightening, and it was an endoscopy clinic where they were doing colonoscopies and reusing needles and infecting people.

[00:18:42]

T.A. Rosolowski: What year was this?

[00:18:45]

Mary Guinan: Turn this off?

[00:18:48]

T.A. Rosolowski: Sure.

[The recorder is paused.]

[00:18:50]

T.A. Rosolowski: Back on.

[00:18:53]

Mary Guinan: So the epidemic was recognized in 2008, and I was asked by the state to come back as State Health Officer because it was such a critical issue. People were scared to death. They all had to be tested, fifty thousand people, to see if they had been exposed.

So I asked the president of the university, who was then a new president, I told him that I was considering leaving. And he said, “Well, I’ll make you a counteroffer. If you’re going to leave, I’ll make you a counteroffer.”

[00:19:39]

And I said, “Well, what I would like is if I could do it half-time, if I could stay as dean and be the State Health Officer on a part-time basis.” Since the outbreak was in Las Vegas, I really wouldn’t have to be moving, you know, traveling a whole lot.

So he agreed, and so half of my salary then was paid by the State Health Department, which was great because then I could use that for my faculty and I didn’t have to let go of faculty. So it

really helped the budget. So I was now very aware of how to use money better in the system.

[00:20:21]

So I was there for two years. Richard was one of those people who knew how the system worked. He said, “This is how the system should work,” and they made this graph of all the interactive players and where the system had failed the community. It wasn’t just the doctors doing the bad things; it was that they weren’t doing inspections at the clinic, they weren’t doing various things that were supposed to have been done. So we’re not going to punish that doctor, and nothing’s going to improve. We have to make sure that all of these people work together to ensure the health of the community. So he made people understand that.

And I came back and they were happy to have me back because we understood each other, and he knew and he was very much liked by the legislators. They respected him. So I came back and spent two years half-time, and we worked out some of the issues and changed a lot of things to improve the health of the public.

[00:21:40]

T.A. Rosolowski: Wow. That's pretty amazing. So, I mean, just out of curiosity, what were the numbers of individuals infected during that outbreak?

[00:21:49]

Mary Guinan: It was not clear because we didn't have full coverage, but there were over 100 who were found to be Hepatitis-C-positive. But no one knew if they had had it before, see, so you didn't know if they got it at that time. But because the Hepatitis-C mutates a lot, you can't say, well, this is the same strain, but you can do it with new cases. So we found with new cases, the virus hasn't—it just goes from me to you, it doesn't change very much. So the CDC came in to help with this, and they found that there was somebody with Hepatitis-C before he went to that clinic, and on that day that he got his endoscopy, three other people were infected with that strain, and they matched the strain because they were essentially just—they were new cases of Hepatitis-C.

Hepatitis-C is very often not symptomatic, so you don't know you have it unless you're tested for it, but in this particular cases, these people had acute hepatitis symptoms, which was recognized by the epidemiologist at the health department at the South Nevada District, who was Brian Labus. He was the one that recognized the

epidemic, then called the state, called CDC, and that's when the big investigation began.

[00:23:35]

T.A. Rosolowski: Wow. Wow. That's amazing. It's an amazing story. You must have a lot of satisfaction in knowing you just had an impact, I mean on people that you don't even know, but you had an impact.

[00:23:50]

Mary Guinan: Well, you see, it's just not me.

[00:23:53]

T.A. Rosolowski: Well, sure. Right.

[00:23:54]

Mary Guinan: That's what's so wonderful about public health. There are all these heroes, unsung heroes. You can't say, "I did this."

[00:24:04]

T.A. Rosolowski: No, but you were part of something.

[00:24:05]

Mary Guinan: I was part of it, and that's what's so wonderful about my career. I mean, I was part of the Smallpox Eradication Program. I was part of the first investigation of the AIDS epidemic. I was part of trying to improve the Urban Research Centers and see what they had done. And I was part of trying to improve the lives of others, and there's nothing more, to me, satisfying than thinking you've improved the lives of others. That's a satisfying job for me.

That's a satisfying job for me.

Chapter Twenty One

Reflections on Teamwork, Success and Failure, Evidence-Based Decisions, and Advice to Young Women Professionals

Stressing the importance of teamwork, Dr. Guinan begins this chapter by affirming that she wants to work with people who know things she doesn't know. She then offers advice to young women who would like to work in public health, emphasizing the importance of understanding that a system of public health exists and that collaboration is important in every state. She also says, "You're going to fail," and it's important to know how to cope with that as well as the knowledge that no one is indispensable.

She talks about the value of working in a small state where it's possible to make personal connections; it's also important, she says, to understand the political system and not take sides.

Her most important rule: when data is lacking and emotions run high, it's important to base decisions on evidence.

Dr. Guinan speculates that her birth order as middle child may have fostered her ability to collaborate and remain non-partisan.

[00:24:42]

T.A. Rosolowski: Well, it also strikes me, too, that you've always had the team approach, you know, working with other individuals. I mean, just your description of working with Richard or both Shawn and Richard, who were people who had very different skill sets, very different approaches to problems, and you were totally okay with that, in fact, welcomed it because they could do something you could not do, and together you made a great team, not everybody would do that, you know. Some people—well, I'm just saying you were kind of—your career was about teamwork, and that was a gift in a sense that you brought to each of your positions, from my perspective, that you saw that, were able to work very comfortably

Mary Guinan

with that and, as a leader, made that work in the various roles you took on.

[00:25:35]

Mary Guinan: Yeah, but I always wanted to hire people who knew better than I do, because, you know, obviously I don't know everything, and that's the kind of people that I wanted to work with, who understood things like Richard, this systems thinker, Shawn, understands how that works.

He did wonderful work in lead. We found some lead. Shawn and the school made it in the press for what he did with lead. They found a number of children who had high lead levels and didn't know how they got them. One of the theories was that they were eating candies from Mexico that had lead in them, for whatever reason, and so they tested all of the number of candies from these swap meets where they would sell Mexican foods, and they found that they had high levels of candy. So with the health district, they asked that all these be taken off the shelves anyplace in southern Nevada, which they were, to prevent lead poisoning of children now. I mean, so he became—I think he was interviewed by *National Geographic* and all sorts of things. I think he became a very prominent leader for the school.

[00:27:18]

T.A. Rosolowski: Great problem-solving, yeah.

[00:27:24]

Mary Guinan: Yeah. And he liked me because he knew I understood what he was doing and didn't put up barriers. He knew that I'd cover him, you know, whatever was going on, because it was very sensitive to ask people. They had to voluntarily take those candies out. We couldn't say, "You have to take them out," right? But you could say, "Hey, these things are—we found them to have large levels of lead."

[00:27:50]

T.A. Rosolowski: Wow. Tell me about advice that you would give to, say, a young woman who's interested in entering the field of public health. What would you tell that young person she ought to think about to really develop a career in that area?

[00:28:13]

Mary Guinan: I don't know if I have the wisdom of the aged, although I am of advanced age. But I do think that one has to understand that you're going to fail and learn from them, and that you're never going to be indispensable. There's always someone who can

replace you. So it's much better to be working with people who can help you solve problems, team and specialists, because the problems of public health are very complex, and you don't know the details of each of the areas. You have environmental health, which is an incredible area, very, very complex—healthcare administration, epidemiology, statistics, social and behavioral health—how you can change behaviors or improve behaviors. So they're all experts. People are experts in that area and can tell you. I didn't know about healthcare administration. That's why that department taught me what was going on.

[00:29:27]

So I think that that would be understanding that there is a system of public health and how you have to collaborate and understand what are the pieces. It's different in every state, because the state has primacy in matters of health. So it's different how the system works in every state. So if you move from one to another, it wouldn't be the same. They don't have the same departments in the same places, in the same jurisdictions, in the same authorities. They may be assigned in different ways. So you have to understand that there is a system in the state. If you're working for the federal government, you have to understand that it's the states that have all the power, and you have to work with

the states to give them the resources that they can essentially use that power to improve the health of people.

[00:30:32]

T.A. Rosolowski: Is there anything, as you look back, that you would have done really differently, or wish you had done differently?

[00:30:47]

Mary Guinan: Well, I'm not sure. There are certain things that I've done that I wish I hadn't done, but they're all now so—they seem so minor in the large scheme of things, that you have to sort of accept that all of you are going to make mistakes, everybody makes mistakes, and that you have to acknowledge that you do. And it's humbling, it's not easy, and if you don't learn from them [*chuckles*], then you're not going to improve. You're not going to be better at your job unless you learn from something that you weren't successful at.

[00:31:34]

T.A. Rosolowski: What are some key things you learned from moments where you were unsuccessful or initiatives that failed?

[00:31:41]

Mary Guinan: Well, as I told you, I understood that I needed to have a systems thinker, because I couldn't think that way. I didn't think that way. I mean, I still don't. So I ask people what they think, how does this work, how should these groups work together. And Richard, because this is a small state, he really could capture and get people together, whereas in larger states, I mean, there were so many different agencies that might be involved in this, whereas we have a finite number that we can deal with and we know who runs it and who's in charge and who we can talk to, and you know your state legislators will help you.

I often have reached out to Senator Reid's office to help us with certain issues that are happening. I didn't talk directly to Senator Reid, but he has a health person related to the university. He has a person who has expertise in health, in public health. And we were very successful in getting funding for our Environmental Health Laboratory at UNLV, which Shawn is head of now, among other things, and it's expanded and doing great work, besides lead, all sorts of things they're looking at.

So that understanding the political system is also important and how not to take sides. You can't really eliminate one party or the other, or the Independents. You really need to try and work with everyone and listen to—and it's not easy, because people

have such a diverse opinion and they may have such passion about something. It's very difficult.

[00:33:57]

There was a rule in my life, which I said that when data is lacking, emotions run high, and so the louder people scream at each other, the less data there were available to make a decision. So I always tried to say, "We really have to have evidence-based decision-making, and I understand how people feel about one side or the other, but we have to understand that we have to use science and evidence and we have to evaluate what we do so we can show the powers-that-be who fund that this worked or didn't work, and if it didn't work, what are you going to do."

And evaluating things, that's very important, evaluating what you do, and every intervention you do, you have to have an evaluation from, and you have to show authorities that it worked or didn't work. And if it didn't work, you have to accept the blame. You know, that's some of the things you'll learn and say, "Well, why didn't it work?" and then do an analysis of that so you learn from your mistakes about how you have to do your next step.

Chapter Twenty Two

Gratified to Be a Mentor for Public Health Students and Professionals; The Alma Dea Morani Award

Dr. Guinan begins this chapter by noting that she retired in 2014 and taught part-time at the School. She tells a revealing anecdote about mentoring a student, Annie Wyman, who worked as a massage therapist and who had an innovative idea for a research project. Dr. Wyman received her PhD based on this qualitative study.

Dr. Guinan then talks about how appreciate she is to have received the Alma Dea Morani Award. She comments on the value of documenting the experiences of the award winners with the oral history project.

[00:35:12]

T.A. Rosolowski: Now, you retired in 2014, is that correct?

[00:35:16]

Mary Guinan: Mm-hmm.

[00:35:17]

T.A. Rosolowski: Were there any initiatives that you wanted to talk about prior to that, anything that we haven't covered?

[00:35:25]

Mary Guinan: Well, no, but now we have enough faculty that we are applying to be an accredited School of Public Health. So hopefully the name will be changed. It'll be in 2017 or 2018 that we have all of the criteria necessary, that we will have all the criteria necessary to be

an accredited School of Public Health and we'll apply for accreditation.

[00:35:50]

T.A. Rosolowski: That's exciting.

[00:35:51]

Mary Guinan: So Shawn is the new dean, and he's taking that on, and I expect he'll be successful.

[00:35:57]

T.A. Rosolowski: That's very exciting.

[00:35:58]

Mary Guinan: So I'm very happy about that.

[00:35:59]

T.A. Rosolowski: So tell me, what are you very happy—what do you feel your legacy is that you've left?

[00:36:04]

Mary Guinan: [laughs] I don't know that I have a legacy. What I have is a career that I worked with great people and accomplished goals *with* those

people. I don't feel like I was the person who did things, and I think that public health people feel that way. That's why I love working with public health people. [laughs] They all know that we've got to work this out, you know. If you have a conflict, we've got to work it out, because we're responsible to the people. Our personal issues have to be set aside for whatever. And I think it's easy for me to accept that now because I was a middle child, and middle children are supposed to be very flexible. [laughs] And maybe that was something that I could always sort of try, and I always tried to be a nonpartisan in politics so that I would not be unduly influenced by either party or—

[00:37:18]

T.A. Rosolowski: That's interesting, yeah.

[00:37:21]

Mary Guinan: Because I thought that was a healthy place for me to be between—

[00:37:25]

T.A. Rosolowski: Interesting. Why did you choose to retire in 2014?

[00:37:30]

Mary Guinan: Well, I was getting older and I saw that I developed problems with heat tolerance, and it's very hot in Las Vegas, and I started getting some heat problems, heat-injury problems, especially in the summertime, and I knew that I couldn't continue that. So I stepped down, and Shawn was made the acting dean, and I worked part-time. I taught, and it was a great deal of fun to have students in a classroom and talk about experiences. It was a doctorate seminar series that I gave, and so I made lots of friends with students who were doctorates. Like most recently, one of my students had come to visit me just as the school was opening, and she was a massage therapist, and she said she worked as a massage therapist but she also used to volunteer at a hospice and give massages to people who were dying. She told me she was interested in finding out how massage would help people with HIV and AIDS, and she said, "What do you think?"

[00:39:12]

And I said, "Well, I think it's a great idea, because for fourteen years we really couldn't do very much, I can't imagine how wonderful it would have been." Because people see them as lepers. Someone comes and touches them, and so I said, "I think it's wonderful." I said, "Why don't you—you have to do a study to show something. You might want to consider entering our Master's in Public Health Program." She didn't want to do that.

She already had a bachelor's degree, and she wanted to do this. Her name is Annie Weisman. So I encouraged her, but I didn't see her again.

Then I found out she had applied a couple years later to the Master's of Public Health Program, and she wanted to do the studies. She didn't want to do quantitative research, she wanted to do qualitative research, and there was a great deal of resistance on this. A massage therapist? Are you kidding me? So she stuck with it and she got her master's degree, and then she applied to the doctoral program, and she did this wonderful study, and she was defending her dissertation. I had retired, and she invited me to come to her defense of dissertation, because she said, "You were the one who encouraged me to do this."

[00:40:43]

I thought it was wonderful, I mean, what she did, and she stuck to her guns and she did this qualitative study on doing massage on people with AIDS and finding out how they responded to it. It was really incredible. You know, usually a defense of dissertation is maybe ten or twenty people. She had standing-room-only at her defense.

So I went, and she was so happy I was there. I met her family and all of these people, and she told me that she had just gotten this job upon graduation, which she is going to be the Director for

Alternative Medicine at the new UNLV Medical School that's opening next year. Can you imagine? So not only was she successful, she's got this wonderful job where she can actually make a difference in medicine, you know. So just seeing that, it makes me happy to think—

[00:41:56]

T.A. Rosolowski: That's wonderful.

[00:41:58]

Mary Guinan: —this is somebody—and that's what we need, people who think differently, and to sort of invite them in and try and understand how they can work with us, because we need all the help we can get, right?

[00:42:10]

T.A. Rosolowski: Yeah, yeah. I just have two more questions. One is, you got the Alma Dea Morani Award in 2006, it was, and I was wondering what you thought of that award and the foundation, working with the support of women in medicine. What did it mean to kind of be part of that organization in that way?

[00:42:35]

Mary Guinan: Well, I was really, first of all, flattered to have received it. I mean, it's a very prestigious award, and, you know, the idea that I was recognized by my peers in some way as having been worthy of it. And I went. I didn't really know much about it, but I'm since a supporter, and because I was a member of the American Medical Women's Association, which is Women in Medicine, and then the foundation does something very different but related. So I think the foundation is wonderful. I think recording and documenting women in medicine is really important. And the American Medical Women's Association thinks that, too, and we have archives and, hopefully, we will have the memoirs of many of our members and oral histories also of those. And I'm part of the Archives Committee, and I am planning on doing that in the next years to come.

[00:43:48]

T.A. Rosolowski: Yeah, there might be a neat opportunity to kind of cross-link and partner, yeah. It would be very important.

And my last question is, do you have anything else you'd like to add?

[00:43:58]

Mary Guinan: No. Thank you very much for—I'd like to thank the foundation for creating this project, which I think is important, not just me but of women physicians and what they did and what they thought, which I think is well deserved for the women who work in medicine, and they may not be researchers. They may be just people who somehow improve the lives of others, right? And that's great.

[00:44:32]

T.A. Rosolowski: One of the cool things that comes out in these conversations, too, are the names of all the other individuals, but certainly all the other women who have been instrumental in partnering with the people I'm interviewing and helping make a difference, make something happen, and mentoring, leading, pushing initiatives through to completion. So you kind of document by extension the activities of lots of women who are making a difference.

[00:45:02]

Mary Guinan: Mm-hmm, yeah.

[00:45:03]

T.A. Rosolowski: Well, I want to thank you very much for your time today and yesterday as well.

[00:45:06]

Mary Guinan: Well, you're welcome.

[00:45:08]

T.A. Rosolowski: It's been fun.

[00:45:08]

Mary Guinan: Thank you for being here and taking the time to do it.

[00:45:13]

T.A. Rosolowski: Great. Well, I am turning off the recorder at quarter of twelve.

Epilogue One

Grand Marshal of the Gay Pride Parade, 2009

Dr. Guinan tells the story of serving as Grand Marshal of the Gay Pride Parade in 2009, while she was still serving as State Health Officer. She describes the dramatic event, which involved driving through Reno in a convertible. She tells about attending the festival and having people thank her. She says she was very proud to be asked to participate and it enabled her to communicate that as State Health Officer she was concerned and supportive of the community.

[00:00:00]

T.A. Rosolowski: Okay, so we're actually recording. So this is an epilogue, the story we can't miss. [laughs]

[00:00:16]

Mary Guinan: It's about the Gay Pride Parade.

[00:00:18]

T.A. Rosolowski: Yes. So the crowning glory of your—the crowning achievement—

[00:00:22]

Mary Guinan: What's it called? The grand marshal of the—yes, I was the grand marshal of the Gay Pride Parade. I think it was in 2009. But how that happened, I'm not really sure, but I suspect that Richard had something to do with this, Richard Whitley. I was asked by the parade group to be the grand marshal, and I was shocked. I was

the State Health Officer. I was shocked, but I said, "Sure, I'd love to be."

So what was going to happen was that I would be in this convertible and I'd sit on the back, and somebody would hold on to me for safety. [unclear], so I decided to dress up. I got a beautiful hat, like a straw hat with flowers in it, and I had white gloves and beautiful dress, and I was waving like the queen, you know, waving, and I would go down, and I learned how to do the wave that the queen does. I don't even know if I know how to do it now.

[00:01:32]

So this young man has this job to hold on to me, and he's taking it very seriously. So I'm sitting on the back of this, and it's a mile or so, very, very slowly, so it must have taken, say, half an hour before we finally got to the destination. And he's sweating, he was so nervous that somehow something would happen to me. But it was great.

As it happened that day, my sister was coming to visit me and I had to pick her up right after the parade at the Reno airport, so I come in this outfit. She said, "What are you doing?" [laughs]

And I said, "Oh, I was the leader of the Gay Pride Parade today, and they have this festival. Would you like to come along?"

So she comes and sees it, and they had like all sorts of things at the festival where there were people advertising their wares and what they do. One of the things that they did was there were people who would provide domestic partnerships or just taking events of commitment ceremonies. So there were all these people who would have these and discuss what you do at a commitment ceremony, what we do, who can do it, and how you do it. So it was a really unique thing for me seeing all of this and going through and talking to all of the people and thanking me for being the leader. What was the—

[00:03:21]

T.A. Rosolowski: The grand marshal.

[00:03:21]

Mary Guinan: Grand marshal. I keep forgetting that name. But I was really proud that, first of all, that they would—since I was a heterosexual and they knew it. And I thought that's great. I mean, I first thought, well, you know, they really should have somebody who's in the gay community, but I thought, well, I really wanted them to know that the State Health Office is interested and concerned about the gay community. So it was a wonderful time, and I put it on my CV. I didn't have it on that CV.

Mary Guinan

[00:04:00]

T.A. Rosolowski: That's great, and it's also really a great testament to how far gay rights have come too. Yeah, yeah, very cool. Well, I'm glad you told that story.

[00:04:13]

Mary Guinan: Yeah, great story.

[00:04:16]

T.A. Rosolowski: Any other great stories before I turn it it off? [laughs]

[00:04:17]

Mary Guinan: I don't remember. Good thing my memory is going. Like I can remember—I'm having recall. I can't get it out. I'm trying to think of the name of something, and I can't just get it. Like I was trying to think of grand marshal. I couldn't pull it out.

[00:04:35]

T.A. Rosolowski: Yeah, happens to all of us. Are we done? Should I turn it off or—

[00:04:40]

Mary Guinan: No, that's fine. Turn it off, yeah.

[00:04:43]

T.A. Rosolowski: Okay. All right. So I'm turning—this is the end of our epilogue.

Epilogue Two

Supporting Gay Rights

Dr. Guinan talks about supporting the gay rights movement in Nevada. She was asked to help support a concert where Janis Ian was to appear. Though she didn't provide extensive support, the organizers put up a huge banner thanking her. She was glad to have the opportunity to support the community. She talks about the unforgettable experience of working with a disparaged group, such as AIDS patients in the early years. She talks about how important it is to learn.

[00:04:48]

T.A. Rosolowski: Okay. So we're recording again. This is epilogue two. [laughs]

[00:04:51]

Mary Guinan: I supported the gay rights group in the Reno area, and it was probably one of the reasons I was invited to be the grand marshal. They asked for some donations that one of the brochures came out one time to help support a concert by Janis Ian, who was coming, so they needed money there. So I donated some money to bring Janis Ian in. And when I went to the concert, they had this huge big sign on a cloth thanking Dr. Mary Guinan for her support of Janis Ian. [laughs] I mean, I know that I wasn't the only person who contributed to that, but they thanked me, I mean, this huge concert, and I went and talked with Janis Ian and had her sign my album for my son, "To Brendan," you know. It was really neat. But that's how wonderful it was to be able to be part of our community. They were just saying thank you, you know. But it

Mary Guinan

was like that I had co-sponsored. That's what they said, I co-sponsored it, as if I did, my donation. So it was—

[00:06:24]

T.A. Rosolowski: How amazing. Well, it may have been a very big deal to get any kind of support from the State Health Officer.

[00:06:29]

Mary Guinan: Well, I didn't do it as State Health Officer, you know, a personal thing.

[00:06:34]

T.A. Rosolowski: Well, no, I know, but, I mean, had a State Health Officer ever been as supportive of the gay [unclear]?

[00:06:39]

Mary Guinan: I have no idea. I was the first woman State Health Officer in the state of Nevada.

[00:06:45]

T.A. Rosolowski: Oh, I didn't realize that.

[00:06:46]

Mary Guinan: Yeah.

[00:06:47]

T.A. Rosolowski: And maybe you'd been the first one who'd ever been so openly supportive. I mean, who knows?

[00:06:52]

Mary Guinan: Well, a different time, you know.

[00:06:53]

T.A. Rosolowski: Sure.

[00:06:54]

Mary Guinan: I was of a time where this was happening and had dealt with this in my career, dealing with the terrible, terrible problems of gays during the early AIDS epidemic, which I will never forget. One can also see this is any group that is disparaged, that this kind of hatred can easily come out of the public, the majority of the public, in a time of crisis when there's such fear. Like now, right now in 2016, the fear of Muslims. So it's really important that you learn from that, but it doesn't seem we've learned from it yet. How many times do we have to do this before we blame a group or groups?

[00:07:54]

T.A. Rosolowski: Thank you for—

[00:07:59]

Mary Guinan: That's the end. [laughs]

[00:08:00]

T.A. Rosolowski: Thank you for telling that story. Any other stories that you have?

[00:08:03]

Mary Guinan: No, I don't think so.

[00:08:05]

T.A. Rosolowski: Okay. All right.

[00:08:06]

Mary Guinan: I can't remember them. [laughter]

[00:08:09]

T.A. Rosolowski: All right. Thanks a lot.

[End of June 18, 2016 interview]