



## **The Alma Dea Morani Renaissance Women in Medicine Oral History Project**

### **Deborah German, MD**

#### **Interview Summary and Table of Contents**

Dr. Deborah German is Vice President for Health Affairs, leading an emerging Academic Health Sciences Center at the University of Central Florida, where she is also Dean of the College of Medicine which she founded in 2006. Her leadership in medicine ranges across research, clinical, and educational missions. She was Associate Dean of Medical Education at both Duke and Vanderbilt Colleges of Medicine. After 13 years at Vanderbilt, Dr. German next served as President and Chief Executive Officer at Saint Thomas Hospital in Nashville. Her wide-ranging leadership experience and spirit of adventure have been integral to the establishment of Orlando's "Medical City" – a sophisticated medical treatment, research, and education hub anchored by the UCF College of Medicine. She was awarded the Alma Dea Morani Renaissance Woman in Medicine Award in 2014.

This five-hour interview takes place in five virtual sessions conducted between May 2022 and June 2022. Dr. German recounts humble beginnings as part of a close, extended Italian-immigrant family eager to embrace the many opportunities America offered them. She emphasizes that such beginnings taught her everyone has value and something to teach us; she notes how she put that lesson to good use as one of the few women at Harvard Medical School in 1972. She describes a system "not yet ready for her", but one she knew she could influence. She is candid about the importance of her roles as wife and mother as she navigated the early stages of her career: Resident in Medicine at the University of Rochester (1976) and Fellow in Rheumatic and Genetic Diseases at Duke University (1980). Her narrative illustrates a career driven less by ambition than a deep commitment to the

multiple identities she carried and a strong desire to achieve excellence and make a difference, no matter the endeavor. She explains how those commitments and desires led her career to grow in unexpected ways – from researcher to clinical faculty to academic medical administration, first at Duke University and then for many years at Vanderbilt University. In 2002, she accepted a position as CEO of St. Thomas Hospital in Nashville. Undaunted by her lack of experience, she recounts how her unprivileged beginnings and her medical training have equipped her with the sure knowledge that she is someone who can “figure out” complex problems. It is this spirit of inquiry, she explains, that she most hopes to impart to the students she leads today as Dean of the University of Central Florida College of Medicine. She also relates numerous setbacks and disappointments in her life – but she articulates them as gifts and opportunities, describing the ways they have opened onto experiences and adventures beyond what she could have dreamed. She conveys the realities she faced as a woman in medicine, but never bitterly. She imparts a sense of pragmatism, optimism, and generosity toward others. She goes on to talk about her current role, what she has learned about leadership, and the exciting new opportunity to fashion something that will outlast her: a premier medical school at the University of Central Florida and an ever-expanding “Medical City” encompassing a blend of private-public partnerships to advance medical treatment, research, and education.

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## **Deborah German, MD**

### **Interview Session 1: May 11, 2022**

#### **Chapter 0-A Interview Identifier**

##### ***A. Macdonald, PhD***

[00:00:10]

I'm enabling live transcription. There we are. Okay, so wonderful to be with you here today. I'm Arlene Macdonald, I'm interviewing Dr. Deborah German. This interview is being conducted for the Renaissance Women Oral History Project, which is organized by the Women in Medicine Legacy Foundation. Today is May the 11<sup>th</sup>. It's noon Dr. German's time, where she is in Florida, at the University of Central Florida. And just to thank Dr. German for being willing to participate in this project; an Oral History is a large gift of her time and effort. We're very grateful.

She is the winner of the Women in Medicine Legacy Foundation Alma Dea Morani Award in 2014. She's a clinician, she's a medical researcher, and she is a widely recognized leader of academic health centers, including where she resides right now, where she was the founding Dean of the College of Medicine at the University of Central Florida in December 2006. And she is now both Dean and Vice President for Health Affairs. And along her journey she has received dozens of awards and accolades for her commitment to assisting women in realizing their full leadership potential. So, we're going to have great fun starting to understand how a life that makes such strides in medicine and assists so many women in reaching their potential, where it began, how it began, where your interests began, who supported you along your journey. That's what I hope we'll cover in our session together today.

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## **Chapter 1**

### **Stories from Childhood**

Dr. German sketches her early life as part of a large extended Italian American family in Rhode Island, outlining the discriminatory attitudes of the time [00:20:46]. She discusses her parents' modest education and income, but emphasizes the important ways her family, particularly her mother, reinforced a sense of her unique worth and ability [00:09:02]. She recounts her family's Catholic faith and her own openness to multiple faith traditions. She describes the ways both her faith and her upbringing reinforced a sense that everyone has value [00:11:42]. She narrates some of the early experiences that attracted her to a life in medicine [00:06:33], including a dramatic story about a childhood friend's injury [00:17:22].

#### ***A. Macdonald, PhD***

[00:01:48]

So I think, first and foremost, just tell me a little bit about when and where you were born. That's easy stuff.

#### ***Deborah German, MD***

[00:01:54]

Very easy. Well, thank you Arlene, I appreciate the introduction. I was born in Providence, Rhode Island, and I am the daughter of a mother and father who were both the children of Italian immigrants, and I grew up in Rhode Island in a very large family. Well, I should say my immediate family was my mother, father, and a sister, but we had grandparents, cousins, aunts, uncles, and there was always something happening. So that's a snapshot of my earliest time.

#### ***A. Macdonald, PhD***

[00:02:39]

Was there a big Italian community? Where in Rhode Island were you and how large was the Italian community there?

#### ***Deborah German, MD***

[00:02:44]

Rhode Island is fairly small, I think 60 miles across. So although the family lived in many different towns in Rhode Island, yes, it was a large, tight Italian family. And we lived in my early years in Warwick and then about sixth grade we moved to a town called Cumberland, and neither of those towns were particularly Italian. I think I was always a little bit of a... a standout for my background, in my education.

#### ***A. Macdonald, PhD***

[00:03:26]

I was picturing that because I'm from Toronto with a huge Italian community, but very centralized, and one can be Italian and never leave the Italian neighborhoods where they are, so...





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***Deborah German, MD***

[00:03:37]

No, I think my parents had that experience, at least my father did, but I was always in a more American, less Italian environment growing up.

***A. Macdonald, PhD***

[00:03:49]

And when did your parents immigrate to the U.S.?

***Deborah German, MD***

[00:03:52]

My parents were born here. Their parents immigrated.

***A. Macdonald, PhD***

[00:03:56]

Okay. Wonderful. And did you mention one sister? Are you close in age?

***Deborah German, MD***

[00:04:01]

Yes, we're a year and a half apart

***A. Macdonald, PhD***

[00:04:05]

Okay, lovely, lovely. I want to hear just a little bit more about what your parents did for a living, and what kind of influences you might have been exposed to as a child. What might have sparked interest in science and medicine? Do they come from those kind of backgrounds? Was that their career?

***Deborah German, MD***

[00:04:24]

No, neither of my parents have a college degree. My father was in World War 2 -- and both my parents are still alive -- and when he came home, he got a bit of education on the GI Bill and worked as a tool and dye engineer. So some postgrad, you know, post high school education. And my mom later on in life, when my sister and I were in high school, went to school to be a cosmetologist and worked as a hairdresser during our final years at home.

***A. Macdonald, PhD***

[00:05:13]

Right, okay. So then, your interest in science and medicine -- you would have been perhaps a first-generation college goer.



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***Deborah German, MD***

[00:05:22]

Yes, for sure.

***A. Macdonald, PhD***

[00:05:23]

And I imagine that has influenced your approach to medical education?

***Deborah German, MD***

[00:05:24]

I suppose it has. I don't think about it that way.

***A. Macdonald, PhD***

[00:05:33]

OK, how do you think about it?

***Deborah German, MD***

[00:05:34]

Well, I think everybody who is getting an education is new to that world. And so, in a way, everyone is learning. I do know that there's a difference because I remember in my first year in medical school, I had to look up the titles of the courses. I didn't know what pharmacology was, I didn't know what physiology was, and I had to look those up. And I know I had classmates who knew what those things were. But the way I looked at it is when you are learning at the college level, and at the medical school level, everything you learn is new to you, and every student is entering a new experience. And if you treat all students as if they are first generation in the subject, you get your best results in the student outcome.

***A. Macdonald, PhD***

[00:06:33]

Yes, lovely, lovely to hear. It's a little bit - it's unique in some ways. To think about it in that way -- I know that's not the standard discourse sometimes in post-secondary education. So it's really interesting to hear that. So where did your own interest in science, medicine -- was that early on? Did-- Were you one of those kids who knew from the time you were ten? What was your exploratory process then?

***Deborah German, MD***

[00:06:56]

I had no idea what I wanted to be. I did develop the idea that I wanted to help people. So I knew that I was a helper. But I think what happened, I was in the fourth grade and my mother was called into the school. The teacher wanted to move me into a special class, and she called my mother into the school to tell her about this class for... I don't remember what they called it. It might have been gifted and talented. And my mother got very scared. She didn't know if this was a good thing. So, she came home, talked to my dad about it, and neither of them really knew



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whether it was wise to do this. And the lady who lived next door to us was a school teacher. And my mother talked with her, and she said, "You should do it". So, in the fourth grade I remember collecting pond water and looking under microscopes at amoeba and algae, and really got advanced science education in the fourth grade.

And my mother tells a story about me, I think... I don't know if it was second grade... where it was the end of the year, and I came home and I was promoted. And, of course, everybody else in the class was promoted. And I just -- without any malice, as she describes it -- asked her this question: "Mom, I got promoted to the next year, and so did Susan. But I've read five books and Susan's still on the first book. How is that?" And my mother just explained to me that we all go at different paces.

***A. Macdonald, PhD***

[00:09:02]

Right.

***Deborah German, MD***

[00:09:03]

But I was asking those kinds of questions. And the reason I tell you the story is I think I had, from my environment in early years, indication from those around me that maybe I was smart. And there is one more story, which I think is really amazing, and I think I might have been two years old, two or three. And I was playing with someone and that someone -- maybe I was three - - told my mother that I had done something. She tattletaled on me. My mother was unhappy. So, she sat me in the corner and told me that I would sit in the corner till I apologized. And this was around noon time, and it was like 7 o'clock at night and I'm still in the corner.

***A. Macdonald, PhD***

[00:10:06]

Oh, my!

***Deborah German, MD***

[00:10:07]

And I wouldn't apologize. And my mother said she finally pulled me aside and said, "Why won't you apologize?" And when I told her, she said, "You were right".

***A. Macdonald, PhD***

[00:10:22]

Oh, my!

***Deborah German, MD***

[00:10:23]

So what she would tell people all the time: you have to listen to your children. She was very powerful in her mothering.



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***A. Macdonald, PhD***

[00:10:42]

Yes, yes, I know. Those memories of how we were shaped, and how we were enabled in this world from our parents, are stirring. Not at the time! But later, when you recognize all that they taught you and observed about you and launched in you.

***Deborah German, MD***

[00:11:00]

Yes, of course. Well, the power of that, especially when you hear your mother tell the story again and again, is that you have value. Your opinion, your thoughts, your thinking process, and your view of the world, is valuable. And that is something that if one is given that gift, one should apply it to everyone around them. So you recognize that if you have value, well Arlene, so do you. And so does everybody else on my team. So does every student in my class.

***A. Macdonald, PhD***

[00:11:42]

Yes, when did you -- You know, you start with a sort of, your mother reinforcing for you a sense of your own value. But at what age would you say you started to make that shift to recognize, "it's not just me who has value". You know, that there's a kind of maturity that comes from "Hey I'm valuable, I've been told and reinforced and encouraged". But when do you make the shift to recognizing that in others? Would you say, in your own life?

***Deborah German, MD***

[00:12:09]

Honestly, I don't think I ever had to make the shift. The traditions of my family, which are, 'turn the other cheek', and the religious values which are that everyone, everyone has value. And we live in a country, it's a democratic country, where everyone has a voice. I was raised as a Catholic. I mean what catholic means (of course today everybody has their own view of what that is and maybe it's morphed into something else), but the word itself means universal. That's what catholic means, and it's for everyone.

And when I was in college, as -- I know I'm fast forwarding here --but when I was in college, I was a Chemistry major. And I was envious of people who were not Catholic, who knew the Bible. Because they could quote [the Bible] and Catholics don't do that, at least not where I was raised. And so, I decided that I was going to do two things in college. One, I was going to read the Bible cover to cover, on my own time. And the other thing I did was I -- as chemistry major there were all kinds of electives you could take -- and I took almost all of my electives in religion. And I studied Buddhism, Taoism, Islam, the religions of the world. And my goal in college... I realized that we are all people, and I could not believe that God would choose one people as 'his' people and the others... I used to say to myself: "Well, what about all the great people in China?" You know, what about them?



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And so I wanted to read the core texts of every religion, so that I could understand religion and what was common among all of them. And that would be my religion. And that's what I did. And it reinforced the idea that we are all of value.

And I carry around with me... Some people always ask me about mentorship, and I say, "Everybody I meet is my mentor". I believe that every human being I meet has something to offer me, something to teach me.

***A. Macdonald, PhD***

[00:14:52]

You give a philosophical aura to things that I've heard about in academic medicine -- mentorship, and first-generation college goers. But you take them and place them in this larger sort of philosophical understanding, as opposed to a narrow, technocratic, bureaucratic way of thinking about solving a problem. It seems to me you do, that's an observation. Would you say that so? Have you always -- I mean a chemistry major, who's reading all the religions of the world and working through these things, is a... a renaissance mix, which is I think one of the reasons you've been recognized for this award [Alma Dea Morani Award].

***Deborah German, MD***

[00:15:31]

Well, I guess it could be seen that way. The reason I was a chemistry major is because I wanted to understand how the world worked. And the world is made up of chemicals and physics. I mean we had to study physics and chemistry. I felt like it was going to be biology, chemistry, or physics as a major. And chemistry was kind of in between. Organic chemistry, it edges on biology and physical chemistry. So I chose chemistry. It was part of wanting to understand the world.

***A. Macdonald, PhD***

[00:16:04]

Broadly, I see that, yes. And you mentioned your mom as someone who's shaped you, been supportive of you, helped you realize a sense of value and worth. Who else would you say in your early years were those kind of influences, those kind of mentors, I guess? The people who help you realize your own ambitions and your value and contribution.

***Deborah German, MD***

[00:16:30]

Well, certainly both of my parents and my grandparents. I didn't have too much influence from people outside the family. I may have had a couple of teachers in high school that I was close to who encouraged me. But mostly I think it came from my family and watching the family go through challenges.

You asked a question a little bit earlier, like, when did you first -- I don't remember if it was about your worth. You asked me a question, and there was something that came to mind. And it's just a moment that I remember as one of those unforgettable moments in your life.



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I was -- I don't remember, probably middle school age. And it was summer day and there was no school, obviously. We didn't have enough money to go to camp or do any exercises, so we just kind of hung out with our friends. And I was at a friend's house, and we were on those aluminum chaise lounges that have straps on them for the seat.

**A. Macdonald, PhD**

[00:18:00]

Yes, I know exactly, yes.

**Deborah German, MD**

[00:18:02]

And we were sitting there talking about boys, listening to music. And one of us, one of the girls, sat down on her chair and the aluminum pieces that come together grabbed her finger and the tip of her finger came off.

**A. Macdonald, PhD**

[00:18:20]

Oh!

**Deborah German, MD**

[00:18:21]

So she basically severed the tip of her index finger, and she was screaming, and everyone was looking. And I looked, and I realized that everyone was paralyzed. So, I immediately got up and did what needed to be done. I grabbed the tip of her finger, and we ran into the house, and we put it on ice, and she went to the emergency room and had it sewn back on.

At least that's my understanding of what happened. But it was one of those moments when this -- I can remember the second when it happened -- and I just saw the picture of the whole scene. And everybody was paralyzed, and all I could think is, "We gotta do something." And then I remember thinking, "If you don't do something no one will." And it's not that any of the other kids were any different than me, but I just felt the need... the compulsion to action. And I think that's a little piece of my makeup. I don't know where it came from. But...

**A. Macdonald, PhD**

[00:19:34]

And I can see that, combined with sort of a sense that you wanted to be in helping professions, then the realization that you are someone who can act under pressure in emergency situations. Not everybody can, so...

**Deborah German, MD**

[00:19:48]

And I... I felt really, I felt like I was in charge. There wasn't even a whiff of uncertainty. It was just... it's like when people in traumatic situations lift a car off somebody. They just do it. They don't know why, it's not a thinking thing, it's a doing.



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***A. Macdonald, PhD***

[00:20:11]

Yes, it's a reactive -- yes, I see that exactly. And as you were talking about those chairs, and I know we must be in and around the same age, because those chairs are cemented in my memory too. And I think when we got started, I think asked you when and where you were born, and we got to where. But tell me when just for the record, so we have that on the tape, so people know...

***Deborah German, MD***

[00:20:34]

How old I am?

***A. Macdonald, PhD***

[00:20:35]

If you're not comfortable with a precise date, you can say early whatever decade, that's fine.

***Deborah German, MD***

[00:20:40]

Oh! The decade, OK. Well, I was born in the early 1950s.

***A. Macdonald, PhD***

[00:20:46]

Ok, that's great. I think I wanted to ask you a little bit more about being in school, being an ethnic minority, recognizing yourself as one in those settings, and ask a little bit more what that experience was like? Did it trouble you? Cement you? You know, how did you navigate through? Did you look to your parents for advice or was it something you figured out on your own? Who were your best friends in school, that kind of thing?

***Deborah German, MD***

[00:21:20]

I knew, I definitely knew, that we were an ethnic minority. There was no question about that. When my mother's parents moved from Connecticut to Rhode Island -- she moved, I think, in her junior year of high school. The neighborhood had signed a petition to prevent the realtor from selling my grandparents the house. He bought it anyway. And when she waited for the bus to go to high school no one would talk to her or sit with her. So she experienced full force discrimination.

My dad lived in pretty much poverty in a place called Federal Hill, in Rhode Island, which was, as best as I can tell, kind of an Italian ghetto. And so he didn't experience that same kind of exclusion, but he experienced something else.

So I was very aware of those things. And I also had uncles --this is all part of being part of the big family -- who were trying to make their way in the world. And there were often family conversations about things that maybe most little children don't hear, about how you should not



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get into this business. "Not a good business, and if you do this you'll go to jail." I mean those were the kinds of conversations.

***A. Macdonald, PhD***

[00:23:05]

Okay.

***Deborah German, MD***

[00:23:06]

And my Dad's brother had mafia problems. And the family was sometimes held hostage to solve those problems. And I watched my grandmother be a leader in helping the family address those problems. So, there were a lot of... Most children probably would not pay attention, or maybe wouldn't fully understand -- and maybe I didn't fully understand.



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## Chapter 2

### The Gifts of Family and the Gifts of Failure

In this chapter, Dr. German explains the “gifts” of navigating the world as a woman from an immigrant and unprivileged background: knowing the value of everyone [00:23:56], a sense that all things are possible [00:26:15], and the lessons that come from failure [00:30:13]. She tells several illustrative stories, including her circuitous route to making the varsity cheerleading team [00:31:47 – 00:34:08] and the nonacceptance into Pembroke College that energized her performance at Boston University [00:34:32 – 00:36:56]. Discrimination, based on ethnicity, gender, and class, mark several of her stories; but a doctor that afforded her mother both dignity and respect cements her own desire to become a doctor [00:48:25 – 00:50:15]. The gripping tale of her entry into Harvard Medical School – her rejection of their offer and her reconsideration of that decision – end the chapter [00:50:30 – 00:55:33].

***Deborah German, MD***

[00:23:32]

But I did understand that we were different. But I wouldn't trade that for the world now because the lessons that I learned in my childhood, I think many people don't ever learn. And those lessons have been the reason for any success that I've had.

***A. Macdonald, PhD***

[00:23:56]

How would you identify what the lessons have been from navigating a precarious -- and I think people today don't recognize the sentiment, the ugly sentiments, against the Italians post World War II. It was rampant and real. And you lived through that and lived in the echoes and shadows of that growing up. And so I wonder, what are those lessons that have carried you forward and been... tools actually in some way?

***Deborah German, MD***

[00:24:26]

Well, getting back to what we said earlier. I could see that everyone had something to contribute. So I could see the value in people who are not valued. And that is *[pause]* a gift that is priceless. And it's unfortunate if you are in a privileged class; it's as if someone's taken that gift from you.

***A. Macdonald, PhD***

[00:25:06]

I see.



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***Deborah German, MD***

[00:26:07]

It's not just a gift. It's like something extra. If you don't have it, then there's something missing and it's... It's sad that that you don't have it. And then there are ways to acquire it, but that's another story.

***A. Macdonald, PhD***

[00:25:24]

One has to be very deliberate about it, it's not given to them early in life.

***Deborah German, MD***

[00:25:27]

Exactly.

***A. Macdonald, PhD***

[00:25:32]

Yes. You know, on top of being an ethnic minority, you are also a woman growing up through the fifties, and I wanted to know if you could speak to a little bit about how that played out. As you tried to achieve an education, as you tried to set goals for yourself. Obviously, you were reinforced at some level by people who recognize you were gifted and wanted to ensure that you got the kind of education that matched your talents.

But was it always like that? Or were there places or times where you found obstacles or impediments to the idea of being someone of value because you're a woman?

***Deborah German, MD***

[00:26:12]

So how many hours do we have?

***A. Macdonald, PhD***

[00:26:15]

[Laughs.] Well, we got lots! And we can pick up threads of this as we go forward. But, you know, thinking about your early life -- I'm sure we're going to talk through your whole professional life about that question -- but in your early years.

***Deborah German, MD***

[00:26:28]

So this gets back to how lucky I was to be in an immigrant type family. Because I heard my grandfather say again and again to my uncles and to everybody: "In this country, you can be whatever you want to be." Now he may not have been saying it to me, as a child. But I could hear him saying it to everyone else. And I could watch them behaving as if they could go into this business, they could go [wherever]. So you're watching people who have modest means



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strive to become something more. And as a child watching them, what you see is their energy. That they can do it. And so, you can do it.

So in my own psyche, I truly believe that I can do whatever I set out to do, unless it's impossible. And just as an example, when people have asked me in the past, "You know you're building a new medical school, and you're the only employee. There's just one person – what, are you crazy?" And they say, "How did you ever think about that?" And my answer was (and I'm sorry, I know I'm getting ahead) but my answer was:

'Well, I asked myself if it could be done. And there were already a 128 medical schools in the country. So, I knew that it wasn't impossible to build one. And if it's not impossible, we'll find a way'.

Now, if someone had said, 'can you fly the moon without a rocket ship wearing this sweater and this dress?' I would have said no. See? But if it's possible, then you can accomplish anything.

***A. Macdonald, PhD***

[00:28:41]

Okay, yes! I -- well, what a wonderful sort of outlook to think not about 'can I do this or can I not do this?' But can this be done. And know yourself to be someone who can rise to challenges. I think too many of us, including myself, we start with, 'can I do this?' Not, 'can this be done'?

***Deborah German, MD***

[00:29:02]

Well, so that's the other thing. I know that I never do anything alone. So asking whether "I" can do it is ridiculous, because the answer to that question is always no. 'Can I do this?' No. 'Can we do this?' That's when you have to ask, 'Is it possible?'

Then if it's possible, the only thing you have to do is make sure that the 'it' is something that many think is worth doing. And if it's worth doing, you become a magnet. And people want to do it with you. I mean, why not?

***A. Macdonald, PhD***

[00:29:39]

Exactly. First of all, they've been convinced it can be done, and secondly, that a team can pull together and get it done.

Was that -- were there incidents through your early years of school and into high school, maybe even early parts of college, where you started to execute that kind of vision? Can you think of stories where, not just did you take on yearbook leadership or this or that, but did that sort of: 'Hey, here's something and it can be done, and it is worth doing, and I can see myself...'



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***Deborah German, MD***

[00:30:13]

Well, I need to develop how I got to that. The answer is failure.

Every failure that I had growing up was a gift. I can remember going out for the chorus, and we were in the auditorium all sitting in chairs. And the chorus Director, Mr. Arago (you can tell I'll never forget this) asked us all to sing at the top of our voices. And he said, "What I'm going to do is walk around the room and listen to you and I will tap your shoulder. If I tap your shoulder you must get up and leave." And that meant if he tapped your shoulder, you were not going to be in the chorus.

***A. Macdonald, PhD***

[00:31:07]

And you had to announce that to everybody by getting up and leaving.

***Deborah German, MD***

[00:31:08]

Yes. So, he did that. And I got tapped on the shoulder. And I was so sad about that. And then I realized that I didn't have a very good voice. I didn't have very good control of my voice. So I needed to think about other things. Another example came in – oh, gosh! What grade was this? I think it was eighth grade?

It's high school, earliest grade in high school and there's the junior varsity cheerleading team. The only real athletic thing that women could do in those days, besides intramural things that were very light, was cheerleading. And so, I tried out. And I had never had a gymnastics lesson. I mean, we didn't have any money; so I couldn't do a cartwheel. I did not make it. And I was really devastated.

The church had a basketball league for the boys, and they did have cheerleaders. And this is probably politically incorrect, but I'm going to say it anyway, those were the fat ugly girls who were on the church cheerleading team. I knew that I wanted to be a cheerleader. So I went out for that team, and I made it.

And then I was captain. And before it was time to try out for the varsity squad at the high school, I had taken my little cheerleading team from the church to the regional competitions for New England. And I had won best captain for all of New England. And, of course, when I tried out for the varsity team, I made it. But that was an example for me -- that was the best failure. And I've had a number of failures like that in my life.

But you had asked the question: 'How do you know you can do things?' And why do you ask, 'Can it be done?' And I think because of my failures -- and going back and being successful. 'Could a young girl be at a cheerleader?' 'Yes.' Well, if a young girl could be a cheerleader, just because I've never had a lesson, never done anything, doesn't mean I couldn't be. I just had to



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find the right way to do it. And I had to think it through and strategize and have fun while I was doing it. And that's what I did. And you know there are a lot of little stories like that.

***A. Macdonald, PhD***

[00:34:08]

Yes, but I love that one. Because it just illustrates that, you know, there was a failure that redirected you to a place where you could get the learning and expertise and confidence and leadership that you couldn't get in one environment. So, another environment gave you that. And building off that idea that it can be done and not turning back.

***Deborah German, MD***

[00:34:30]

Another more relevant failure that maybe ties together the ethnicity as well: when I graduated from high school, I was Valedictorian, and I was Student Council, and year book editor, and, you know, superlatives, 'most likely to succeed'. That's the high school profile that I had. And I applied to several colleges that were nearby, and universities, and the only Ivy League school that I even knew about was Brown University. The women's part was called Pembroke. And I applied to Pembroke and that was where I really wanted to go because it was the best school I knew about. And I applied in Rhode Island, and I also applied to Boston University. Because if I wanted to go away from home, there must be a school in Boston and that was the name of the school.

Well, I did not get accepted to Pembroke (or Brown), but eight people in my high school class did. None of them were Italian. And the counselor at our school shared with me (probably not appropriately) that she was shocked that I did not get in. And she shared with me that she wondered if it was because I was Italian.

And you know, didn't matter, there wasn't anything I could do. I went to Boston University. And when I went to Boston University, I thought to myself, 'Well, you need to try to do really well.' Well, I graduated first in my class of 2000 students at Boston University. And I went to Harvard Medical School. And honestly, I think if I'd gone to Pembroke, I probably wouldn't have had that kind of... everybody there would have been just like me. And I'm not sure that I would have gotten a full scholarship to Harvard Medical School if I'd gone there.

So again, a failure that is a great gift.

***A. Macdonald, PhD***

[00:36:56]

Yes, even one that comes from really ugly kinds of restrictions and limitations in our social world.



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***Deborah German, MD***

[00:37:03]

It was a gift, and I treasure it to this day.

***A. Macdonald, PhD***

[00:37:07]

Right. Yes. But it had to be hard, emotionally, to recognize that your hard work and accomplishment was not going to be enough in that situation. Enough for life, maybe, but not for that situation.

***Deborah German, MD***

[00:37:23]

It was devastating, and that, too, was a gift. The reason it was a gift is because it taught me how to (just as not getting chosen for the choir, and I know that's a small example) but those devastating failures build character. And you have to cope with them. The one thing about these challenges is life doesn't give you any choice but to deal with it. Because the only other choice is to die, right?

***A. Macdonald, PhD***

[00:37:54]

Pretty much! Or be stagnant.

***Deborah German, MD***

[00:37:55]

And we're not going to do that. I think it's an outlook... some people see them as life-ending: I see them as life giving.

***A. Macdonald, PhD***

[00:38:10]

Okay. How long after the rejection from Pembroke would you say, you know, was it like: "Okay, by the next weekend I was ready to go." Or is it a process? Is it over time? How long does it take you to absorb a failure, as you called it, and all of the... Especially when you know that it's not been your own, it's not been a lack of your own effort or ability that caused that failure. Is it a process over a couple of years, or is it a process over a couple of months? Or can it clear your system in a couple of days? Like, how does that work for you?

***Deborah German, MD***

[00:38:46]

Well, if you're asking about back then, I think it took me until I was enrolled at Boston University. I had made friends, and I was in the honors program, and I was engaged in studying chemistry and religion, and my mind... It became not important where I was. It was the doing that was important, not where I was.



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However (this is again going forward), you ask how long it takes to recover. When I was the CEO of a hospital, we got word that some changes have been made in the system. It turned us from earning two million a month to losing two million a month.

***A. Macdonald, PhD***

[00:39:47]

Oh, my!

***Deborah German, MD***

[00:39:48]

And my team, we saw the way the financials were going to be reported because of something that had happened and my team was in mourning. And I just got up to the whiteboard and said, "Okay, here's what we're going to do." And my Chief Operating Officer said to me, "Doctor German, we know you're ready to go forward, but we need to mourn this. Would you mind if you went to your office for 20 minutes and come back after we've had a chance to do that?"

And I just laughed. I said, "Sure." And I left. So, I think what happens when you've dealt with failures, is that after a while you recognize that it may be a gift. And you don't spend so long mourning. You know that the mourning is just taking away from the great stuff that's going to come next.

***A. Macdonald, PhD***

[00:40:46]

OK, wonderful. Alright, so now you're in college. I think we've gotten you up to the place where you're in college. You're doing -- was it a dual degree? Or was it a commitment to study religion and religious philosophies alongside chemistry? Was chemistry always the mission? How did you see that?

***Deborah German, MD***

[00:41:06]

I wasn't even aware that you could do dual degrees. So, I was just a Chemistry major, Premed. And I had elective time in my curriculum that I could use however I want, and that's how I used it.

***A. Macdonald, PhD***

[00:41:20]

Okay, wonderful. Have any of those traditions that you studied and looked at moved forward with you as particularly important resources? How important today is -- I'm assuming you attended a Catholic church and were fairly involved in church networks and church structure because your family was?



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***Deborah German, MD***

[00:41:39]

Right.

***A. Macdonald, PhD***

[00:41:40]

And as you've moved forward is that still an important practice? Have other things started to move into that space for you? What is that like?

***Deborah German, MD***

[00:41:49]

Well, I still think of myself as a Catholic, and that word probably means something very different to me than it does to the rest of the world. Because as I said, it's 'universal'. I think about my church in two buckets: there's what God said and then there's what men and women, but mostly men, said. And it's the God part that I believe in.

But I have embraced the religions of the world. I spent a year in Washington, DC as a Petersdorf Scholar. And during that year I (you know I like to set little goals for myself), because I was in DC, one of the goals that I set for myself was to participate in a service of every religion that existed there. So, I would go to mosques and temples and different kinds of churches, and each week go to a different service, and reflect on the philosophy and what it meant to humankind to have this in our midst.

***A. Macdonald, PhD***

[00:43:12]

Really interesting, really interesting. Okay, so in college how did those same, gender and ethnic, sorts of identity play out for you? As you're in a bigger city now -- you're in Boston, I would imagine there's a large contingent of Italian community at the University -- did any of it feel different? How many women were there in your chemistry major? How did that experience in college -- from multiple vantage points, from sort of identity vantage points... But also, from a developing intellectual kind of vantage point and social... you know, you're away from home, you're stretching out on your own. How did all that feel? What was that experience like?

***Deborah German, MD***

[00:44:05]

I loved college. I had a lot of fun. I met my husband there. I had an interesting experience in my very first semester. I was assigned to Honors Calculus. And I'll never forget Dr. Maker wrote sine, cosine, tangent on the board, you know, he was doing equations. And I'm sitting there thinking, "What in the world is this?"

So, after the first class everybody left, and I went up to him and I said, "Dr. Maker, what is SIN? S-I-N." And he looked at me. He said, "Do you mean sine?"





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And I pointed to the board, I said "SIN."

He said, "You haven't seen that before?" And he pulled me aside, and he said, "I'm not dismissing you from this class, but..."

And he had to give me special lessons, so that I could catch up with the rest of the class. So, that made me very aware that the public school I had gone to wasn't quite up to what everybody else in the class had had. So, I had to work a little harder. That was one experience.

But the rest. Yes, I had some. I was assigned to a roommate in my first year whose last name was Harris and she was a lovely person. But I don't think she really liked me. I remember coming home from class one day, and she and her friend were wearing all of the homemade clothes that my mother had made me, because my mother sewed. And they were making fun of my clothing. That was hard to take. But I got a new roommate the next year and took care of that. And then I became a resident assistant (because I had to work my way through college and pay my way). And then I was in charge of the floor. So that was easy.

So that's a little bit about college. But I had a lot of fun in college. I loved the learning. And I did research in a laboratory. And the faculty member had three students: one a year ahead of me, me, and one a year behind me. And everybody else was a man. I was the only woman. But I never felt any discrimination there. I published in the Journal of Physical Chemistry, in college. And I know that he thought I did a great job. I babysat his kids. It was just those were wonderful, wonderful years.

***A. Macdonald, PhD***

[00:47:03]

Almost sounds like from the story you told, that sometimes it's the same-gender politics that are more excruciating than the different gender politics.

***Deborah German, MD***

[00:47:17]

It was, it was.

***A. Macdonald, PhD***

[00:47:18]

Okay, now I want to be conscious of your time. We're coming up to one o'clock. If you have a few extra minutes, we could tell -- I could ask you about the story of your entrance into Harvard, which was a wonderful story you mentioned to me when we were setting up these interviews. Or if time is a bit precious for you, let's make that our starting place for the next interview.



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***Deborah German, MD***

[00:47:39]

I think I can take a few more minutes. I can because we have a couple, and if you want to go there, I can.

***A. Macdonald, PhD***

[00:47:48]

I would love to if you have a little bit of time. That was a wonderful story. You've come through this degree, it sounds like with flying colors. The publishing in journals and being taken under the wing of lab scientists. And so, it sounds like you had fun and you excelled. And then you are applying to medical school. Maybe just first say, how out of chemistry did you choose medicine? You could have gone in multiple directions, I'm assuming, but medicine was the calling. Or maybe not a calling. How would you describe how medicine came to be--

***Deborah German, MD***

[00:48:24]

No, I knew that I wanted to be a doctor. That goes back to childhood. My mother took me to a doctor. She tells the story; I don't remember it. I might have been 2 years old. Apparently, I had a rash that I'd had for very, very long time. And she didn't take me to the doctor. And when she did, he looked at the rash and he said, "She's had this for a long time. Why didn't you bring her in?"

And my mother said, "Because we couldn't afford it." And he said, "That should never be." She had so much respect for him. I wanted to be him.

***A. Macdonald, PhD***

[00:49:13]

Yes. In some ways it's a recognition of helping people; it's a recognition of the help people need, when someone recognizes that.

***Deborah German, MD***

[00:49:24]

And it's also respect. Because when you come from the kind of family I came from, you don't really know all of the possible exciting careers you can have. I mean, I had no idea what a lawyer did. You have no idea what a CEO is, so you can only achieve what you can dream.

***A. Macdonald, PhD***

[00:49:53]

Exactly. And those kinds of encounters with someone worth dreaming about, a profession worth dreaming about, are very powerful.



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***Deborah German, MD***

[00:50:01]

Exactly. Yes. So that's how I got interested in medicine in the first place. And I thought I would be a veterinarian because I liked pets. But my high school guidance counselor told me I was too small.

***A. Macdonald, PhD***

[00:50:15]

To move horses out of your way--

***Deborah German, MD***

[00:50:19]

So that's how I got from where I was to medicine. And then I was very lucky to get accepted to Harvard. Do you want me to tell the story?

***A. Macdonald, PhD***

[00:50:30]

I do because it's a marvelous story and I think it's well worth sharing.

***Deborah German, MD***

[00:50:37]

OK, so I'm applying to medical schools and very luckily get invited to interview at every medical school I apply to. And start going for interviews. And then I hear that I have an interview at Harvard. And I let my family know, and my grandfather calls to give me advice.

And he says, "When you go for your interview at Harvard, you need to be on your very best behavior because that's where all the refined people are."

So, I knew that it was important to my grandfather and everybody that I do well there. So, I walk in for my interview, and the Director of Admissions is sitting at his desk. I knock on the door, he says, "Come in." I see him sitting at his desk. He looks up at me, and he says, "Who are you and what makes you think you're good enough to be here?"

And in less than a second, this is what went through my mind. "How sad that Harvard has a man like this in such a position! My grandfather is more refined than he is. My grandfather would have invited me to sit down. He would have offered me something to drink, and he would have said something nice."

And I noticed in that same split second that my application was open on this gentleman's desk, because I didn't have a typewriter and I had handwritten it in peacock blue ink. And every time I say this I think about that movie, *Legally Blonde*, where her resume was scented or something! So I knew that he'd been looking at my application. And I also knew in that split second that I was never going to go into a medical school where people behaved like this.



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So I was right there at the top of my game. I looked at him, and I said, “Dr. Foster. My name is Debbie Campano, and I see that you have my application open on your desk. I cannot tell you if I’m good enough to come to this medical school, because that would be something that only you would know. But if you need more time to look at my application, I would be more than happy to take a seat here and wait for you to read it. And then if you have any questions, I’d be happy to answer them.”

Well, his mouth hung open [*both laugh*]. Because I wasn't going there. I knew in that second, I didn't care. And his mouth hung open.

He looked at me, and he said, “Well, Miss Campano, you're everything they said you were and more. We can dispense with the stress interview.”

***A. Macdonald, PhD***

[00:53:34]

Oh!

***Deborah German, MD***

[00:53:35]

So we dispense with the stress interview, and that was that. Weeks later I get a letter in my mailbox, inviting me to join the class at Harvard Medical School, accepting me.

I got the letter. It took me ten minutes to go up to my room and write a letter saying 'Thank you for your letter of acceptance. I'm writing to let you know I will not be joining the class.'

[*coughing interrupts*] Are you okay?

***A. Macdonald, PhD***

[00:54:05]

Yes, I have a bit of a cough and when I laugh, when you make me laugh, it tends to bubble up. But I'm fine. Go ahead, please.

***Deborah German, MD***

[00:54:10]

And so I wrote a letter turning Harvard down. The very next day my letter's in the mail. Then I get the letter saying that I've been awarded the Charles Smith Bequest: tuition, living expenses, travel, and spending money for four years. Full ride through Harvard Medical School.

And I was, a little surprised. I folded it up. I put it in my desk, and I said to myself, “I am never telling anyone that I received this.”



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And then, a couple of weeks later, I get a call from the admissions office at Harvard telling me they've torn up my rejection letter because they thought that I might not yet have received their offer of a scholarship. And they were giving me three weeks to decide.

I took three weeks. And my father talked to his cardiologist, who was a Yale graduate. And my father's doctor told him to tell me--and I had been accepted at Yale, I could have gone to Yale. My dad describes his doctor as putting his head down, and finally saying, "Tell your daughter to go to Harvard." So, my dad told me to go to Harvard. I went to Harvard. That's how it happened.

***A. Macdonald, PhD***

[00:55:33]

Oh, my goodness! I mean, that's a whirlwind from the stress interview and your snap decision, which actually allowed you to operate in the space in that moment in a way that impressed. Yes, and there's the rejection [of the offer].

***Deborah German, MD***

[00:55:50]

And Arlene, that moment came back to help me when I built this medical school. Because I wanted to get a class that I knew would never apply to this medical school. And I knew that I could get someone to come to our medical school, who ordinarily wouldn't come to an untested medical school, by offering free rides. And that was the incentive for the scholarship program for our first class.

***A. Macdonald, PhD***

[00:56:19]

Yes, and I have read, you know, in different places [about the scholarship program] and we're going to talk a bit more about that amazing accomplishment of a full class on full scholarships. It's unbelievable. But yes, you're absolutely right that economics and socio-economic status play a huge role in who can go where, not always talent. So, I think it's really amazing, your own story.

***Deborah German, MD***

[00:56:47]

And you might call my response to Harvard a failure on my part. But once again, it was a failure that allowed me to find a heightened success.

***A. Macdonald, PhD***

[00:56:57]

Yes, absolutely.



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***Deborah German, MD***

[00:56:59]

And just one thing because I know we're going to end. And I really believe this to be true. If God came to me and said, "I'm going to erase all of your experiences in your life, and your memory of them, and you can only keep two or three." I would keep the memory of my two or three biggest failures. Because they would be the most valuable lessons.

***A. Macdonald, PhD***

[00:57:31]

Oh, my goodness. Oh, yes, they have opened, they've been keys in doors, haven't they? And it lets you lead others through trying times as well.

***Deborah German, MD***

[00:57:41]

And when you're successful, it makes you happy, but you really don't learn anything from it.

***A. Macdonald, PhD***

[00:57:46]

Yes. Well, I'm going to suggest that I pause the recording and then you and I have a minute to just unwind for a second before we click off the zoom. I think it's time to maybe pause the recording.



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## **Interview Session Number 2: May 18, 2022**

### **Chapter 0-B**

#### **Interview Identifier**

***A. Macdonald, PhD***

[00:00:10]

And I've enabled transcription. Just make sure it's coming across, it is, very good. Okay. So once again I'm sitting with Dr. Deb German the founding dean of the University of Central Florida College of Medicine, and I'm delighted to be picking up the second round of our oral history interviewing for the Women in Medicine Legacy Foundation Oral History project. And the last time we spoke Deb, we left you just entering Harvard Medical College after a lot of back and forth about that process, and I would love to hear from you what were your years like in medical school.

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### Chapter 3

#### **“Everyone was my teacher”: memories and visions of medical education**

Dr. German recounts her first impressions of Harvard Medical School [00:01:03 – 00:08:20]. She relates her growing awareness that she can move into the unknown without fear, telling a related story of a particularly unique exam set by a physiology professor [00:08:21 – 00:13:19]. She speaks about her student clinical experiences in an environment unprepared for women doctors, recounting the story of her first surgical case [00:13:21 – 00:18:28]. This unenthusiastic environment solidified her relationships with nurses and other health professionals; everyone became her teacher [00:18:43 – 00:21:05]. Her stories move fluidly from what she learned in her student days to her current efforts to implement her vision for medical education and practice [00:21:06]. A more recent talk given to nursing alumni is illustrative [00:22:14].

***A. Macdonald, PhD***

[00:00:45]

What was the good, the bad, and the ugly, about being a woman at Harvard Medical School at the time that you were? What year is this? Can you remind us?

***Deborah German, MD***

[00:00:58]

Yes, I entered Harvard Medical School in 1972 and graduated in 1976.

***A. Macdonald, PhD***

[00:01:03]

Okay, alright. So in the early seventies in Med School at Harvard, what was your experience like? And what can you speak to as highlights and low lights?

***Deborah German, MD***

[00:01:15]

Well, there were a lot of high points and a lot of lessons to learn. The numbers of women admitted at that time were very low. It might have been a little more than 10% of the class. So there weren't very many of us and we all lived in a dormitory right across the street from the medical school. It was required in your first year to live in the dormitory, which was a great thing. You got to know your classmates better.

***A. Macdonald, PhD***

[00:01:49]

Was it a Co-ed dormitory?





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***Deborah German, MD***

[00:01:52]

Well, yes, but there were floors for women, and floors for men. So, even though the building was coed, the girls were together sharing bathrooms. The boys were together. So that we worked that way.

What I remember about my very first day of medical school. I was expecting it to be spectacular and inspirational. Here I was at Harvard Medical School. And as I mentioned, my grandfather said this was where all the refined people were. And the first day we all met in an auditorium, and they started talking about things like textbooks and lockers and schedules and keys, and I remember being disappointed. I had expected them to talk about the profession that we were entering and to inspire us, and later on that disappointment transferred itself into a new reality for the medical schools that I would lead.

And one of the things that happened in that first day or two, second year students came to us and asked for someone to step up and lead the lecture service. And what that was, we had lectures -- basically we sat in a classroom for 8 hours a day, and lecturer after lecturer. We had a break for lunch! Profs came in and we took notes, and then we studied. And that was the format of the education. And some of them brought patients with them as examples of what they were talking about. And there were some labs.

But the second-year students told us that we needed to have a lecture service, and they said we would be creating "camels". And camels are the vehicle that gets you across the desert. And what they were talking about was everyone in the class would take a turn taking notes during a lecture, and we would transcribe the lecture or take our notes and then we would Xerox them, mimeograph them, for everyone in the class so that everyone didn't have to take notes.

So this is maybe the first or second day of school and they're asking for someone to volunteer to lead and organize the lecture service. And I'm sitting there in my little seat thinking, "Oh, this is Harvard. I wonder who's going to volunteer for that." You know, this room is filled with leaders and people.

***A. Macdonald, PhD***

[00:04:50]

And filled with men!

***Deborah German, MD***

[00:04:52]

And men, yes. So, I was just sitting there, I couldn't wait to see and there was the longest pause. It seemed to me like it was an hour; I know it wasn't. And I remember going from being excited to see who in my class would step up to do this to being upset that I was with such a group of people that no one volunteered. So I volunteered. And I became the president of the lecture service. And I didn't realize at that moment that all my classmates would then look to me as a



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person who had, I guess, demonstrated a certain amount of, I don't know what, courage maybe. And so, I became the president of the lecture service. And what I did was put together a schedule, gave everybody a lecture, and organized it. And the notes that were prepared were called camels, because it was the tradition there that those notes would get us across the desert.

So that was my very first early days in medical school. And I liked my classmates. My mother tells me that when I came home from my first--maybe it was Thanksgiving--I don't remember saying this, but she tells me that I said that I finally found a people, a group of people who were just like me.

**A. Macdonald, PhD**

[00:06:26]

Oh, okay.

**Deborah German, MD**

[00:06:28]

Kind of like, you know, you found your tribe.

**A. Macdonald, PhD**

[00:06:30]

Yes, I've heard those expressions.

**Deborah German, MD**

[00:06:33]

Yes, so that was that. I remembered that. And my first—

**A. Macdonald, PhD**

[00:06:38]

You don't remember saying that, Deb, but do you remember feeling that when you look back?

**Deborah German, MD**

[00:06:42]

Yes, I remember thinking all of these people want to do good in the world. All of these people are hard-working, and all of these people will, when I ask them to take notes in a lecture, will do it and will gladly do it. I only had one person in the class who refused. And so, it was good.

Another memory, I always sat -- in the amphitheater -- I always sat in the second row, maybe three or four seats in from the aisle, sort of in the middle. And you know there weren't very many women in the class. So occasionally, the same -- I don't want to call them boys -- but my same male classmates would sit by me every day. And they were joking about the fact how they had to get there early, so they could get a seat right next to me. And I remember thinking how funny that was. There were slim pickings for [women, implied]. [Laughter.]



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But the other thing I remember about those first couple of years, the names of the courses. I had to look them up. So we would have a course in physiology. And I would see that, oh, the next module we're going to do is physiology. I wonder what that is?

***A. Macdonald, PhD***

[00:08:15]

Right.

***Deborah German, MD***

[00:08:16]

And I know a lot of students probably already were familiar with it.

***A. Macdonald, PhD***

[00:08:21]

But, you mentioned that last time that -- partly your background, your family -- those educational opportunities or enrichment opportunities weren't always at hand, and other students came with those in their back pocket.

***Deborah German, MD***

[00:08:35]

But I think for me that that was a really great thing, because what it does is it teaches you that you can go into the unknown. You know, there's an unknown thing and you can't be afraid of it. You can't. It's the next thing you're going to do. So you just charge on, you move forward with it. So that was good.

And I do remember a physiology exam. And I've talked to some of my classmates about it and they don't remember it this way. So, whenever you remember something, you hope that it is correct.

But I remember coming in for a final exam, and we had blue books, which were basically notebooks of paper for essay type questions and essay exams. And we walked in, and there was one question on the blackboard. And it was a single question for a 90-minute final exam. And I remember all of us doing our job, writing it, handing in our blue books.

And then I remember it took weeks for the grades to be posted, and they posted the grades in the Vanderbilt Hall, which was the dormitory. And they didn't post your name. Every student had a number. And I remember finding my number and seeing my grade was a 66. And I immediately felt crushed. And I thought, "Okay, maybe you can be a secretary. Maybe you can be, you know, you can be something else."

Later, I learned it was the third highest grade in the class. And then, later, I learned (and my classmates don't remember this, so I don't know how I got this information) but later I learned



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that the question that our professor had written on the blackboard was the core question of his research laboratory in physiology.

***A. Macdonald, PhD***

[00:10:57]

Oh, my goodness!

***Deborah German, MD***

[00:10:59]

So there was no known answer to it. What he was asking us to do, and I reflected on this later (I hated it when I was going through it), but later as I reflected on it, I realized that 1) it was brilliant. And 2) it had a major impact on me and on my ability to move forward in leadership situations.

It was brilliant because the professor had a research laboratory that was exploring this question. He had just taught, I think, 160 Harvard medical students basic physiology. And he was asking them to bring what they had learned to bear on this question. I mean what a wonderful way to get bright minds to help you. And minds that were not yet biased by knowing too much.

***A. Macdonald, PhD***

[00:11:59]

Yes, that they channel in a certain direction and they don't know how to go left or right?

***Deborah German, MD***

[00:12:03]

Yes! So that was great. And so, for the professor it was great. In the moment it was horrible because I thought I'd failed. I thought I could never, you know [progress through medical school], and all of us did. And the whole class was upset. But when I reflect back on my experiences in medical school, and as I've looked at medical education across the decades, I realized that what he gave us was the confidence that we were smart enough to be asked questions that had no answers. And that the expectation was that we could rise to that occasion. I think that somehow empowered me to be able to take risks that other colleagues would never take because they didn't know for sure if they could do it.

***A. Macdonald, PhD***

[00:12:59]

Okay

***Deborah German, MD***

[00:13:00]

I had been raised in this environment where you don't have to know the answer. You don't have to.



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***A. Macdonald, PhD***

[00:13:08]

Just contribute to the answer.

***Deborah German, MD***

[00:13:10]

Exactly. And you have to try. You have to try. So, I think that was a formative moment in medical school for me.

[00:13:21]

And then the clinical years were very interesting years. There hadn't been very many women in medical school, and I remember, as clear as if it was yesterday, my first surgical case on a surgical rotation.

There was the professor, the faculty member, and four medical students: three men and me. And we were on our first day of surgery, and we were going to go to the OR and watch this surgeon do the surgery. And we were all together, and we went down the hall and we came to a place where it said 'Doctors Lounge'. And he looked at me, the attending, and he said, "You can't go in here." And I wasn't flustered or bothered by that at all, because I knew I couldn't go in there. It was the Doctor's Lounge.

If someone had this heard this story today, they might be outraged. But it was then, and I was not outraged. It was just okay. What I said to him is, "Oh yes, okay, where do I go?" And he must not have had a woman student before because he said, "I don't know. You're going to have to find the nurses lounge."

***A. Macdonald, PhD***

[00:14:58]

Ohhh.

***Deborah German, MD***

[00:15:00]

So, I remember feeling a little panicked. And he said, "We're going to go in here and we'll see you when you figure it out." This is another one of those examples of something where the answer is unknown. And you're being asked to do it anyway. And I--there are a lot of these moments in my coming through medicine. So I had my stuff, and I went around, and I found a nurse and I explained to her who I was and I asked her where the nurses lounge was. She luckily walked me over. She said, "Go through that door you'll find some scrubs on the right. You take your clothes off, put the scrubs on, and then go through the door in the back." And then she left me.



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So I went in. I got my scrubs on. And of course, all my clothes and my wallet, and everything, I had to just throw on the floor in the corner because there was no locker for me. So I just hoped nobody would take them.

***A. Macdonald, PhD***

[00:16:08]

Because female medical students coming through on rotation was not something they were set up for?

***Deborah German, MD***

[00:16:13]

That's right. And I remember going through the door and as I walked through the door into the OR, the surgeon looked up and he said, "Stop, don't come in here." And he was right to say that because I didn't have a cap on, I didn't have a mask on, I wasn't gloved, I hadn't washed my hands.

What had happened was the three colleagues of mine with the physician in the changing room he had explained to them, "We're going to take someone's gall bladder out today. And this is how we're going to do an anterior incision. And we're going to go through these muscles. And we have to wear this and do this." And then he took them in, and he showed them how to scrub, and there's a special way to scrub your hands when you're doing surgery. And all of that. And of course I had to wander around and find it, so by the time I got in they had already done that, and the patient was just going under anesthesia.

So he said to one of my classmates, "Go help her." So, one of my classmates came over and told me what to do: have this, have that. I learned from my classmate, which was fine with me. And then when I joined them, he was already engaged in the surgery and he was saying things like, "We're going to do a lateral incision." But my classmates knew what the surgery was. I'm standing there thinking, "Is this colon surgery? Is it...?" I had no idea what we were doing.

***A. Macdonald, PhD***

[00:17:58]

You don't have any orientation whatsoever to the big problem.

***Deborah German, MD***

[00:18:01]

None.

***A. Macdonald, PhD***

[00:18:02]

And you're worried about finding the scrubs and which ones to put on.



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***Deborah German, MD***

[00:18:05]

Right, and I also realized that you don't ask. I didn't say 'Hey, what are we doing here?' You're quiet and you try to learn. And you learn as best you can with what you have. And then hopefully by the time you leave the OR you're as well educated as your classmate. But things like that happened all the time, all the time. It was horrific and wonderful. At the same time.

***A. Macdonald, PhD***

[00:18:43]

I get the horrific part.

***Deborah German, MD***

[00:18:45]

Well, the wonderful part is that -- and I don't know if anyone else saw it this way -- but everyone was my teacher. On my way to find the nurses lounge I would see a housekeeper. And I would say to the housekeeper, "I'm a medical student and I need to find the nurse's lounge." And the housekeeper would look at this little girl. "Oh, honey, let me help you." What ended up happening is I did not ever fall into the trap of appearing to be one of those arrogant people who is a doctor who thinks they're better than everyone else. Because I was constantly lost and needing help and so grateful to anyone who would help me.

It wasn't until I did my residency training that I realized how different my education had been from my colleagues. The way I saw it was through the mirror of how the nurses and the ward clerks and the dietitians treated me.

You know, we mirror. If people treat us well, we treat them well. And I don't think my male colleagues were treating anyone badly. They weren't. But they had just always focused on the doctor, and that was who they had their relationship with. They would walk through the halls and these other people didn't really—

***A. Macdonald, PhD***

[00:20:38]

They didn't see them. They didn't have to.

***Deborah German, MD***

[00:20:40]

They didn't have to, but I had to. And I knew they were a wealth of information, and in some cases, especially when you start doing rotations in the ICU, the nurses know more than the doctors about the patients because they're there all day long. And if you are already in the habit of seeing them as your teachers, you can learn a lot.



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***A. Macdonald, PhD***

[00:21:06]

It's almost as though you had not a different medical education, but a different medical socialization.

***Deborah German, MD***

[00:21:12]

Maybe that's it. Yes. But I know for sure that it was different. And given that I'm happy with my career and I'm happy with my life, I have no regrets. And I'm grateful for it. And I often think, because I'm now responsible for many students, I often think: "How can I make sure that all of my students have that experience?" In my education with my students there are moments when I orient them to their third year or I talk to them about going on to Residency, and I will share these experiences with them. So that they know that they can learn as much, if not more, from the nurses. And I mean, especially on OB they're amazing. And in the ICU, I mean they're just, in the emergency room, everywhere.

And later in life, when I became the CEO of a hospital -- I don't know if I've told you this story before -- but I was a woman physician, CEO, of a hospital that had a Nursing School attached to it. And every year they would have an annual alumni dinner of all the nurses who had trained there, and there would be like 500 nurses. And my first year in the role as CEO, they invited me to be the keynote speaker.

And I thought—

***A. Macdonald, PhD***

[00:22:55]

I have not heard this story by the way.

***Deborah German, MD***

[00:22:58]

And I thought to myself, "Oh, my goodness! I'm a woman, I'm a doctor, I'm the CEO, and all 500 of these women are our nurses. How am I going to create the kind of relationship that I want with these ladies?"

And I thought to myself, "Well, just tell them the truth." So, when I introduced myself, I said, "You know, when I was trying to decide what to do with my life, I knew that I wanted to help people. And at some point, I knew that I wanted to be in healthcare. And ordinarily, someone like me would become a nurse," I said. "But I chose medicine because nursing was too hard."

***A. Macdonald, PhD***

[00:23:53]

Ohhh.





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***Deborah German, MD***

[00:23:57]

And they all clap, and it was true because nursing is hard. I mean, the training for medicine is hard. The training is hard but the actual job, I think, in many ways is physically and even emotionally sometimes easier than nursing. And I think we saw that in the pandemic just recently.

***A. Macdonald, PhD***

[00:24:22]

I was just thinking about, you know, what the last couple of years have meant for healthcare providers. And yes, frontline, hands on, next to, is a different emotional kind of entanglement. Not being able to make a decision is sometimes as hard as making a decision.

***Deborah German, MD***

[00:24:39]

Exactly.

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## **Chapter 4**

### **“A system learning to accept me”: a woman at Harvard Medical School**

Dr. German explains her generous tolerance of the pejorative attitudes to women at Harvard Medical School, understanding that they were attitudes held by men of her grandfather's traditional era [00:24:40 – 00:26:53]. She tells an illustrative story of a professor who commented on her appearance rather than her ability [00:26:56 – 00:28:56], but explains that she herself paid particular attention to her appearance to foster acceptance in an ambivalent environment [00:29:42 – 00:31:34]. She explains her patience with a system learning to accept her [00:33:40]. She assesses the situation for women in medicine today [00:35:36 – 00:39:42].

#### ***A. Macdonald, PhD***

[00:24:40]

So, yes, I can easily see that. But when you talk about your clinical experiences in medical school, I get this sense that you had stepped into a world that wasn't ready or hadn't thought about being inclusive of women physicians. Did you find that was... For instance, this surgeon: was it a factor of he didn't work in structures that knew how to accommodate you or do did you feel there was resentment? Which is different. You know, different than 'all the structures haven't been made to accommodate you' versus 'we're not quite sure we want you here and we're not sure why you're here.' So what piece of which, would you say, was the dominant node or the troublesome piece?

#### ***Deborah German, MD***

[00:25:24]

I've had that question asked before. Personally, I didn't feel resentment. And I don't know if it's because resentment wasn't there because I do remember someone saying, a faculty member saying, "Well, you're only going to get married and have babies and you're taking the place..." I remember people saying that. But I don't remember feeling resentment.

And I'll tell you why. Because I saw all of my teachers, who were essentially all men -- and many of them were not young men, they were older men because it takes a while to become-

#### ***A. Macdonald, PhD***

[00:26:18]

- in that kind of teaching position?

#### ***Deborah German, MD***

[00:26:19]

Exactly. I saw them like educated people of my grandfather's generation.



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**A. Macdonald, PhD**

[00:26:32]

Ohhh.

**Deborah German, MD**

[00:26:33]

And so, when they said these things to me, I thought, "Well, I get it." You were raised when women stayed home and raised the family and I get that. So it didn't bother me. It was like, "Oh, yes, I know you're like that and I love my grandfather so I can love you."

And I do remember one moment when I was a little bit hurt by it. I forget which exam it was. But it was in second year --it might have been the cardiac block and we had this horrific exam. And I remember finishing it. Then looking around and nobody else was finished. Everybody was still writing. So, I checked it over, went through every question and checked it over. And then I looked around. Everybody was still writing. So, I remember checking it over again, thinking I must have missed something because all these smart people are still writing. And after I checked it the third time, I thought to myself, 'there's nothing more you can do.'

So I got up and took my exam down to the front of the hall and handed it to the professor and walked away. As I walked away the professor called my name. I turned around and came back. I thought he was going to say something like, "It's so nice that you were able to finish this exam in such a timely fashion." I didn't know what he was going to say, but when he called me back, I was all excited because I thought he was going to say something nice.

**A. Macdonald, PhD**

[00:28:20]

Something complementary, right.

**Deborah German, MD**

[00:28:22]

Yes. And he said, "You have the most beautiful hair".

**A. Macdonald, PhD**

[00:28:30]

Ohhhh. [*disappointed*].

**Deborah German, MD**

[00:28:31]

And I did. You can't tell it by looking at me now -- but it was long, it was when the gypsy haircut was in style. I was, you know, younger, pretty, and had long hair. And I remembered smiling and thanking him and walking out and feeling just crushed because he wouldn't say that to any of my male colleagues.



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And I thought okay, well, in part, maybe, it was my -- I was going to say it was my own doing. It wasn't my own doing. But I had a rule in the first two years. Because a lot of my classmates would pull all-nighters studying. And I couldn't do that because I realized that if I did that, I would forget what I learned. So, I established a study technique (that I've shared with my own students when needed) for reviewing things many, many, many times before you get to the exam.

And I had a rule for myself that on the night of the exam I would take a shower, wash my hair, go to sleep, get up, put makeup on, and get dressed.

**A. Macdonald, PhD**

[00:29:55]

And not live in that nervous frenzy.

**Deborah German, MD**

[00:29:57]

I wasn't going to go in jeans and a t-shirt with my hair all disheveled. And you have no makeup on, like I've been up all night, like a homeless person. [*Laughter.*] And I think that's what he was responding to. You know, because I mean, I looked like I might be going to a party or something. And I think that might have been the striking thing as he looked at the class. But at an early age I realized that that you had to take care of more than just what you learned. Especially as a woman, you had to use all the tools in your tool basket.

**A. Macdonald, PhD**

[00:30:40]

Okay, so presentation of self as well as intellectual ability and diligence and persistence had to be a piece of things?

**Deborah German, MD**

[00:30:50]

Well, think about it. If you had a professor who felt that women should not be in medicine.

**A. Macdonald, PhD**

[00:30:58]

Yes.

**Deborah German, MD**

[00:30:59]

And you look like you're disheveled --

**A. Macdonald, PhD**

[00:31:01]

-- on this edge of a nervous breakdown, yes.



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***Deborah German, MD***

[00:31:03]

I mean they would take one look at you and say, "See, there's the proof." But if you walk in looking like you're ready to sit in the Board room and have a conversation about their salary because you're the CEO of the hospital, it's hard for them to see you that way. We assess the whole, there's a whole experience that people have with you.

***A. Macdonald, PhD***

[00:31:34]

Yes, but I would think, just in my experience in medical education, most students have not had to worry about that at that stage of the game. It's quite okay to show up disheveled for an exam. But as a woman, and very much a minority, trying to sort of establish your worth and right to be in that environment, I can see that you had to pay attention to those things.

***Deborah German, MD***

[00:31:58]

And remember my background. I mean, my grandfather told me that Harvard was where all the refined people were.

***A. Macdonald, PhD***

[00:32:05]

Right.

***Deborah German, MD***

[00:32:05]

And that when I went to medical school I should be on my best behavior. If you take the...little individual messages that came through my family--

***A. Macdonald, PhD***

[00:32:16]

Yes, and your society, I think, both, right?

***Deborah German, MD***

[00:32:19]

Yes!

***A. Macdonald, PhD***

[00:32:21]

Yes, it makes perfect sense to me that that would be the case. Did you have any strategies, other than that one story that you've just told me, that allowed you to be a peer among peers? What else did you reach to?



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***Deborah German, MD***

[00:32:43]

I don't know, a 'peer among peers', I'm not sure I know what that means.

***A. Macdonald, PhD***

[00:32:49]

Well, just, you know, not to be seen as the minority who's not quite fully accepted into these settings as a as a woman. So, were there other ways you tried to equal, to become equal, to the people that were already accepted? Or did you not find that it hit you every day? Only in these moments, small moments, or small incidents?

***Deborah German, MD***

[00:33:09]

I think it was only in these moments. I had girlfriends in the class, and we would talk about, you know, how things were. I was lucky that a lot of the men in the class liked me, and I would socialize with them. I felt like I had friends. I did not feel lost or adrift or alone. And I think I knew who I was. And I knew what I wanted.

[00:33:40]

And that the system was learning how to accept me. I think it's the way I thought about it. It's not poor me. It's lucky me. [*Crosstalk.*] I'm here! In a system that has no idea what to do with me and look where I am, look what I get to do! And I can help them figure out how to how to help me and my colleagues get through. I'm not sure that I did anything actually to help except keep calm and carry on. [*Laughs.*]

***A. Macdonald, PhD***

[00:34:25]

Yes, that's one of the questions I actually had for you: do you think you contributed to the environment in a way that paved the road for those coming behind you, in some way?

***Deborah German, MD***

[00:34:35]

I believe that in some ways I did. I know there was an award that was given to a number of students in each class. They called it the Aesculapian award, and I received it. And I don't really know why I received it. It's--

***A. Macdonald, PhD***

[00:34:52]

What was it meant to honor that award?

***Deborah German, MD***

[00:34:55]

I don't really know. It was kind of like a club.



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**A. Macdonald, PhD**

[00:35:00]

Okay, okay.

**Deborah German, MD**

[00:35:01]

And you could -- only you had to be invited into it. (I should go look it up, but you know I just moved on.) It was nice. But I think, I know, I've benefited from all of the hardships that I experienced there, and I hope that my presence there made a difference for some.

**A. Macdonald, PhD**

[00:35:36]

Yes, you mentioned, in an interview that I read, you said that some of the challenges of being one of few women in medical school made you strong, but you are quoted as saying, "I wouldn't turn the clock back for anything, but like everything else in life when you expose yourself to great challenges, you learn great lessons." So just that phrase, 'I wouldn't turn the clock back for anything', I wanted to ask you how far you think the clock has moved forward?

Do you think it's a different world today for women in medicine? Where are we on that clock? Have we got more turning of the hands to do? How far have we come? What's your sense from your days? Now you lead a medical school, and so you're in a wonderful position to be able to sort of take stock of where that clock is.

**Deborah German, MD**

[00:36:21]

We are certainly farther down the path and things are way better, because if you look at the enrollment in medical schools now, it's roughly 50-50. So, if you start with the question of 'are there talented women who may be more qualified than others, who are not getting into medical school?' I think right now, since it's 50-50, admissions at least has become gender blind.

**A. Macdonald, PhD**

[00:37:01]

Very good, so that clock is moved forward, the admission clock.

**Deborah German, MD**

[00:37:06]

And the other thing that has happened because of that, the young women coming through have women surgeons as role models, women Ob-Gyn doctors, women pediatricians, women rheumatologists, women cardiologists. I mean, there are women in every specialty. Some specialties have a lot of women (Ob-Gyn and pediatrics) and some have fewer women (orthopedics, urology). But by and large I think we've come a very long way.



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There is probably not a woman medical student in the country who would say, "I've never had a woman physician as my teacher or mentor." That doesn't happen today.

**A. Macdonald, PhD**

[00:37:55]

Right.

**Deborah German, MD**

[00:37:56]

We've come a long way. When you look at the leadership of institutions like the deans of medical schools, I think we're right around where we were when I was in medical school, somewhere between 10 and 20%. So, there's still work to do there.

And if you're asking about the environment of medicine, I think people talk about the difference between medicine now, what people need and want, and the old paternalistic style. And the fact that we talk about that as the 'old' paternalistic style means there's been a great change in that. And the stories I told you about the changing room and things like that, that doesn't happen today.

**A. Macdonald, PhD**

[00:38:53]

Those structures have adapted.

**Deborah German, MD**

[00:38:55]

Right. So, I think things are much better.

**A. Macdonald, PhD**

[00:38:58]

But there's still a bit of a room to expand, it sounds like from what you said, just to synthesize, in positions of leadership and across specialties there is still room.

**Deborah German, MD**

[00:39:10]

Yes, I think it will take place naturally. I really do think because when you have 50% of the workforce coming in, it's hard to maintain at the very top. I mean if I went through medical school when there were 10% [women], and now 15 or 20% of deans are women, that might be proportionate.

**A. Macdonald, PhD**

[00:39:36]

For the time that it takes to become a dean, and for that bubble of demographics to move along to those kind of positions.





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***Deborah German, MD***

[00:39:42]

Exactly.

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## Chapter 5

### **Making Doctors: embedding professional aspirations in the rituals of training**

Dr. German contrasts the lackluster rituals of her medical education at Harvard – the disappointing first day [00:40:24], the lack of a white coat ceremony, the fearful Match Day [00:41:36 – 00:42:51], the medical graduation held after students had moved to their residencies [00:42:52 – 00:44:10] – with the attention she gives to the spiritual, mental, and professional development of medical students. She tells a riveting story of her revitalization of the Vanderbilt orientation and white coat ceremony, outlining the important values it imparts [00:44:43 – 00:54:04]. She describes the expansion of that ceremony into a “Dean’s Curriculum” she holds with University of Central Florida medical students across the pivotal moments of their medical education, including orientation, Match Day [00:56:20], and graduation [00:54:44].

***A. Macdonald, PhD***

[00:39:44]

OK. You had another quote that I wanted to ask about. You're talking about your work at University of Central Florida at the medical school there, and you talk about one of the highlights of your time being the first white coat ceremony that you held for your own medical school. But at this juncture I'd like you to reflect back to your own white coat ceremony, or matching day, or various kinds of rituals of being a medical student.

Were any of them particularly meaningful to you? Can you -- do you look back on those with the same kind of reverence that you have for your own white coat ceremony that you held as the Dean? Or were they just moments in time? How did those transitional moments read for you?

***Deborah German, MD***

[00:40:24]

Well, as I mentioned, I was disappointed with my first day or two of medical school, because it was all about what I call nuts and bolts. And there was a lack, in my opinion, of attention to the role of the physician as a leader, and as a person who needed to take care of the hearts and minds of their patients in addition to taking care of their bodies.

***A. Macdonald, PhD***

[00:41:10]

Okay.

***Deborah German, MD***

[00:41:11]

And my experience in medical school was that it was a study of the physical ailments of human beings and how to address them. So, there was no white coat ceremony.



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***A. Macdonald, PhD***

[00:41:27]

There was not?

***Deborah German, MD***

[00:41:28]

No, they didn't exist then, at least not at our school. It was the first day, you just got your stuff, and you went to class.

And Match Day was interesting. The envelopes with your match in it were placed in this conference room next to the dean's office. And they said, "At noon the envelopes will be placed in alphabetical order on this table. And you can show up anytime between noon and 5 to pick yours up."

***A. Macdonald, PhD***

[00:42:03]

Okay.

***Deborah German, MD***

[00:42:04]

So, you know, it's a scary time. Because you don't know if you're going to get your first choice or your last choice, or maybe you won't even be matched. And so, nobody wanted to be seen opening their envelope. There was a lot of fear. So I remember going there, probably not right at noon. Might have been like 12:30 or one o'clock.

***A. Macdonald, PhD***

[00:42:33]

Right.

***Deborah German, MD***

[00:42:33]

Getting my envelope and walking back to my home. My apartment then, I didn't live in the dorm anymore, in my apartment and opening it there. And that was it.

***A. Macdonald, PhD***

[00:42:50]

Okay.



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***Deborah German, MD***

[00:42:51]

That was it. There was nothing. And then with graduation, we did have Class Day and that was a lovely event. Big tent on the quadrangle and we all were given caps and gowns to wear. Then there were speeches and such.

But it wasn't graduation. Graduation happened, I believe it was near the end of June. But it was on the main campus of Harvard (the medical school is on a different campus). It happened late enough in June such that your residency orientation was already in progress.

***A. Macdonald, PhD***

[00:43:37]

And so many people wouldn't be able to attend.

***Deborah German, MD***

[00:43:30]

So, I never went to my medical school graduation because I was at my residency orientation.

So, there was a real lack of celebration, a real lack of attention to the spiritual, mental, and what I would call the professional development of the student. And I've paid a lot of attention to that in my current role.

***A. Macdonald, PhD***

[00:44:16]

Right. Is that something at the time that you perceived as a lack? I know you said that first day felt like a letdown. Or was it later?

***Deborah German, MD***

[00:44:25]

No, I knew it then. And I remember saying to myself, "If I were in charge of this, I wouldn't do it this way." And "If I'm ever in charge of anything like this" (not that I ever thought I would be) "I would not do it this way."

[00:44:43]

And honestly, my first day of work at Vanderbilt when I was coming in as an associate dean for students, my first day of work was the first day of school for the incoming class. And I was handed a script to read and take them through their orientation, and I had no planning of it. And at the end of the week the dean, with the whole team around a conference table, he was very happy to have me on the team. He looked at me. He said, "Dr. German, now you've been through a Vanderbilt Medical School opening of school and orientation. Tell us what you think."

And I was sitting there thinking, "Does he want to hear the truth?" [Laughter]



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**A. Macdonald, PhD**

[00:45:37]

You haven't been there long enough to quite know what that question meant!

**Deborah German, MD**

[00:45:40]

I didn't know! But I said to myself, "You've got to be honest." So, here's what I said to him: "What you do, you do very well. You roll out the red carpet for these students. They know that they are privileged. They know that they are bright. They know that they are going to have the experience of a lifetime and that they walk on water. What you don't do, is share with them the responsibility that goes with those privileges. And I think they need to understand that they're committing themselves to a life of service, to a life of caring for others, and it's not all about them."

And he got all red in the face. And he went [*clears throat*]. And he said, "Well, next year you will fix that."

[*Laughter*]

**A. Macdonald, PhD**

[00:46:39]

Okay! Yes!

**Deborah German, MD**

[00:46:43]

And I did. Next year I put in place something that I called 'The Good Doctor, a Vanderbilt tradition.'

**A. Macdonald, PhD**

[00:46:53]

Ohhh.

**Deborah German, MD**

[00:46:54]

And I, and it was pretty gutsy my first year there to call it a tradition, but I did it anyway. And I have been doing that session at the opening of medical school since 1989. At my medical schools and I've been asked to do it at other medical schools around the country. And what it does--do you want to hear about it?



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***A. Macdonald, PhD***

[00:47:25]

I'd love to! Because, having worked in medical education, the socialization of someone who is privileged is not always matched by a socialization of someone who serves. So, I'd love to hear how you're setting that kind of socialization in motion.

***Deborah German, MD***

[00:47:39]

So, I said to my team and myself, "In the very first minute of medical school, we have to set the stage for what this is all about." So, the very first moment of medical school is a class with me. We have all of the students seated, and it's the white coat ceremony but it's a class. And all of their parents and their friends are there. So usually a thousand, maybe.

***A. Macdonald, PhD***

[00:48:11]

Okay, that's a big class.

***Deborah German, MD***

[00:48:13]

Well, no, they're only a hundred students.

***A. Macdonald, PhD***

[00:48:15]

Right.

***Deborah German, MD***

[00:48:17]

About 120 in our school, but when their parents and their siblings and their friends and their spouses, if they have them, often there are 1,000 people in attendance. The students are seated right before me. And it's the first moment. And I talk to the students, and I say to them, "Before we begin any important endeavor, it is wise to take a moment and consider the path ahead and set the goal." And I tell them that it is a privilege to be a physician and we are going to have our first class, right now, and consider this.

And then I ask them to imagine the person they love most in the world. And I say, "Do you have that person in mind?" Usually, they're really quiet. And then I say, "Medical school is not a passive experience. Do you have someone in mind?" And they all say, "Yes." And then I say, "I want you to imagine that that person is seriously ill, and you don't know what's wrong with them. You've been to four doctors, and you still don't know what's wrong with them. And you're in the waiting room of Doctor Number Five. And you are very concerned."

And then I say, "I want you to tell me the characteristics that you hope that doctor will have."



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***A. Macdonald, PhD***

[00:49:48]

Hmm, yes.

***Deborah German, MD***

[00:49:49]

And on the chalkboard, it says 'The Good Doctor: A Vanderbilt tradition'. And then I say, "I want you to give me those qualities, and I will point to you and call on you." So I do that, and, you know: kind, compassionate, knowledgeable, trustworthy. And usually I get 30 or 40 words. And then when it when it dies down, I say, "Does everyone agree with every word that's on this board?" Most of the time everyone does. One year, one of the words was 'omniscient'. And when I asked if everyone agreed, one of the students said, "I think only God can be omniscient." So I went back to the student who gave me the word, and I said, "Do you want to adjust that?" And he said, "Yes, knowledgeable."

***A. Macdonald, PhD***

[00:50:45]

Okay.

***Deborah German, MD***

[00:50:46]

And we changed it. But I get to the point where everyone has agreed that this is the description. And then I take the chalk and I outline words, and I say, "This is your contract with me, with the school, with each other, with your families, with the community: to become this doctor over the next four years."

And the chalkboard, when I did it at UCF I figured they erased the chalkboard. The students took the chalkboard, they would not allow it to be erased. They brought it to the rotunda of the medical school, and it sat there until the next class came in. Because then they did it. And that chalkboard is sitting there today. Every year we do this with our students. It's the first minute of medical school.

So, after we've done that, I say to them, "I'm going to ask you some questions now and I just want you to think the answers. I don't want you to speak them." And I point at the words they've given me, and I'd say, "How does this doctor act at a party? How does this doctor treat their friends? How does this person treat their enemies? How what does this person tweet?" And I go on, and the point of that is they know what good is. And it's not for me to tell them. It's for them to realize that they know what the goal is and that they share it.



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***A. Macdonald, PhD***

[00:52:26]

Yes.

***Deborah German, MD***

[00:52:26]

So we do that.

***A. Macdonald, PhD***

[00:52:28]

And that it bleeds into all the areas of their life. If they're really going to live it.

***Deborah German, MD***

[00:52:32]

That's right. They have to live it. Their patients will see their tweets. And they get that. We talk about that.

And then I say that "This is our contract." And then I tell them that they're ready now to receive their white coat. And then we go up, and I tell them that the white coat is a symbol of the promise that they have made to become this doctor and it's a privilege to have it. And in the white coat I have a card.

***A. Macdonald, PhD***

[00:53:12]

Oh, okay.

***Deborah German, MD***

[00:53:13]

And after they all get their white coats and they're seated, I mention the card that's in their pad pocket. And I tell them that on the card I want them to write the biggest dream that they have for their career--

***A. Macdonald, PhD***

[00:53:31]

Oh my! You're going to make me cry.

***Deborah German, MD***

[00:53:35]

--and to hand it into me by the end of the week. And I usually say to them, "Tonight before you lay your head down on the pillow, I want you to write your greatest dream for your future on this card." And I tell them that their dreams fuel mine. [*Both voices are emotional.*]





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So, I try to, you know, create a connection.

**A. Macdonald, PhD**

[00:53:59]

Yes, so that people have a sense of shared mission for the profession.

**Deborah German, MD**

[00:54:04]

Exactly.

**A. Macdonald, PhD**

[00:54:04]

Yes, it's beautiful. I've been to white coat ceremonies, but I haven't been to one like that.

**Deborah German, MD**

[00:54:10]

Well, you can come to ours. We'll be doing it in August.

**A. Macdonald, PhD**

[00:54:13]

Yes! I think a documentary needs to be made of that! I really do. That's really something.

**Deborah German, MD**

[00:54:21]

Actually, you can probably Google it. I bet it's on YouTube.

**A. Macdonald, PhD**

[00:54:25]

Okay

**Deborah German, MD**

[00:54:28]

But it is important. And then, when they start their third year, I remind them. When we have our meeting before... So I have my own little 'dean curriculum' with them. And this Friday, they'll be graduating.

**A. Macdonald, PhD**

[00:54:42]

Oh, okay.



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***Deborah German, MD***

[00:54:44]

And when I give my little commencement address, one of the things that I say to them is, “On your very first day of medical school, in the very first moment, I asked you a question. And you gave me an answer. And we formed this contract. Today is your last day. I have another question for you. And the question is: have you become the good doctor?”

And the room goes silent. And then I say, “I feel the tension.”

And then I say, “I know why you feel that way. Because you now know that becoming the good doctor is a lifelong process. And as Vince Lombardi once said, 'If we chase perfection, we catch excellence.' And our job is to chase the perfection of the good doctor, so that we will always be excellent.”

So, I have a little curriculum each time they have a major moment. I get in front of them and try to remind them about who we are as physicians. And I didn't get that in medical school. But I think it's important.

***A. Macdonald, PhD***

[00:56:13]

But maybe the fact that you felt let down that first day has launched this rethinking of what it could be, should be. What it needs to be.

***Deborah German, MD***

[00:56:20]

I think so. And our Match Day is a huge celebration, and you can go look at that on YouTube. It's outdoors, and everybody comes. And it's just a huge party.

***A. Macdonald, PhD***

[00:56:33]

Okay, so it's a celebration of that next step. Not a giant fear session!

***Deborah German, MD***

[00:56:39]

When we designed the medical school, as you enter it there's a rotunda. And on the ceiling of the rotunda there are little stars. UCF's motto is 'Reach for the stars'. And remember the university was formed to support the space coast. So it has—

***A. Macdonald, PhD***

[00:57:00]

Yes.



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***Deborah German, MD***

[00:57:00]

--a lot of meaning. And those stars twinkle once a year, on match day.

***A. Macdonald, PhD***

[00:57:06]

Oh, oh, wow! Oh, that's wow! I mean I study ritual a little bit in my own scholarship. So I'm just so impressed.

***Deborah German, MD***

[00:57:15]

And when we designed the building, I wanted stars there and I wanted them made so that we could twinkle them. And I say to the students, "This is the day when we wish that we could give you the sun, the moon, and the stars. And the stars are twinkling for you."

***A. Macdonald, PhD***

[00:57:30]

Oh, wow! I mean that is brilliant. There are moments of brilliance in those ceremonies. If they're well done, there's brilliance. And there are lots of things that aren't really brilliant if they're not well done!

***Deborah German, MD***

[00:57:43]

Well, we just try our best, you know.

***A. Macdonald, PhD***

[00:57:45]

Yes, I feel as though, walking through the white coat ceremony, both your own that didn't happen and these that you do, leaves us at a perfect sort of juncture to talk about your time in residency. And some of the developments of a woman launching out on her first sort of professional engagement. And I'm wondering, because we're a little over time, if we should make this a nice sort of transition point for picking up that next stage of residency.

***Deborah German, MD***

[00:58:16]

There are certainly a lot of stories in residency. Residency was not only the time when I learned really to be a doctor, but also a time when I had my first child, and that was unheard of--

***A. Macdonald, PhD***

[00:58:35]

I read a story about that! And so, I know I want the time to fully explore the living of life as a woman in her family life as well as in her professional life. I think the marriage of those two



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things is often, you know, can be an amazing kind of putting together, but also a challenging one. So I think perhaps it is a good time to sort of break our time today and start with those stories because I had read that about your first pregnancy, in Residency.



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### **Interview Session Number 3: June 1, 2022**

#### **Chapter 0-C Interview Identifier**

***A. Macdonald, PhD***

[00:00:10]

I like to make sure that the transcription is playing before we get talking, and it is. Okay. So, I'm here today once again with Dr. Deb German who is currently the VP...oh geez, I have to now check -- we've been going so far over your career -- your exact title at the moment! The founding Dean of the University of Central Florida College of Medicine, but also now VP of Health Affairs. And we've been having some wonderful conversations about the beginnings of your career in medicine, and as a woman in this profession, at a time when there were not a lot of women in this profession. So, it's been wonderful to have this opportunity to continue our oral history today for the Women in Medicine Legacy Foundation Oral History Project.

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## **Chapter 6**

### **Mother and Doctor: with integrity and a spirit of adventure**

Dr. German explains her choice to pursue a residency program in “patient-centered medicine” at the University of Rochester, where she and her husband (also an MD) had both matched [00:02:41]. Having children, she relates, was even more important to her than her career [00:04:57]. She explains the careful planning and sense of adventure that pregnancy during residency required. She recounts, against prevailing wisdom, her directness and honesty about future children as she interviewed for prospective fellowship positions [00:08:59 – 00:11:34]. She tells the story of delivering her first child, Laura, just prior to taking up a Fellowship at Duke University [00:17:41 – 00:20:46]. The steep, yet amazing, learning curve of residency is elaborated [00:22:38 – 00:23:48]. She explains the ongoing supportive role nurses played in her residency years and considers the possible gender based reasons for these relationships [00:25:43 – 00:29:38]. She offers her views on achieving “work-life balance”, noting it is possible but not all at one time [00:32:39]. She narrates the more difficult transition to two children with the birth of her second daughter, Julia [00:21:12]. A junior faculty member at Duke, she speaks of the deliberate decisions she made to prioritize her children at this stage of her career [00:36:06 – 00:38:49], relating a truly exceptional multi-tasking story as illustration [00:42:23]. The satisfaction of being both mother and doctor is illustrated in a tale of her young children’s assessment of her “fun job” [00:38:50].

#### ***A. Macdonald, PhD***

[00:00:51]

And as we last finished speaking, Deb, we were talking about white coat and graduation ceremonies and the one you did not have when you left Harvard Medical School to enter into your Residency phase. I do know that you were a resident in internal medicine at the University of Rochester in New York. Can you remind us what year that was?

#### ***Deborah German, MD***

[00:01:13]

Let's see I began my residency in July of 1976.

#### ***A. Macdonald, PhD***

[00:01:22]

Okay, wonderful. And I think what I was most curious about is what drew you to that particular specialty and when did that interest start to develop? And how did you see this Residency being the launch of your career in medicine?



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***Deborah German, MD***

[00:01:39]

Well, when I was in medical school obviously I didn't have a lot of family role models in medicine. I chose a career in internal medicine, and then later in rheumatology, because I feel like it left most doors open for me. I knew that I did not want to be a pediatrician, because I had been assigned to the leukemia wards at the Mass General. And I thought pediatricians took care of dying children, and it broke my heart.

***A. Macdonald, PhD***

[00:02:16]

Oh, okay.

***Deborah German, MD***

[00:02:17]

I had some talent, at least I was told I had some talent, in the area of surgery. But I really wanted to take care of people. And what I saw in surgery was mostly you took care of people episodically and I wanted to take care of people over the long haul. So, I chose internal medicine.

[00:02:41]

And I actually chose the University of Rochester, it was my first choice in the match over many other programs, because of the focus on what they were calling 'patient centered medicine'.

***A. Macdonald, PhD***

[00:02:59]

Okay.

***Deborah German, MD***

[00:03:01]

One of my observations at Harvard was that every patient seemed to be a research project. And I had my own thoughts about how patients should be treated. I think I was reacting to the longstanding paternal approach to medicine, which was natural because medicine was mostly men. I think as a woman, I came in with a more maternal approach and when I learned about Doctors Morgan and Engel at the University of Rochester, with their new patient centered medicine, and read about it, I knew that that was where I wanted to train.

So, we ended up -- I was married at the time, I had met my husband in college. He went to Boston University School of Medicine. I went to Harvard. And we matched together at Rochester.



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**A. Macdonald, PhD**

[00:04:07]

Oh, really, okay --he was in-- is that unusual for medical couples to match together? Or was that something you worked hard to achieve?

**Deborah German, MD**

[00:04:17]

We worked hard to achieve it, but there are others who do it. I wouldn't say it's unusual. And in the day when there were very few women in medical school, those women usually married people in their classes. So there were always a number of medical-medical couples, for that reason. But we were very fortunate that we both matched at our first choice.

I was thinking to myself as we matched there, and as we went there: I was finished with medical school, now when was I going to have my family? Because I think having children was more important to me than even my career.

**A. Macdonald, PhD**

[00:05:05]

Really?

**Deborah German, MD**

[00:05:06]

Yes.

**A. Macdonald, PhD**

[00:05:07]

Had you always thought that, or was that something you got to a certain stage of life and realized... [Dr. German indicating no.] It was always.

**Deborah German, MD**

[00:05:15]

I always knew I wanted to have kids.

**A. Macdonald, PhD**

[00:05:17]

Do you think that comes from being part of a big family and a close family? That desire to put almost put family in front of career choices?

**Deborah German, MD**

[00:05:26]

You know I'd say yes, but my sister doesn't have children and she's equally happy. So, I'm not sure where it comes from. Maybe it comes from being the older of two children, having a baby





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sister. I don't know. But I knew that I always wanted to have children. It was a... very powerful drive for me. And I remember, in my internship year, knowing for sure that it couldn't be then. And then thinking, "Well, it—

**A. Macdonald, PhD**

[00:06:00]

What year were you actually married? Were you married while you were at Harvard?

**Deborah German, MD**

[00:06:04]

We were married between our first and second years of medical school.

**A. Macdonald, PhD**

[00:06:09]

Okay.

**Deborah German, MD**

[00:06:11]

So I'd been married three years. And my mother had me when she was twenty. So, I started thinking I'd better have some children soon or this isn't going to happen. And when I saw what lay ahead: internship, residency, senior residency, and then a fellowship, and then if you wanted to be on the faculty, junior faculty. I remember in my internship year realizing that there was no good time to have a baby. And that realization led me to: 'you just have to do it.' So, I looked at my schedule and decided that I would have my child -- this is as an *intern* -- I looked forward three years and decided that I would have my child at the very end of my senior residency before I went to Fellowship. And in those days, it was during your internship year that you applied for your fellowship.

You applied two years in advance, two and a half years in advance. So, I'm applying for my fellowship and I'm thinking about having children. And I applied in rheumatology, and I can talk about that more later, but I realized that I had to have this all figured out because there was no maternity leave. And you had to take all your call or you wouldn't be accredited.

So, I thought it all through, and I decided that -- and your vacations were planned out three years in advance. I had a vacation April first through the seventh in 19...79. That was my last vacation! So, I--

**A. Macdonald, PhD**

[00:08:27]

Oh, my goodness -- and so you're looking at this in 1975, 76.



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***Deborah German, MD***

[00:08:29]

I'm looking at it in 76 or maybe it was in January. Maybe it was the beginning of 77.

And I realized that if I wanted to have a baby, I had to have her on April first so I could have a week off. And I had to share call with people so that once she was born, I could breastfeed her. And I worked all that out. And then when I went interviewing for my fellowships the advisors at Rochester would say to me, "When you go for your interviews, they're going to ask you if you're planning to have children. They're not allowed to ask you that."

***A. Macdonald, PhD***

[00:09:16]

But they will.

***Deborah German, MD***

[00:09:18]

But they will. "And you either need to say I don't have to answer that, or you need to tell them 'no'. Because if you tell them 'yes', they won't take you. It's bad enough that you're married." That was the advice I got. And so, what I did was the opposite. I decided, because I wanted to have children, I knew that I needed to be honest and have integrity.

So, I went for all these interviews. And at the end of the interview day, I would go to the program directors' secretary or assistant and I would say, "I need five minutes with the program director." And in each place, they would look at me and they would roll their eyes and they would say, "Why?" [Macdonald laughs.] And I would say, "It's personal." And they would roll their eyes again. Because of course 'the woman' has a personal issue. Right?

***A. Macdonald, PhD***

[00:10:15]

Right! Oh, my goodness, yes!

***Deborah German, MD***

[00:10:18]

So I met with the program director, and I said, "There's something you need to know about me." And this I said it to all of them. I said "I'm married. I'm having my first child on April first of the residency year and when I arrive, I will have a three-month-old baby." And if the residency program was in the North, where I had family, I told them that I just needed them to know that. If it was in the South (which is where Duke was) I would then say, "And I plan to start my residency in December, not in July. So, if you hire me, I'm going to start six months later so that I can get the proper day care. I want to be the best mother I can be and if I can do that, I will be the best fellow that you that you can have." And I just said that to them.



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**A. Macdonald, PhD**

[00:11:15]

But you weren't pregnant at the time you were telling them this.

**Deborah German, MD**

[00:11:18]

No, it's two years earlier.

**A. Macdonald, PhD**

[00:11:19]

Exactly. That's what I'm just trying to imagine, this 'I'm having it on April first.' There must have been a few raised eyebrows.

**Deborah German, MD**

[00:11:26]

They smiled. One of them said -- well, they all said different things. But the interesting thing was, I got accepted to every single program.

**A. Macdonald, PhD**

[00:11:34]

Ahhhh.

**Deborah German, MD**

[00:11:36]

I chose Duke, and my daughter was born on April first. It was not a C-section, and I can tell you how I managed that. And on April third, the program director called me. And he said, "I'm making the call schedule out for rheumatology, and sometimes babies don't come when we plan them, and I just wanted to know if you were still planning to start in January." And it was my first day home from the hospital, and I was holding Laura and she started to cry. [*Both are laughing.*] And he said, "Is that a baby crying?"

I said, "Yes." He said, "Is she 2 days old?" I said, "Yes." He said, "Well!"

It was a fun moment. So that's the story. And I took all of my call before I had her. And I had fantastic colleagues who were willing to switch call with me so that once she was born, I could at least be home at night to nourish her. And that was it. I went back to work six days after she was born and continued my residency. And then I did take six months off before I started at Duke.

**A. Macdonald, PhD**

[00:12:56]

Okay, okay. Oh, you know, I mean I'm flabbergasted! Because this is, there are so many aspects of this story that I think, "Oh, my goodness!" As you're deciding all this -- when you're going to



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have them, how you're going to do it, how are you going to arrange it – who did you talk to? Most women are talking to everybody about baby showers, and this or that. And yet you have these incredibly difficult two-year-out scheduling. And the questions had to arise around some of that scheduling: what is best? what will work? Did you have colleagues, friends, anyone that you ran this plan by and fine-tuned it? Or was it -- was your husband a big partner in making this plan? Or was it really you internally?

***Deborah German, MD***

[00:13:43]

Well of course I discussed it with my husband. He wasn't... So, I have a different frame than the one your question comes from. And the frame is this: no one had ever done it before.

***A. Macdonald, PhD***

[00:13:59]

Well, that's what I wondered—

***Deborah German, MD***

[00:14:02]

There isn't anybody to talk to, there isn't any 'best advice'. The best advice you have is: you're going to do this. That's the advice. And because you're on call every third night and you're taking care of people who are sick and dying, just the fact that you can put together an idea for how you're going to do it is all.

Now I did have to talk with my colleagues about taking call. And they were wonderful because they knew me. They knew my husband. And, in a sense, the entire Internship Residency Group was having a baby.

***A. Macdonald, PhD***

[00:14:52]

Oh, okay, okay. So they saw themselves as party to this wild adventure that other people—they hadn't done and they didn't know people who'd done!

***Deborah German, MD***

[00:15:01]

I mean it was a great adventure! I was talking about it two years in advance. "I'm going to do this; I just have to figure out how to do it." I mean it was –

***A. Macdonald, PhD***

[00:15:13]

But you *called* it an adventure, and not a thing of trepidation. I think my question did come from that sense of "what trepidation you must have had!" But you had an adventure.



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***Deborah German, MD***

[00:15:23]

I think that's the whole secret of life. Life is an adventure. And everything you get is an opportunity, and sometimes your opportunities look like disasters and challenges. But they are *all* opportunities; everything is an opportunity. Think about it this way: how many women get to pave the way for other women to have babies while they're becoming doctors? I mean, what an honor for me to figure out how to do it so that I didn't alienate all the men. I mean, that's the goal, that's why it was an adventure: "I'm going to do this and it's going to be great."

***A. Macdonald, PhD***

[00:16:16]

And I can do both. I can both become a doctor and have this baby.

***Deborah German, MD***

[00:16:23]

Right. Well, you know you can do both because people are doctors and people have babies. So you know they're both doable.

***A. Macdonald, PhD***

[00:16:30]

Right, okay, I know you've explained that sort of like 'is it logically possible' framework before. Going into space without oxygen is not. Yes, I remember that. Yes, it can be done. But I often -- I guess it's my, as you say, it's my own personality coming through: the trepidation I would feel about taking a step that's never been taken rather than the adventure of taking a step that's never been taken.

***Deborah German, MD***

[00:16:58]

And again, nobody's going to die because it doesn't go 'just right'. I'm still a doctor. I'll still complete my training, even if the worst happened and I had to do an extra year. And I would have a child. There are lots of people who have children who are not as prepared as I was, as—

***A. Macdonald, PhD***

[00:17:23]

Yes, absolutely. In the sense that you are envisioning a professional life and, yes, I can see that. But okay now, the bit about making her come on April the first, exactly! I do need to hear that because I don't know too many women with those stories: where two years out they plan the due dates and they *meet* it.



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**Deborah German, MD**

[00:17:41]

Well, I wasn't sure I was going to meet it exactly. Based on the calculations, my due date was April seventh which would have been the last day of my vacation.

**A. Macdonald, PhD**

[00:17:58]

Right, because you were trying to get that week.

**Deborah German, MD**

[00:18:04]

So when you get very close to delivery, you can do some things that influence your contractions. And I was having some regular Braxton Hicks contractions that people get in the last few weeks. And so, on the eve of April first, the last day of March, I took Milk of Magnesia. And magnesium induces the muscles to, um—

**A. Macdonald, PhD**

[00:18:44]

Oh, yes [*understands contraction is implied*].

**Deborah German, MD**

[00:18:46]

And I just waited and waited. And it happened.

**A. Macdonald, PhD**

[00:18:50]

Oh, my goodness! Oh, that is exciting. I'm assuming she was born healthy, and—

**Deborah German, MD**

[00:18:55]

She was born healthy. I had only one pain, one pain when she was being born. But I didn't have any pain in labor. That that was phenomenal, really.

**A. Macdonald, PhD**

[00:19:09]

Yes. I know sometimes in those days women were heavily drugged. But were you or...?

**Deborah German, MD**

[00:19:16]

No, no, I didn't have any drugs. I was just, I was very fit. I remember I was lying in bed and my stomach, you know, the contractions were happening. And my husband and I, both physicians, were looking at it. And I said, "It doesn't hurt." I said, "It can't be labor. It just, it doesn't hurt."



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And then they got very close together and so he said, "We've gotta call the obstetrician." We called him and when we told him what was going on, he said, "Okay, come on in. I'll take a look." So we went into the hospital; he was on call that night. And when I got there, he said, "You're in active labor."

**A. Macdonald, PhD**

[00:20:02]

Oh, wow!

**Deborah German, MD**

[00:20:03]

And I said, "Okay." And it was kind of funny because I was up there laboring happily. And then suddenly I started to feel a pain and I called the nurse and I said to the nurse, "I feel a pain."

[*German slightly laughing, Macdonald laughing.*] And she looked at me, and she said, "Sweetie, you're going to feel lots of pain."

And I looked at my husband, and I said, "Larry, I'm having a pain. Go get the doctor."

And so, he got him, came back. Doctor looked at me and said, "Get her into the delivery room. The baby's coming." And that was when she was born.

**A. Macdonald, PhD**

[00:20:38]

Oh, my goodness! Now that that is a story I haven't heard, that's amazing.

**Deborah German, MD**

[00:20:46]

It is crazy, but it's true.

**A. Macdonald, PhD**

[00:20:49]

And those early months with her breastfeeding at night, and adjusting your call schedule with your colleagues, did you find them difficult? Harried? Everyone finds a new baby a little bit of a change, a transition for sure.

**Deborah German, MD**

[00:21:03]

I used to describe my first daughter as the perfect baby.

**A. Macdonald, PhD**

[00:21:07]

Okay, okay. She got the memo, too, that you're finishing your residency, and you need to, uh



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***Deborah German, MD***

[00:21:12]

She only cried when she was hungry or needed to be changed. The rest of the time she was happy or sleeping. And I did have a second child when I was in my fellowship, and she was crying all the time. So I've had both extremes. And when you were asking me if it was hard, it was not. And I think when you're taking care of many people coding in an ICU, taking care of an infant was -- I thought, after my first child, I thought what is all the fuss about? Labor and delivery were easy, the baby is easy. And then I had my second child. And after I had Julia (because I had Laura and Julia, and a job, and Julia cried a lot) I remember thinking the first year of her life was the most challenging year of my life. I was juggling so much.

***A. Macdonald, PhD***

[00:22:16]

Yes, people do say that it depends on the baby.

***Deborah German, MD***

[00:22:19]

I think it does.

***A. Macdonald, PhD***

[00:22:21]

Yes, exactly. Yes, and it's a kind of a joy, too. So I think that carries you through much lack of sleep and other things. And, as you say, you're already dealing with lack of sleep and rounding and doing an intense kind of residency. You were prepared!

***Deborah German, MD***

[00:22:35]

So it was easy really.

***A. Macdonald, PhD***

[00:22:38]

Was residency easy? Because I hear lots of people tell stories of the intensity and the sort of like almost, I don't know if it's artificially amped up, but amped up kinds of demands on your time and your energy to the point of almost exhaustion. I hear these stories. What was your experience?

***Deborah German, MD***

[00:22:55]

It was that. It was that. But the way that I saw it--I used to say, before I had children, that my internship year was the best year of my life. It was all those things you just described -- but the reason is that I had the steepest learning curve that I'd ever been on and by the end of my internship I realized that I could keep anyone alive until the proper specialist arrived. And I remember thinking, "I can do this. This is so *amazing* that I can do *this*."





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***A. Macdonald, PhD***

[00:23:48]

Yes, that was worth the hardship to get that knowledge and have that ability.

***Deborah German, MD***

[00:23:53]

It didn't feel like a hardship. And I'll give you some examples: I remember one Christmas. I was on call in the ICU and my husband was on call in the emergency room. And we were, you know, doing our thing. And I was joking with the nurses because he was sending me presents on stretchers. [*Macdonald laughs.*] And the presents were patients. And some of them weren't completely worked up; he was giving me a lot of extra work to do. And I said something to him, and he said, "It's because I know that the person on call in the ICU can handle it."

We had this fun interchange and one of the things that I think was different for me in my Residency training than for really all of my colleagues, especially who were men (there was one other woman in the program) was that they were learning from the attendings and the doctors. And once again, I think we talked about this before, I was learning from the nurses. And I don't remember if I've already told you the story about making rounds after having been up on call late?

***A. Macdonald, PhD***

[00:25:31]

No, because I've heard a story about having to learn from the nurses when you were in medical school, and your first chance to sitting on a surgery. But I have not heard the stories of residency.

***Deborah German, MD***

[00:25:43]

So I'll tell you just one or two of them. One night I was on call. And usually when you were on call you got somewhere between seven and ten admissions. Seven to ten new patients admitted through the night. You'd work them up and then the next morning you make rounds on all of them with the whole team. Even those who were not on call. I got 21 admissions one night.

***A. Macdonald, PhD***

[00:26:09]

Ohhh! I'm thinking there had to be a catastrophe, or something happened.

***Deborah German, MD***

[00:26:12]

It was just a busy, busy night. And when we made rounds in the morning with my colleagues, the other male interns, we didn't finish rounds (usually you finish rounds by ten or eleven in the morning, and then go for lunch), we didn't finish rounds until like 4 o'clock.



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**A. Macdonald, PhD**

[00:26:31]

Oh, because of the volume.

**Deborah German, MD**

[00:26:33]

And my two colleagues said, "We need to help you or you're never going to get home tonight. You're going to be up all night again." And so, at the end of rounds there's a list of things you have to do. You have to go back and do the lumbar puncture on one patient, or you know, different--

**A. Macdonald, PhD**

[00:26:52]

Whatever the rounds have concluded is the important follow up, I guess.

**Deborah German, MD**

[00:26:55]

Right. All the important follow up. So I said to them, "Thank you, great." So, we went to the first room, and this was a room where someone needed to have a spinal tap, a lumbar puncture. And we walked into the room, and the patient was in the right position. They were prepped, they were draped. The kit was opened on the tray table with the size small gloves ready for me to put on. And we walked into the room, and I started to do it. And I was trying to figure out how they were going to help me. And the two of them looked at each other, and then they looked at me and they said, "How did all this happen?"

And I looked at them, and I said, "This is how it works." And what I didn't realize is the nurses were taking care of me. [*Emotion in voice.*] They had done all of that for... My colleagues, they would have had to go and get the kit. Put it open on the table, prep, and drape. And that is what we usually do. So that was one example where I realized the nurses are looking after me.

**A. Macdonald, PhD**

[00:28:06]

So, they had seen you go through a night of 21 patients, and then the rounds till four in the afternoon, and they had just stepped up to be in support of you.

**Deborah German, MD**

[00:28:14]

Exactly. And apparently that was never done for the others and they were shocked. And when I said (as it wasn't just that night), when I said, "Well, this is how it is" -- what happened is the nurses would do that for me all the time.



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***A. Macdonald, PhD***

[00:28:31]

Was that because you were a woman and they were rooting for you? Is that because you had... I know you've told me you often learn from and with all the staff because sometimes you got a bit of the cold shoulder from some of the more male physicians. So, is that because of the interactions you had with them or was that a sense of 'we'd like to see her succeed'?

***Deborah German, MD***

[00:28:52]

You know, that's a question we'd have to ask them. I know they didn't feel that way towards every woman intern and resident.

***A. Macdonald, PhD***

[00:29:01]

OK, fair enough.

***Deborah German, MD***

[00:29:03]

I know that. But I think it was both. I think they may have seen themselves in me. I think many of them could have been doctors. And maybe I was open enough with them, that instead of there being the doctor-nurse barrier we were kindred spirits.

***A. Macdonald, PhD***

[00:29:38]

Yes, yes, and I know you've spoken to me before about how not coming from a background of great privilege, you tended to see everyone as someone to learn from and with.

***Deborah German, MD***

[00:29:48]

I still do.

***A. Macdonald, PhD***

[00:29:50]

Yes, I know. Yes, as we've said, that's an ongoing issue in medicine to try and break down some of those silos.

***Deborah German, MD***

[00:29:58]

And it's also, if you think that way, also a way to see everything as an adventure. Because if you can learn from everybody, you don't really have any enemies. There's less... factions. Because everything has the potential to be something new and exciting, and good.

And another moment that was kind of eye-opening for me was my first rotation as an intern was in the emergency room. And in those days, even though I was in internal medicine, when I was



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on call for the emergency room I had to handle both the medical and the surgical cases coming in. And it was another one of those moments where it had been so busy, and I came on, I think it's seven in the morning. And the nurses' shifts changed, and I was up all night and then the morning shift came, and anyway: each shift the nurses would give report to each other about patients, right?

But what they were doing was giving report to each other about me. And when the morning came, the nurse came to me and said, "Three shifts have reported that you haven't slept and you haven't eaten." And they took a patient's tray, and they put me in a little room with this tray of food and they said, "We're not letting you out until you eat something."

**A. Macdonald, PhD**

[00:31:40]

Oh, my goodness, yes. So, a kind of caretaking. No, that's incredible. And that is not common then, for residents going through residency?

**Deborah German, MD**

[00:31:53]

See, I only know my experience.

**A. Macdonald, PhD**

[00:31:57]

Of course.

**Deborah German, MD**

[00:31:58]

I don't know of others who talk about it this way. When I talk to my students and prepare my fourth-year students for their residences, I tell them that how they experience their residency is up to them. And I'll say, "You'll hear from a lot of doctors that it was the worst few years of their life. What you're going to hear from me was that my internship year was the best year."

And then I explained to them why and how, and I tell them that I hope that they will have a similar year. But I try to use my experiences--

**A. Macdonald, PhD**

[00:32:38]

To orient them.

**Deborah German, MD**

[00:32:39]

Yes, or to share with them a way of thinking about things that allows you to be happy. And the other thing that I think is important and I've always thought this way (I don't know if everyone does). We talk about having balance in your life and, quote, 'having it all'. I have it all, and I



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think everybody can have it all. I think the thing you have to tell yourself is you can have it all, but maybe not all at one time.

**A. Macdonald, PhD**

[00:33:23]

OK, yes.

**Deborah German, MD**

[00:33:25]

That's the piece that I think a lot of young people miss. Because in a day they want to be excellent at work, at school, in their relationships, and have meditation time, and workout time, and a healthy diet.

**A. Macdonald, PhD**

[00:33:48]

And that makes a more stressful day [*laughter*].

**Deborah German, MD**

[00:33:50]

And you've already ruined it just by having to have all that.

I like to think of it in terms of periods of time. So, for example (I'm jumping ahead now), but when I came to build the medical school and there were five finalists and they pretty much dropped out, saying it couldn't be done, not enough time or money. When I took this (did I share this with you already?)

**A. Macdonald, PhD**

[00:34:21]

No, I knew that you were the one who stuck with it when the others didn't. But I don't know what you're going to tell me next!

**Deborah German, MD**

[00:34:27]

Okay! Well, I thought, "Okay, this might be impossible. So I need to give it my all. So here's what I'm going to do: I'm going to take the job and for the first two years I'm going to pretend I'm having an internship."

And for two years I made a deal with myself that I would take four hours off a week on Sundays, and no vacations. And then, at the end of the two years, I would take a long like two-week vacation.

But I did that, and I loved it. I had fun. But if I had been in the mindset that I had to have a balanced life... Instead, I said, "You're going to do this now, this is like your internship. And then when you admit your first class, you'll have time to do the other things that you have in your life."



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***A. Macdonald, PhD***

[00:35:23]

And that full immersion can be a reward of its own, can't it?

***Deborah German, MD***

[00:35:26]

It is.

***A. Macdonald, PhD***

[00:35:27]

Yes, balance is not the only thing to strive for. Sometimes that full immersion offers up something that we wouldn't have to balance in our life if we didn't do that.

***Deborah German, MD***

[00:35:36]

Exactly.

***A. Macdonald, PhD***

[00:35:37]

So I do see that. I sometimes think though, with children -- I know that your children were older when you made that commitment -- but I do wonder, you know, as a woman and a mother, a couple of things. First of all, children aren't always so accommodating of your full immersion in something else. Their needs are immediate, and they're of today. So how did you juggle those early years with children when their needs can't be postponed till...

***Deborah German, MD***

[00:36:06]

So, this gets us to two of the questions that you had said you wanted me to talk about. One is the balance, and the other is how did I get into medical education. So, I arrived at Duke for my fellowship with a three-month-old baby and I started in January. She was nine months old. And then about a year and a half later, two plus years later after her birth, I had Julia. I had my second child.

So I have two children under two, and I am a junior faculty member at Duke.

***A. Macdonald, PhD***

[00:37:06]

The fellowship is completed and you've now moved into the junior faculty.

***Deborah German, MD***

[00:37:11]

I had Julia at the end of my fellowship. So it was in that transition time. And so, instead of becoming a faculty member right away, I became a research associate and I went into the Howard Hughes Institute to do research.



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***A. Macdonald, PhD***

[00:37:31]

I read that but didn't know the story behind it.

***Deborah German, MD***

[00:37:34]

Yes. I was still at Duke. I was an MD. I was a research associate and then I became an assistant professor. They're young [*the children*], but the reason I headed towards research was because if I jumped into the clinic, I wouldn't be able to be the mom I wanted to be.

While I was doing research, the chair of the department offered me a couple of administrative roles that I could do on my own time, sort of. And I excelled at them. And then the dean of the medical school was asking the chairs about faculty that could be considered as associate deans. My chair told the dean about this amazing thing I had done with the Residency program, turning it completely around from the most hated rotation to the most beloved in two years. And I ended up in the dean's office.

I got into medical education so that I could have more time with my children.

[00:38:50]

And I'll tell you a Duke story, two Duke stories, that have to do with being a mother.

I had a nanny. She didn't drive when it snowed. [*Macdonald laughs.*] So, we have a snow day and I have two children. They were probably in kindergarten, in first grade or preschool, and she's not coming. My husband's already at the office doing a cardioversion; he's a cardiac electrophysiologist. And I'm there and my first patient is scheduled at eight o'clock in the Gout Clinic; I was director of the Gout Clinic which met once a week. It wasn't as labor intense as some of the other clinical responsibilities. So, I put these two children in their car seats in the back seat of the car and I'm backing down my driveway. The lady next door, Sabrina, who's a stay-at-home mom married to an anesthesiologist with two boys the same age as my two girls, is walking down her driveway in her galoshes in the snow to get her newspaper.

And as we're backing down the driveway my littlest one, Julia, says, "Mommy." And I say, "Yes, Julia." And in that split second, I know what she's going to say. And here's what I imagine she's going to say: "Why can't we stay home and play in the snow like Ryan and Shawn? And why do we have to go to the clinic?" That's what I'm imagining.

And the reason I'm imagining it is because my mom was a stay-at-home mom and that is exactly what I would have wanted to do at their age. So, I'm sitting there with that in my head. And she says, "Mommy." And I say, "Yes, Julia." And she says, "I feel sorry for Sabrina."



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**A. Macdonald, PhD**

[00:41:05]

The little one next door?

**Deborah German, MD**

[00:41:07]

The mother in the galoshes walking down the driveway. "I feel sorry for Sabrina." And I say, "Why?" She says, "Because she doesn't have a fun job to go to like you do."

**A. Macdonald, PhD**

[00:41:21]

Oh wow.

**Deborah German, MD**

[00:41:25]

How awesome was that, right? Because then I get to work, and the way it worked: I was the attending and I had medical students, interns, residents, and fellows. And we would have 30 or 40 patients that would be seen by all these people. And we had a central area where my daughters, with their coloring books and crayons, would sit. And the physicians and learners would go in and out of the rooms, and they would grab me to go in. They would just see me every few minutes. But while all of these people are waiting for me to come and see their patient with them, they're playing with my daughters. [*Macdonald laughs.*] They have the whole world as their audience, I guess, and they loved it. So, that was one story.

**A. Macdonald, PhD**

[00:42:20]

And the world can feel big for them and still feel safe.

**Deborah German, MD**

[00:42:23]

Yes, it was -- and then another story. This is my favorite, and probably my proudest multitasking story.

**A. Macdonald, PhD**

[00:42:34]

Okay! [*Macdonald laughs.*]

**Deborah German, MD**

[00:42:36]

So, I'm an associate dean, I'm a researcher, I have this clinic. But I've structured it so I certainly have some time. But as you said, I'm a mother, and when I go home it's dinner, it's homework, it's clothes, it's laundry. And I was beginning to feel like I did not have enough time to work out, to exercise. My life -- that's what I was short-changing. And I was trying to figure out how to work it into my life and my research (I was doing research in adenosine metabolism and drawing





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blood from patients who were exercising and not exercising). And I used to go and bring my research to this workout center at Duke. And it was an aerobics class.

So, I figured out that if I trained to be an aerobics instructor, I could teach the 4 o'clock class. I could have the nanny bring the kids to the 4 o'clock class, and I could get my research done in that one hour.

**A. Macdonald, PhD**

[00:43:54]

Because you'd be leading some of your patients in this class. Is that correct?

**Deborah German, MD**

[00:43:57]

I'd still be at work and I'd be working out with my patients. Exactly. And what I did was I learned how to be an aerobics instructor by taking the tapes home and on the weekends, I would learn the routines with my two little girls doing it with me.

**A. Macdonald, PhD**

[00:44:15]

Yes, okay! This is a wonderful multitasking story.

**Deborah German, MD**

[00:44:19]

I got the job. I taught the aerobics class. The nanny would bring the kids at 4 o'clock. They would be in the back of the class, dancing with all the ladies and me. And I get the research done, and then, when it was summertime, she would pack a bag; I would pack a dinner the night before. We'd go over to the Faculty Club. We'd have a picnic dinner, they would swim, I would give them their showers, we would drive home, and I would put them to bed. And we did that two or three times a week, and I got my exercise. So that was really one of my favorite win-wins.

**A. Macdonald, PhD**

[00:45:02]

It's a marvelous story, and it raises things for me. Because I think not many physicians that I know have that kind of interaction with their research subjects or patients, however you framed that interaction. How did they feel about seeing their physician at the front of the aerobics class? Because the one of the questions I had for you was in your years of engaging with patients -- I know you've talked about learning from everybody -- and I wondered how patients have also taught you?

But this may be a segue to the question about patients. How did they feel knowing that, you know, you're advising them to exercise, you're researching the effect it has on them, and now you're actually leading the aerobics class. That had to be something novel. [Laughter.]



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***Deborah German, MD***

[00:45:46]

Well, I guess they knew that I really meant it.

***A. Macdonald, PhD***

[00:45:49]

Yes, I guess so!

***Deborah German, MD***

[00:45:51]

I wasn't just saying you need to get exercise. I was showing them that so did I. And one of the things you just reminded me, I hadn't thought about it in years. When I became the aerobics instructor, in the dean's office (now I wasn't the big dean, I was an associate dean, but I had an office over there) and the secretaries over there, there were like five or six of them, were all complaining about not getting enough exercise. And once I did this, I said to them, "You know, we could move all the tables in the conference room, and if you want, I could do an aerobics class with you at noon in the dean's conference room if you want."

And we did do that. Not a lot, I think for a little period of time. I did it with them and it was good for me too, because then I was getting exercise at noon, they were getting exercise at noon, and we were all happy.

***A. Macdonald, PhD***

[00:46:51]

And some of those barriers between who is faculty and who is staff, and who is patient and who is physician, they start to dissolve when you have a shared project of that kind, I would think.

***Deborah German, MD***

[00:47:01]

That's true.

***A. Macdonald, PhD***

[00:47:03]

Yes, lovely. I love that story.



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## **Chapter 7**

### **Wife and Doctor: “your greatest opportunities come in unknown packages”**

Dr. German explains her acceptance, given the couple’s traditional upbringings, of the primacy of her husband’s medical career [00:47:41]. She tells the story of giving up her faculty and administrative positions at Duke to follow her husband to a new opportunity in Nashville [00:49:02]. Narrating how your greatest opportunities come in unknown packages [00:52:07], she elaborates the initial position she negotiated at Vanderbilt medical school after her arrival in Nashville.

***A. Macdonald, PhD***

[00:47:05]

The other question that came up for me as you were telling me these stories -- and I've heard this from many women friends over wine, all that kind of thing. You know, you were juggling a lot of that. But your husband was already at the clinic, already doing xyz, and I thought I do need to ask you: how did the sharing of duties...? You're both professionals, but many professional women have told me this is just something that never quite got sorted out, or completely sorted out, is how to share those domestic roles when you're both professionals. Did that get sorted out in your house, or did it stay traditionally arranged?

***Deborah German, MD***

[00:47:41]

I think I was lucky to be raised in a home where my mother was the homemaker and my father went to work. And my husband's home was also like that. And I don't know why but I just thought that I could do it all. And so, did I ask a lot of him? I think I did. And I think he stepped up when he could. But I also recognized that his job was primary.

And that may not sound like what people want to hear today. But when I was at Duke doing all these things, I was... I was the second person. And as a matter of fact, he became very unhappy at Duke with his job. And he decided to go into private practice. And he found a job building a cardiac electrophysiology program in Nashville.

***A. Macdonald, PhD***

[00:49:01]

Oh, okay.

***Deborah German, MD***

[00:49:02]

So I -- this will answer your question -- I quit my job at Duke. I had no job. And I was moving to Nashville because he had a job there. And after he got the job and it was clear that we were



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going there, I asked somebody at Duke if there was a medical school in Nashville. And someone said Vanderbilt's there. So, I sent my CV over there. They had a job in student affairs. I interviewed for it, and I got the job.

And when I got the job, I told them that when I arrived I would only work school hours for the first year. Because I have two children, I'd never lived in Nashville before, and I wasn't going to put them in after care or anything like that until I was sure. So, for the first year I'm only working until I think it was like 2:30 or 3:00 every day when I pick up my kids and do what I need to do. And they agreed to that.

But I was a 'stand by your man'. I literally gave up my career, my entire career, to move to Nashville to be a wife and mother. And I thought I would take six months to a year off because I didn't think I'd find a job. And what I said to my husband when he told me he was unhappy, I said, "Don't worry. Find a job that makes you happy. I like research. I like education. I like patient care. I like administration. I will find something. Because if you're happy, we're happy."

And that was the... mindset I was in. It wouldn't work for a lot of people. But that was then, and, you know, you've heard the rest of my story. You know what society was like then and it worked for me.

***A. Macdonald, PhD***

[00:51:14]

Yes. Yes, I do know what society was like then. And I think it was almost, your identity was multiple. Mother, wife, professional, and you needed to balance all the sides of that identity. And even as you described how you chose your residency and how you plan different things, and how you bulk time to important phases in your kids' life and then bulk time to important phases in your career: you've always juggled those identities across time. Yes, so it makes a certain amount of sense to me.

You know, one of the questions on the interview template is, "Did you plan your career? How proactive were you about the different moves you were making?" And I can hear that that's the kind of a question that, no -- not in that traditional sense I think the question was meant. It sounds like you've moved where opportunities open up, where you could do that juggling act of those identities.

***Deborah German, MD***

[00:52:07]

Your greatest opportunities, at least my belief is your greatest opportunities come in unknown packages. And someone plans their entire career, I worry that when they get there, they're not going to be happy. Because you can't narrow--



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***A. Macdonald, PhD***

[00:52:35]

Ah, the expectation has been maybe too predictive or too--

***Deborah German, MD***

[00:52:39]

You can go beyond anything you ever dreamed of if you're open to something you don't know. But if you only do what you know, you can only be what you know.

***A. Macdonald, PhD***

[00:52:55]

That's right. Yes.

***Deborah German, MD***

[00:52:58]

There's just all kinds of opportunity out there and it's coming at you every day. You have to be open to it.

***A. Macdonald, PhD***

[00:53:09]

And you can't be open to it if you've got a pre predicted path that you've already planned out with six-year goals and two-year goals, and seven effective steps, and so on, and so forth.

***Deborah German, MD***

[00:53:19]

Right.

***A. Macdonald, PhD***

[00:53:21]

Yes, you can't be open. And then things can't happen in the same sorts of ways.



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## **Chapter 8**

### **Joys, sacrifices, priorities: what the profession of medicine gives and requires**

Dr. German elaborates on the joys she has experienced across research, practice, education, and administration [00:54:10 – 00:58:03]. She summarizes her advice to women in the profession, noting the need for setting priorities and making sacrifices for their diverse goals [00:59:23 – 01:01:07]. She also explains the ‘spirit of inquiry’ she wishes to foster in today’s doctors [01:04:00], offering current educational initiatives designed to inculcate that spirit at the College of Medicine, University of Central Florida where she is Dean [01:06:48; 01:08:05]. She mentions key mentors in her training days [01:11:25]. Reflecting on the ways women’s careers in medicine differed from men’s, she tells an evocative story about masking her pregnancy during her fellowship [01:13:27 – 01:15:32].

***A. Macdonald, PhD***

[00:53:26]

I wonder if I could ask you, because these transitions -- so just for recapping some of the things: you had your fellowship at Duke. Then within that faculty position, the junior faculty position that you first held at Duke, you're doing multiple things: you're in the dean's office, you're doing medical education, you're doing patient care, you're directing a clinic, you're continuing your research. I'm imagining from what you had said.

***Deborah German, MD***

[00:53:50]

Yes.

***A. Macdonald, PhD***

[00:53:51]

And then these are all sorts of different ‘buckets’, I guess people describe them as. What pieces of them were joyful? I know you said in the conversation with your husband. I like this. I like this. I like this. I like this. But what made each of those different arenas a bit joyful?

***Deborah German, MD***

[00:54:10]

Well, okay. So, what you love about research is that you ask a question and then you have to figure out how to answer it in a way that's bulletproof. In other words, you have to figure out how to answer it in a way that nobody will say, “Oh, but you didn't take this into account. Maybe your results mean that.” And that is an amazing puzzle.



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And then you do the research, and if you get the answer you suspected, you think, “Okay, I think I’m right” and then you go on to the next. But if you get a different answer, the one you didn't want, that is even more exciting. Because it blows up your whole idea, and you say, “The world is trying to tell me something. I need to figure out what it is.” So, research is extraordinarily exciting for those reasons.

Patient care -- it is a puzzle. When people come to you undiagnosed and you have to figure it out. So, in some ways it's intellectually stimulating, but mostly patient care is about figuring out how to care for someone and give them what *they* need. It's about figuring out how you deliver what you know you're going to deliver (because you know your trade) in a way that makes them feel loved, served, cared for. And so each patient--

**A. Macdonald, PhD**

[00:55:55]

They may all have gout, but –

**Deborah German, MD**

[00:55:57]

That's right, each one needs you to do it in a slightly different way. And then when you do, in the middle of it when they come back to you, you can see the benefit. And the relationships you form with your patients are just extraordinary. Because you get to help someone and they see you as, usually, they think of you as part of their family. I mean it's a close relationship, at least that was my experience.

Educating students, it’s very much like that. You're dealing, not with someone who has a personal issue that you're helping them with, but someone who you're moving them along their life’s ladder. Talking about, like we did, what kind of a relationship should a resident or a medical student have with nurses? I mean, it may seem not very exciting or interesting. But when students get it, it’s awesome.

And administration, which is kind of what I’m doing now, you get to build things and you get to build things that wouldn't be there if you didn't do it. And you get to think about what the world will be even beyond your own lifetime.

**A. Macdonald, PhD**

[00:57:37]

Oh, like planting a tree that you aren't going to see grow all the way to its maturity, but...

**Deborah German, MD**

[00:57:43]

Yes, exactly.



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**A. Macdonald, PhD**

[00:57:44]

But the planning is important and the root system and soil, and the rest of it.

**Deborah German, MD**

[00:57:49]

And you can imagine the tree when it's grown up and that's an amazing source of joy.

**A. Macdonald, PhD**

[00:57:56]

So it truly is... Yes, each of them has held something for you that is...

**Deborah German, MD**

[00:58:03]

I love them all.

**A. Macdonald, PhD**

[00:58:08]

Yes, amazing.

**Deborah German, MD**

[00:58:09]

It's great because you don't have to worry that someone might take away the thing you love. And then you don't have anything you love anymore.

**A. Macdonald, PhD**

[00:58:16]

Yes, it's like having many boyfriends. [*Macdonald laughs.*]

**Deborah German, MD**

[00:58:21]

There you go. [*German laughs.*]

**A. Macdonald, PhD**

[00:58:24]

I was going to ask you, now that you're in leadership, and you've been through those years of identity formation of both wife, mother, professional: is there things that you think the profession itself can do? Should do?

Are these things for individuals to sort out for themselves, how they will make those journeys? Or when you told me there was no maternity leave and I think: "are there structural things we should do so that women can have these multiple identities more freely, with less cost?" You





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know, in your own story I hear, 'Well, sometimes there's advantages to just reaching and solving and finding what works for you.'

It's that juggling act between what do we need as a *profession* for women in those years of childbearing and what do individuals need. What would your advice be to women? And then what would your advice be to the profession?

**Deborah German, MD**

[00:59:23]

Wow! Well, to women. [*Pause.*]

First advice is you maybe can't always have it all, all at once. And once you realize that, ask yourself what's important to you. I think that's the problem with a lot of us. We don't really know what's important to us. We think more in terms of what we love. You know, I like doing this, I don't like doing that.

And really, if you think about what's important to you and then ask yourself, 'what are you willing to do for it? And what are you willing to sacrifice for it?' I'm not saying that we should all have lives filled with sacrifice. I believe that we should have the ability to do the things that make life good. And then the sacrifices we make will be for higher level things. I mean, it would be nice if you could make a sacrifice for saving humanity, and not have to make a sacrifice just to have your own child, right?

But to think that way about whatever condition you're in, society's in, what are the things that are important to you? And how do you balance your life (not all at the same time), and what do you sacrifice when to achieve the goals that you think are important?

**A. Macdonald, PhD**

[01:01:07]

Yes, it's funny, it's almost as though sacrifice is an old-fashioned word. It's not one that's bandied around very much today. But I think when you talk about that, the sort of need to ferret out what's important and do things at different moments.

**Deborah German, MD**

[1:01:24]

If you're never willing to sacrifice anything you miss out on the meaning that life can bring, the things that are important. And that's why knowing what you want, your goal, what you want to accomplish, what good do you want to do in the world, what do you want to leave behind -- that's the first step.

And I think a lot of people just want to be happy and that's okay. But they may not have these incredible highs because they weren't willing to sacrifice a little bit.



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**A. Macdonald, PhD**

[01:02:03]

Yes, I absolutely can see that. That's a different question to ask: what makes you happy and what is important? Those are two questions.

**Deborah German, MD**

[01:02:11]

Yes. And given what we're seeing going on in the world right now. You know there are some people out there who know what's important to them, and they're fighting for their freedom. [*The reference is likely to Ukraine's defense against Russian invasion, the largest current event of the moment*]

**A. Macdonald, PhD**

[01:02:20]

Yes.

**Deborah German, MD**

[1:02:22]

You know? And their successes are huge. To them.

[*crosstalk, inaudible*]

**A. Macdonald, PhD**

[01:02:35]

Yes, and I think in the end, a life that's nothing but happy is a fallacy. And so, never having figured out what's important, you'd be chasing a little bit of a...

**Deborah German, MD**

[01:02:52]

Well, life is a coin, it has two sides, happiness is one and sorrow is the other. And you can't have one without the other.

**A. Macdonald, PhD**

[01:02:59]

That's right, so having something to denote what's important about both of those sides. I can see that that's very useful. That's on a sort of more philosophical level and individual level for people to figure out, are there things within the profession of medicine that you think deserve attention?



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***Deborah German, MD***

[01:03:18]

Yes!

***A. Macdonald, PhD***

[01:03:19]

Yes, okay, what would you recommend. I know you, with a spirit of adventure, stepped in and did what was needed. But now that you look back and you're in a position of leadership, what would you recommend?

***Deborah German, MD***

[01:03:31]

It's interesting because later today I'm giving a keynote address at another medical school on the future of medical education and to talk a little bit about some of the things that we're doing. There are two things that I think we can do better in medical education. If you're going to talk about healthcare delivery system, that would take two hours.

***A. Macdonald, PhD***

[01:03:59]

Right!!

***Deborah German, MD***

[01:04:00]

I don't want to go there right now. But one of the things is the spirit of inquiry. That we need more of. What do I mean by that? For example, the clinicians who saw a different conglomeration of signs and symptoms in their patients discovered Covid. It wasn't the flu. It was Covid. Same thing with HIV. Physicians who have the spirit of inquiry, they don't just tell thousands of people, "You have the flu. You have the flu. You have a cold." Because we would all die if we hadn't thought about it differently.

So, that's one thing. And when we lack that [spirit of inquiry] some things happen. So, for example, you go to a cardiologist with chest pain, or your general internist, doesn't matter: you go to somebody with chest pain. And they do a treadmill, they do every test known to man. You go back for your follow up visit, you're still in chest pain. And the doctor says, "I've got really good news for you. You're fine. All the tests were negative." And you're standing there, and you still have the same symptom you had when you came and you're not fine.

***A. Macdonald, PhD***

[01:05:29]

So, we dismiss people's realities if we don't have a spirit of inquiry.



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***Deborah German, MD***

[01:05:32]

Exactly, that's well put. And so that's one thing. And the other thing is what I call professionalism. And I'll define that by: in our profession one must put the needs of the other before the needs of the self. And the other would be your patient, their families, the nurses, the technicians, the schedulers, your colleagues. We are in a giving profession, not a taking profession. And if you don't like giving you should be in a different profession because you won't do your job well.

So, creating a medical school where the spirit of inquiry is hardwired into everything we do, as is professionalism, will help us because these things are not things that just happen. They have to become a habit. You have to have a habit of thinking about these things and doing these things.

[01:06:48]

I could give you all kinds of examples at our medical school, what we're doing. I'll just give you one example: our anatomy class. Anatomy is a place where you learn the names of all the organs and the bones and the muscles and parts of the brain.

***A. Macdonald, PhD***

[01:07:03]

Kind of foundation, it comes early in medical education, doesn't it?

***Deborah German, MD***

[01:07:05]

Right, it's the language. You know what an iris is, what a pupil is, what a retina is: that's what anatomy is. It's a dictionary. It's a vocabulary.

In our course, the cadaver is their first patient. And in addition to learning that which is fundamental, every cadaver has a total body CT scan done on it that they can access. They have access to ultrasound and consultants. So, if they're dissecting their cadaver and they find a liver with spots in it, they can call a consultant, do a biopsy, and figure it out. The goal at the end is for them to figure out what diseases the person had in life and what they died of. So, it's not just name all the parts, it's the spirit of inquiry. They're on a quest to figure something out.

[01:08:05]

And we have a required research experience for two years that every student must have a project that is related to their dream of what they might like to be. Then it's exciting. And they are asking questions no one's asked or answered before. And so hardwiring -- and I could go on and on -- but hardwiring that spirit of inquiry into everything we do is what we need to have the kind of doctor that when you go to see them, you know they're on your team. They're going to figure it out, and they're going to fix it. Or they're going to figure out something new that we don't even know right now.



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***A. Macdonald, PhD***

[01:08:46]

And I think it even addresses some of the questions of burnout where so many physicians are saying they feel on rote, push button, McDonald's kind of medicine, that kind of thing. I would imagine, if we could enliven this in practice it would be rejuvenating, for many.

***Deborah German, MD***

[01:09:02]

Well, and the profession hardwires the opposite in us. There's a checklist for what you have to do to get into medical school. There are all these things you must do. Every problem that's given to medical students has an answer.

***A. Macdonald, PhD***

[01:09:16]

And it comes with an acronym, usually, to help them remember the answer!

***Deborah German, MD***

[01:09:22]

Exactly. Yes. And I think I told you about my physiology exam in medical school?

***A. Macdonald, PhD***

[01:09:27]

The one who wrote one question on the board.

***Deborah German, MD***

[01:09:30]

The spirit of inquiry, right there.

***A. Macdonald, PhD***

[01:09:34]

It opened that in you. I think you had it already, but it really cemented for you that this –

***Deborah German, MD***

[01:09:38]

No, it's part of it! It has to become a habit. You have to see yourself as someone who can answer unknown questions, and that was one of the great things that happened to me in medical school.

***A. Macdonald, PhD***

[01:09:50]

Yes, are any of these sorts of things—fundamental things that you've identified as important or future oriented for medicine—gender specific? Are there things that you think 'these benefit women in particular ways'? Or is it gender neutral?



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***Deborah German, MD***

[01:10:09]

They're not gender specific. They're not. Everyone needs to be giving, men and women. Everyone needs to have that spirit of inquiry. And there are a whole bunch of other things. But some things may come easier to men than to women, or vice versa. But we all need to do it together.

***A. Macdonald, PhD***

[01:10:38]

Right, well that's marvelous. And I know I'm carrying you a bit over time, and when you just told me that you're the keynote speaker this afternoon, I thought I need to be a little mindful of how much of your time I'm eating up.

***Deborah German, MD***

[01:10:49]

I've scheduled it. We're okay, but I appreciate that.

***A. Macdonald, PhD***

[01:10:52]

If I have a little bit more time from you, I would probably ask: in that early career stage, when you were working both in your residency and then moved over to Duke and held multiple positions – we'll hold the Vanderbilt conversation for when we come back because there's some fascinating things there -- but in that early stage of your career did you find there were mentors or advisors, or advocates or role models, who in a male dominated field really spoke to you?

***Deborah German, MD***

[01:11:25]

I think I had two mentors. I think I mentioned this before, for they were both the leaders of my research laboratory. So, when I was in the Howard Hughes Institute the leader was Dr. Nick Kredich. He was married to a woman who was pediatrician, and her name was Debbie Kredich. They're both deceased now. But Nick was a great person to learn research from. And because he had a wife who was a doctor, I think I was lucky because he understood the nature of what I was trying to do. The kind of mentoring that I got from him was all about how to write a research paper, how to design an experiment, that kind of work. But I don't think I ever had any individual who was a mentor that said, "This is what you need to do to get ahead."

***A. Macdonald, PhD***

[01:12:40]

I see, not a career mentor per se, although one that helped you at each stage to be better at what you were doing.



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**Deborah German, MD**

[01:12:47]

No, there was...I think, no. Just take each day.

**A. Macdonald, PhD**

[01:12:57]

And in that early career stage did you see your career, or women's careers, evolving differently than men's? Was the atmosphere different? Were there different networks, different expectations, different opportunities? Or how did that work?

**Deborah German, MD**

[01:13:15]

Yes. And I'll just tell one story.

**A. Macdonald, PhD**

[01:13:17]

And then I will let you go. *[Macdonald laughs]*

**Deborah German, MD**

[01:13:21]

So, I'm at Duke. I'm in the last of my fellowship, beginning of my faculty time. And I'm pregnant with Julia. And I remember scheduling my life so that the division chief and the chair of the department never physically saw me as pregnant.

**A. Macdonald, PhD**

[01:13:52]

How do you do that?

**Deborah German, MD**

[01:13:53]

Well, when you go to rheumatology rounds you either get there very early and you sit in the back so that your tummy doesn't show, or you get there very late and you slide into the back. But you have to have someone hold a seat for you to slide into. And I remember it only lasted -- because I was only big for a few months -- for those months. It was before Demi Moore came out. (*She is referencing a 1991 Vanity Fair magazine cover featuring actor Demi Moore, nude and 7-months pregnant.*)

**A. Macdonald, PhD**

[01:14:30]

Right, so things are different today. Give me a sense. What year were you pregnant with Julia?



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***Deborah German, MD***

[01:14:36]

Julia was born in '81.

***A. Macdonald, PhD***

[01:14:39]

Okay, right. So, Demi Moore's about a decade or so later, I think.

***Deborah German, MD***

[01:14:43]

Right. And this was my second year of my fellowship, now that I think about it, because I started my fellowship in 80. It was just a rule. No one is going to physically see me in this condition because once they see it, they'll never forget it. And it will always be how they think of me. And in those days that would have been the kiss of death.

***A. Macdonald, PhD***

[01:15:10]

Yes, yes. So as a woman you could stand there but as a pregnant woman, you're a reminder of all the reasons women shouldn't be there, or you bring up all those stereotypes.

***Deborah German, MD***

[01:15:19]

Exactly! And people would say to me, "You're taking the place of a man. Some man could do this job, you're taking his place." And I'd think, "Well, women tend to live five or seven years longer. So maybe it all evens out in the end."

***A. Macdonald, PhD***

[01:15:32]

Right, right! Those are huge challenges. And I know we've run over time. But maybe that puts us nicely -- as that kind of story of a hidden pregnancy, that's pretty good! [*Laughing*] I don't know how you do that. But it leads us nicely to where we'll pick up next time, which is with your experiences moving to Vanderbilt, following your husband's career, and then resurrecting your own in new directions. So, yes, we will talk about that next time. I'll turn off the recording and look forward to next time.

***Deborah German, MD***

[01:16:06]

Me too, Arlene.





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### **Chapter 0-D Interview Identifier**

***A. Macdonald, PhD***

[00:00:10]

So let me just introduce once again that this is the Women in Medicine Oral History project, and we are here today interviewing Dr. Deb German, who is the founding Dean and Vice President of Health Affairs at the University of Central Florida in Orlando, at their College of Medicine. It's a delight to be here with you today. It's a Tuesday, June the seventh, and right around 3 o'clock Dr. German's time. And we are picking up today from a really interesting conversation we had a week ago that was charting what it was like to be a young woman having children and navigating the early stages of her career with all of those multiple identities: mother, wife, professional.



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## Chapter 9

### **Mother Teresas, Nobel Laureates, Surgeons General: helping medical students reach their dreams**

Dr. German explains that her career path revolved around ‘doing things well’ rather than ascending the ranks [00:02:17]. She relates how the ‘spirit of inquiry’ that she inculcates in students was part of her own training and practice of medicine [00:07:20 – 00:10:15]. As Associate Dean of Student Affairs at Vanderbilt School of Medicine, she began experimenting with curricular initiatives to this end, instituting a community health research program [00:11:17]. She speaks of the need to create medical school experiences that protect and foster students’ dreams, narrating the three categories these come in: Mother Teresas, Nobel Laureates, and Surgeons General [00:13:40 – 00:15:28]. She set a high bar for students at Vanderbilt and won their allegiance and respect [00:16:11]. She tells a story of a Vanderbilt alumnus, now in Florida, who gives vibrant support to the UCF College of Medicine she now leads [00:18:20]. She elaborates how being a woman in medicine in the 1970s allowed her to observe medical education with new eyes and new ideas [00:21:19 – 00:23:47].

#### ***A. Macdonald, PhD***

[00:01:01]

And we had left you at the end of the last interview following your husband to this new job in Nashville with two school age children in tow. Having quit your position at Duke University, with no real sense of what you might find in Nashville, you reached out to Vanderbilt, their College of Medicine.

And you're offered a position in Student Affairs with the stipulation that you will work school children hours for the first year so that you can balance the multiple commitments and sides of yourself that you understood to be important. And yet I know -- because earlier we had a really wonderful conversation about your revamping of the white coat ceremony at Vanderbilt -- so I know that you didn't stay in the Student Affairs position in your years at Vanderbilt and moved into leadership positions in medical education relatively quickly, from what I understand.

So, I'm hoping today you can tell me a bit about that transition. What happened at Vanderbilt? You were working in Student Affairs. Your children were young, but then, it seems you were quickly asked to take on some real responsibilities in shaping the student experience at the College of Medicine.

#### ***Deborah German, MD***

[00:02:17]

Yes, I think that throughout my career I had always been asked to take on responsibilities as a result of things that I had done. I know that some people plan their careers and they know exactly what they have to do to get to the next level. And for me, I was always in the mode of I'm a mom



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and wife, and I have a family, and I have a career. But in my mind my family was number one, and my career was number two.

So, I didn't worry about ascending the ranks, but I did worry about doing things well. And you know my first Dean's job that I got at Duke was the result of taking on a residency program. We talked about that and doing something that they needed to have done for ten years and hadn't been done.

And so, when I was at Vanderbilt, as I mentioned, I felt like their orientation could be improved. By that following year I created a white coat ceremony where on the very first minute of medical school my students had a class with me as their Student Affairs Dean. And I asked them to imagine the person they loved most in the world, and to tell me the qualities that Dr. Number Five would have, given that doctors one through four had missed the mark. And that became our contract.

And I have been doing that... we're in 2022 and I have been doing that since 19... Oh, gosh! let's see 89. I went to Vanderbilt in 88, and I've been asked to do it at other medical schools. And the reason I thought it was important to do it that way -- not where I tell them what our profession is, but where they tell me what they want in a doctor and that they have a shared value -- is because they and everyone in the room could see that we all know what a good doctor is. It's not rocket science. You all know what it is. We just have to do it. We just have to be it. Live to it. And throughout their years the reminder of that would come from them, not from me. But I was the facilitator, if you will.

There were many things that needed to be done, in my opinion. One of the things that's very important was what I call the spirit of inquiry. We all go to the doctor, and just to give you a silly example: you go to the doctor with chest pain and the Doctor says, "Okay, I'm going to figure out what's wrong with you." And they do a million tests and then they come back and say, "I've got good news for you there's nothing wrong with you." But you're sitting there with chest pain. And you're the patient, and you're saying, "Well, wait a minute. I just came, I spent all this time. I'm relieved that it's not my heart, but I'm scared to death. What is it?"

And what we need is doctors who go beyond what is known, who have the spirit to inquire beyond what medical science knows, and doctors who are like that are the ones who first discover HIV, who first discovered that Covid is not the flu. People are dying of it, it's something new and we have to ask ourselves, "What is this?" so that we can save lives. And so in order –

**A. Macdonald, PhD**

[00:06:47]

You were telling me about that spirit of inquiry as a piece of the medical school you're in now, and how it's been embedded across early experiences like the anatomy class and others



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going forward. Did that sense in you -- that this is foundational to the medical profession and the shaping of professionals -- did some of those initial initiatives come when you were at Vanderbilt? Were those things that you were able to start to ferret out? The ways to instill a spirit of inquiry?

***Deborah German, MD***

[00:07:20]

Yes, and it started even long before that. I had always been involved in some kind of research because I was a chemistry major. And so, the way that I came to medical school was through a discipline that requires you to ask questions that are not known. Many of my colleagues came to medicine through other disciplines: psychology, biology, and many have not done research.

And I had no idea that the background of being expected to answer unanswered questions made me a little different until I was at Vanderbilt and practicing rheumatology with a whole bunch of other rheumatologists. And one of my colleagues said to me, "How do you do it, Deb! You get all the patients that leave our practice." I didn't realize it was happening. And then I looked at my practice and I realized that I was collecting patients that the other rheumatologists were saying, "I've checked everything. You don't have lupus, you don't have this, you don't have that, maybe it's fibromyalgia." (Which was kind of a waste basket condition then.) And they would end up with me and they wouldn't leave me. They would stay, and I was trying to figure out why. And the reason why was I saw each one of those patients as a great adventure. And I was trying to figure out what was wrong with them.

And then I asked myself, "How did I get to be that way?" How did I get to be the person who when I didn't know what was wrong with the patient, I didn't feel incompetent and say, "I can't help you. Goodbye." How did I get to be the person who when I had no idea what was wrong with the patient was curious, and wanted to learn more, and said, "Let's look at this. Let's do this." And as I thought about it, I looked back on my life's experience and realized that I had always been in an educational world where I had been expected to answer unanswered questions.

***A. Macdonald, PhD***

[00:09:53]

So that foundation was in your education.

***Deborah German, MD***

[00:09:57]

Yes, there's nothing special about me. I mean, I'm a product of my world. And so, when I saw that I was different from some of my colleagues, I thought how did I get to be this way? It's not that I'm special, they came in—



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**A. Macdonald, PhD**

[00:10:14]

Different formation?

**Deborah German, MD**

[00:10:15]

They came in one door. I came in another. What's behind that door? And I began to think, ahh, my whole life I've been expected to do the unknown. And even as we talked about me in medical school, having to look up the name of the course. Maybe my classmates knew what physiology was, but I didn't even know what the course was. So, it was an unknown for me.

**A. Macdonald, PhD**

[00:10:44]

Right. So you begin each thing as though it is going to be an unknown, not a known.

**Deborah German, MD**

[00:10:53]

There you go. So what I did -- and you have to realize that medical students are interested, 90% of them, in taking care of patients. They're not interested in cellular and molecular function, only as it relates to patients. So when I was Vanderbilt, there was a woman there who had a Master's of Social Work. Her name was Barbara Clinton, and she ran the Center for Health Services, which was a community outreach program. And I partnered with her, I wasn't in charge of the curriculum at that point, I was in charge of Student Life. And I thought that I could help create this exciting unknown experience for our students by creating something that I call 'the community scholar program.'

We had students, as elective time, do research in community health. And then, eventually, as I became more responsible for the curriculum, it became a more required course for students. And then, of course, when I created my own medical school, I made it a two-year required course that could be extended through the third and fourth year. So that students could always be asking questions. And the critical thing was that they'd be asking a question that they cared about. Because you can do research, and a lot of students do it. They check a box. They don't really care about it. "Oh, I'm studying this receptor or this cell." But they don't really -- it doesn't relate to their passion.

**A. Macdonald, PhD**

[00:12:55]

And if it doesn't, I'm afraid it won't build that spirit of inquiry that will last them over a lifetime.

**Deborah German, MD**

[00:13:01]

It won't because that spirit comes from your desire to learn and to know. And that comes from your...



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***A. Macdonald, PhD***

[00:13:08]

Passion.

***Deborah German, MD***

[00:13:09]

Yes. So the idea is, in my opinion, to create a medical school where a student's dream of their own future -- I mean, I give this talk all the time. Medical students come to medical school with dreams. No one comes to medical school on a whim. Because there's too much work you have to do to even get into the admissions office.

***A. Macdonald, PhD***

[00:13:39]

Yes, it's not a passing fancy.

***Deborah German, MD***

[00:13:40]

No, it's not. You didn't decide two days ago to show up for an interview. It just doesn't happen. And their dreams come in three categories. They dream about taking care of patients one at a time. I call them the Mother Teresas of the world. They dream about curing cancer, eradicating AIDS, creating the cure for Covid. And those are our Nobel Laureates. And they also come with the dream of global health, health disparities, health reform. Those are our Surgeons General. And I wanted to build a medical school where budding Mother Teresas, Nobel Laureates, and Surgeons General could pursue their dreams. And hear the dreams of all the other students. Change their mind if they decide they have a new dream. Because we all change our minds as we learn more.

***A. Macdonald, PhD***

[00:14:42]

We don't always know all the dreams there are to dream.

***Deborah German, MD***

[00:14:44]

There you go! That's right. And create a school where they could hold on to their dreams, whatever they are, and pursue them with the spirit of inquiry and with passion and with support. And I can tell you that almost all medical schools, at least during my time, everyone arrives with a dream. You spend the first two years learning the language of medicine and by the time you start to see patients you've kind of forgotten what your dream was. And I didn't want that to happen to any of my students because I didn't want them to turn out to be cynical doctors who no longer have a dream.



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***A. Macdonald, PhD***

[00:15:29]

I've seen the studies that indicate there's less idealism when they graduate than there was when they came in.

***Deborah German, MD***

[00:15:35]

Right. But you can fix that. Well, you don't fix it. What you do is you prevent it from ever being broken.

***A. Macdonald, PhD***

[00:15:45]

How much of that were you able to do at Vanderbilt? What was your transition from the initial position, moving into other ones; what were you recognized for that allowed you to make those transitions? And what were you able to put in place and what was still...it wasn't yet your medical school, so what were you not quite able to actualize?

***Deborah German, MD***

[00:16:11]

Well, that's a good question. The first job that I had there was Student Affairs. And the way that you take care of your students is not that you do what makes them happy. A lot of Student Affairs people think that. What you do for your students is you show them that you set the bar really high, and that you know they can achieve it. You give them all the tools they need to achieve it. And initially they're scared, they're worried, and they're skeptical about you. But if you keep your promises, keep the bar high, and help them achieve it: by the end, there's nothing that they care more about than you. And they recognize that their happiness is tied to excellence, not to maybe mediocrity and free time, and...

***A. Macdonald, PhD***

[00:17:33]

Yes, and a nice swimming pool in the athletic complex, and so on.

***Deborah German, MD***

[00:17:38]

I mean, we all want that, too. As I said before, you can have it all, you just can't have it all at once. And if you want to have it all at once, you might have in your life a level of mediocrity that deep in your heart, you know that you didn't give it your all.

So, I had a wonderful time at Vanderbilt because I was allowed to do the things I wanted to do. One graduating class named a scholarship in my honor as their gift. And even now some of my students... Well, I'll tell you a story.



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[00:18:20]

I arrived here in Florida to build this medical school and I get a call from a practicing radiologist here in town who happens to be one of my Vanderbilt students. And he says, "I would do anything for you, Dean German. What can I do?" So we became the first medical school -- we may be the only, I don't know if others do it ... When students have anatomy, there are cadavers that they dissect; these are obviously deceased people. And this physician shuts down his imaging center overnight and does a total body CT scan on every cadaver so that our medical students can learn not only anatomy, but imaging while they're doing anatomy. Think about how much money that is in terms of revenue for him. I have a lot of little stories like that, where everything that you do, it just comes back to you.

***A. Macdonald, PhD***

[00:19:30]

It's almost like you've sowed seeds and then the fruit comes at a time you don't expect or in a way you don't expect. That's unbelievable. I did know that you were doing that in the anatomy course because you had explained that to me last time. But so interesting that that is facilitated by something you planted many, many years earlier and is now bearing fruit.

***Deborah German, MD***

[00:19:56]

There are so many little stories like that about how everything is connected. And how we all help each other. And everyone wants to be part of something that is extraordinary and good and excellent. It's really quite easy.

***A. Macdonald, PhD***

[00:20:19]

Wow, that's not a word I would have put to it. But I can see what you mean. It has an energy and a momentum of its own once it's launched.

***Deborah German, MD***

[00:20:28]

It does. All kinds of wonderful things just come out of the woodwork. I mean they just appear at the moment you need them.

***A. Macdonald, PhD***

[00:20:37]

Was there a sense -- you were thirteen years, I think, in Vanderbilt in student affairs and academic medicine and holding various leadership positions. Was there a sense in your time there that you're no longer a trainee or a medical practitioner? There's a sense that you can envision what medicine needs, and what medical education needs. A sort of leadership or visionary sense, a maturing sense of who you are in this profession. Would you say that came during those years at Vanderbilt? It sounds it when I hear you speak, but maybe it wasn't yet then.





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**Deborah German, MD**

[00:21:19]

No, it's funny that you should ask that because I remember as a medical student at Harvard with one of my friends, another woman in my class who was married, and we would talk about our rotations. And I can remember with great passion, saying, "I don't understand why they do it this way. If I ever get the chance to, or if I were doing it, I would do it this way." So, even as I was going through my medical education, I was always saying, "Why are they doing this? They should..." I mean the paternalistic approach to the patient. The not making rounds in the room with the patient and the patient's family. There were just –

And I think, again, it wasn't anything special about me. I think it was someone coming through the door that I had come through, as a woman. And coming through at this time when women were *so* maternal. I mean that's what a woman was, that was the only thing a woman was. And coming from that background, I think any woman would have felt the same thing. And so, I was experiencing—

**A. Macdonald, PhD**

[00:23:02]

It was *jarring* almost coming through that door as a woman.

**Deborah German, MD**

[00:23:04]

Yes!

**A. Macdonald, PhD**

[00:23:06]

These things were an affront almost.

**Deborah German, MD**

[00:23:07]

Well...

**A. Macdonald, PhD**

[00:23:10]

Maybe too strong to say that. But they were jarring a little bit.

**Deborah German, MD**

[00:23:12]

A little bit negative. What they were -- it was like *obvious* that it could be done better. And it was like, 'Oh, my goodness.' But as I look back on it, and even in that moment, I recognized that we were in a culture clash. And that the people who were doing it that way weren't *lacking* anything. They were doing the best they could in their culture. I mean, it was like when I was standing outside of the doctor's lounge and couldn't go in. I wasn't mad at anybody. I wasn't 'this is



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wrong'. I was just thinking, "Oh, yes, I have to go to the nurse's lounge. Where is that?" It didn't even strike me as negative.

**A. Macdonald, PhD**

[00:24:05]

It wasn't a critique, it was an observation

**Deborah German, MD**

[00:24:08]

Yes, it was just the way things were. And I was just glad to be there.

**A. Macdonald, PhD**

[00:24:13]

I see. And yet it's the fact that you were a woman and I think perhaps also, from the stories you've told me, the fact that you didn't come from a privileged family with many doctors in it, and a sense of tradition being handed down to you. So, you came in with new eyes: both as a woman and as someone coming from a different socio-economic class or educational background. These were new eyes that you saw with.

**Deborah German, MD**

[00:24:41]

And I think I came in with gratitude, and not even a smidge of entitlement. I just couldn't believe I was there. I couldn't believe it.

**A. Macdonald, PhD**

[00:24:52]

Right, and yet those new eyes, those fresh eyes, and those enthusiastic eyes were seeing new things.

**Deborah German, MD**

[00:24:59]

And I always had to ask myself when I saw it differently -- and I do this now -- I had to ask myself, "How could what I'm seeing as wrong actually be right?" And that has come in really handy. Every time I meet an obstacle where I think I need to do this, but it's, "no, you can't do it." The first thing I asked myself is how could this obstacle actually be an arrow pointing me in the right direction? How could *I* be wrong, and this obstacle be a gift? Asking yourself that question is something I realize a lot of people don't do.

**A. Macdonald, PhD**

[00:24:45]

And then they become a little bit bullish about what they want to do.



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***Deborah German, MD***

[00:25:48]

Or they become discouraged because they can't do it.

***A. Macdonald, PhD***

[00:25:50]

I see. So it allows you to keep moving and allows you to modify, perhaps.

***Deborah German, MD***

[00:25:59]

It allows you to know that you can accomplish it. I can do it. This must be good; this thing must be good. There must be something here.

***A. Macdonald, PhD***

[00:26:08]

It serves a purpose. [*Laughs.*] Okay, I see that.

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## Chapter 10

### **“I just want you to know your career is over”: defining success for yourself**

In this chapter, Dr. German describes her initial position at Vanderbilt’s School of Medicine and her movement through academic administration. She begins with the harrowing story of Vanderbilt’s Vice-Chancellor for Health, a former Duke administrator, pronouncing her move into Student Affairs as the end of a once promising career [00:27:19]. The story turns when the Vice-Chancellor announces in his retirement speech his enduring respect for improved student satisfaction at Vanderbilt [00:32:00]. Dr. German expounds on this story to elaborate her own idea of “success” [00:33:55 – 00:35:43], the contributions she feels she’s made to medicine [00:35:46], and the importance of diversity to the profession [00:37:09].

#### ***A. Macdonald, PhD***

[00:26:14]

And as you moved with these new eyes into this time in Vanderbilt, and where you have a position of some influence over their medical school curriculum -- tell me, officially did your titles change as you were at Vanderbilt?

#### ***Deborah German, MD***

[00:26:27]

They did. First, I was Associate Dean for students. Then I was Associate Dean, I think, for Academic Affairs. And then I was senior Associate Dean for academic affairs. One of the moments of -- oh, gosh! So a moment of joy for me was when I arrived at Vanderbilt. The Vice President or Vice Chancellor for Health Affairs, who had been department chair at Duke -- did I tell you this story already?

#### ***A. Macdonald, PhD***

[00:27:15]

No I don't think so. No, I don't recall someone from Duke showing up at Vanderbilt.

#### ***Deborah German, MD***

[00:27:19]

Well, years ago, when my husband and I interviewed for a residency, we interviewed at Duke. The person who was chair of medicine interviewed me and in the interview, he said, “Is your husband as good as you are?” And I said, “Better.” And then he laughed, and he said, “What can we do to get the two of you here?”

And I did not want to go to Duke. There were a lot of things about the Residency Program at Duke, which I later fixed, but I knew I did not want to train in that environment. It was toxic. And so I said to him—because it's a match and you don't want to tell someone that you don't want to go there; it might be the only place you get in... He asked if I would, if we would, come



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outside of the match. So, he was basically offering me a position that day. And in those days couples could go outside the match.

So, I said to him (his name was Dr. Robinson), I said, "Dr. Robinson, you have a very good program here, but it's not my first choice. And I want the opportunity to train at my first-choice program." (I didn't tell him it was my last choice, I just said it wasn't my first. And my first-choice program has a rule -- this was Rochester -- they never invite anyone outside the match.) "So, I am going through the match. But I hope you'll still rank me."

And so that was an interface that I have. And then I ended up going to Rochester. Well, I don't see him again until I'm going to Vanderbilt to be the Associate Dean. He's the dean's boss. So, while I'm interviewing with the dean, he pops his head into the room, and he remembers me from my residency interview. And he says (he called me Debbie), he said, "Debbie do we have any chance of getting you this time?"

***A. Macdonald, PhD***

[00:29:37]

Oh, he remembered. He must interview how many people for residencies? Wow, okay.

***Deborah German, MD***

[00:29:46]

And I just looked at him and I said, "Yes."

So I arrive at Vanderbilt. And then, after I'm there for a week or two not very long -- he wants to meet with me. So I'm now meeting with my boss's boss. I go into his office and I sit down with him. And you have to remember, I have now been at Rochester and I've been at Duke (where he was). And then he's now at Vanderbilt. So he sits me in the office and he says, "I just want you to know that your career is over."

And I looked at him. He said, "I have no idea. I have no idea why you would come here to do Student Affairs. You need to be involved in research and clinical. The job you've taken is just a glorified babysitter for medical students. And I just want you to know your career is over."

And I can tell you what was in my head as he was talking to me. I thought, "Poor Dr. Robinson. You have no idea what's important. You're going to see; this is going to be awesome. I'm taking care of my family" -- I didn't say this, this was all my head -- "I'm going to take care of my family. Your medical students are going to be the best in the nation. We're going to have a great time." I was thinking all that.

And I said, "Well, I'm sorry that you think that way." (This is what I actually said to him.) "But this is my choice." Because he was trying to get me to take a different job at Vanderbilt.



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So, I did my job. And one of the things I noticed in my first year, the Association for American Medical Colleges has a graduation questionnaire and one of the questions is: "Overall, how satisfied are you with your medical education?" And Vanderbilt was like in the bottom quartile. Their students were unsatisfied with their education, or at least in the bottom half, and I thought, "I'm the Student Affairs Dean, I can fix that."

So, it was probably five or six or seven years later, Dr. Robinson retired and he gave a talk to, oh, there must have been over 1,000 people in the room, his farewell retirement—

**A. Macdonald, PhD**

[00:32:19]

Yes, launch.

**Deborah German, MD**

[00:32:20]

And the theme of his talk were the five accomplishments of his reign as Vice Chancellor for Health Affairs at Vanderbilt about which he was most proud. And one of the five was that for a number of years, probably been five years, we had been number one in the country in student satisfaction.

So I sat there and smiled in the audience. I mean he never attributed it to me or anything, but I knew that I had done something good, right? I was geared to *doing* something good. I think his advice was for people who want to *be* something, not... and I was doing what I loved.

And then later, this is much later, he passed away. And I was at his funeral, and I knew his wife well because we obviously been...

**A. Macdonald, PhD**

[00:33:25]

Yes, part of this group at Vanderbilt.

**Deborah German, MD**

[00:33:27]

And as I was giving her my condolences at the funeral, she gave me a big hug and she said: "Ike always told me he knew that you would be an extraordinary success."

**A. Macdonald, PhD**

[00:33:41]

Oh, wow! His faith in you was certainly there right from the very beginning, right from that interview for your Residency. His idea of what success was...you had to teach him.



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***Deborah German, MD***

[00:33:55]

Success for me was something different than... He was successful. But I think I learned a lot from watching people like him and watching the kind of things they did that were outside of the beaten path. I just did my own thing, did it my way, and again I think some of it is because I'm a woman: my way was a little different than his way. But, you know, that I became the CEO of a hospital and that I came to this new role [*Founding Dean, UCF Medical School*]. I'm sure that in the moment that we were having the conversation about my career being over, that he could not envision a path forward

***A. Macdonald, PhD***

[00:34:48]

from where you were sitting.

***Deborah German, MD***

[00:34:50]

Right, but to me I wasn't worried about the path forward. I was just worried about doing a good job.

***A. Macdonald, PhD***

[00:34:58]

What is your definition of success? Then how would you say, 'this is success to me'?

***Deborah German, MD***

[00:35:05]

Success is having fun and achieving excellence. And making a difference. Having fun and achieving excellence is one thing, but if you're making a difference in the lives of others that adds another dimension. I mean, I could set a goal, which I did, to run a marathon. And I could run a marathon and complete it and that's success. But it's personal success. Professional success is when you go beyond just doing something for yourself.

***A. Macdonald, PhD***

[00:35:40]

You've made a difference in something larger than your own...

***Deborah German, MD***

[00:35:43]

Yes.

***A. Macdonald, PhD***

[00:35:46]

I see. Do you think that those women's eyes that you brought through that Harvard Medical School door, and now that you've brought into medical education and into student affairs, and



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into new ways of achieving excellence and what it ought to look like: have you left that lasting change, or legacy, or achievement? That thing that makes the difference. Have you done that in medical education?

***Deborah German, MD***

[00:36:17]

I don't know. Time will tell.

***A. Macdonald, PhD***

[00:36:19]

Right! Of course

***Deborah German, MD***

[00:36:22]

I'm still working on it, I think.

***A. Macdonald, PhD***

[00:36:27]

But are there some contributions you can say yes, I've made those, and they have had an impact.

***Deborah German, MD***

[00:36:32]

Well, I can say that I've built a medical school that's anchoring a new city. And I don't know what it would have looked like if someone else had done the job. But I can have satisfaction that I got to do that. And that it will be here long after I'm gone. So, I can say 'good job'. But whether I can say that I am unique and that someone else couldn't have done the same or...

[00:37:09]

I think what I brought as a woman to medicine was diversity. And based on my experiences, diversity is excellence. Without it you only have one way of thinking and doing things. And if there aren't many ways--you can't achieve excellence at its highest level without diversity. So, I brought my kind of diversity to medicine. There's more needed. We need more of the minority diversity. We need more people with socioeconomic hardship because medicine, at least years ago, was really something only wealthy people could be doctors, many years ago. So, there's more coming and it will get better as we diversify the field.

***A. Macdonald, PhD***

[00:38:25]

Okay, I can see that. And every time you mention building this medical school, I'm so anxious to jump there and hear those stories. But I would like to take just a moment before we go there, because you made a change.



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## Chapter 11

### **“A disaster is really an adventure in disguise”: CEO of St. Thomas Hospital, Nashville**

Dr. German elaborates the personal and professional circumstances that prompted her to leave Vanderbilt and accept the position of CEO and President of St. Thomas Hospital in Nashville. Various stories illustrate her lack of preparation for this position. She explains how leaping into the unknown marks her earliest forays in the profession and is consistent with her willingness to make choices that require courage [00:46:26 – 00:49:28]. She describes what she gained from this new adventure. A story of a Vanderbilt colleague’s incredulity illustrates how she gained respect from quarters she didn’t know it was absent from [00:49:45]. More fundamentally, she explains the position offered her exposure to a wide range of new problems and the adventure of solving them [00:51:03]. Her ability to learn from everyone is illustrated by the exciting stories of her collaborative and successful endeavors to resolve a fiscal crisis [00:52:58 – 01:02:10] and improve patient satisfaction [01:03:50 – 01:06:36]. She concludes the chapter with the dispiriting story of departing St. Thomas, a move precipitated by a system once again not yet ready for a woman leader who thinks outside the box [01:10:44 – 01:13:43]. Characteristically, she frames this disaster, as others, as “an adventure in disguise” [01:16:10], an opening to new and unexpected opportunities.

#### ***A. Macdonald, PhD***

[00:38:37]

After many years, a decade or so at Vanderbilt, you went on to become the CEO and President of a hospital, St. Thomas Hospital in Nashville. And when I was reading this through your bio I thought, “What a left turn!” You’ve been building a portfolio in in Medical Education, Academic Medicine, professionalism, and so on and so forth. And then you take on this role that is obviously leadership, but at a more business-operational-clinical interface. I just have to know what prompted such a fascinating turn, what you gained from it, before we move to where you are today. Because I believe that was the position that preceded your move to Florida.

#### ***Deborah German, MD***

[00:39:29]

Yes. Well, as with everything else in my life, it had nothing to do with my professional ambition and everything to do with my family.

#### ***A. Macdonald, PhD***

[00:39:40]

By now, I should be clueing in that these transitions are rooted in your multiple identities.

#### ***Deborah German, MD***

[00:39:48]



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And it shows why doing what you love and letting that lead you will take you to places that you could not have dreamed of on your own. Okay, so I'm at Vanderbilt and I'm now running the educational program, doing great, loving it, love my students. I mean I won the Athena award for the city of Nashville. I'm in leadership in Nashville. I know the mayor; I know the governor. I've achieved way beyond what I would have ever even imagined.

And I'm not growing. Because I've been doing this now for ten to fifteen years. And I love what I do, but I've seen every problem that a medical student can have. And I've seen every crop of students coming and asking the same questions. And I love it, they love me, everything's fine. But I need to grow. So, the dean retires, and I go to the Vice Chancellor. (Not the one I just mentioned, but his replacement.) And I have a little meeting with him, and I say to him, "I want you to know as we search for a new dean, if you're looking for a medical education dean I would like to be considered. But if you're looking for someone who's more research focused, which I haven't been for a long time, then I wouldn't throw my hat in the ring." Because you wouldn't be selected and then you would feel like you needed to leave, and I wanted to stay. So, he looked at me and he said, "We already have our medical education dean, that's you. I'm looking for a research dean." So I thought, "Okay, he's looking for someone with different credentials than mine, so I kept doing my work."

And then he hired a wonderful man, who turned out to be a clinician, not a researcher. And over the next, I don't know how many years, three, four, five years, I taught him everything I knew about medical education because he was trying to become a medical education dean.

And I was just feeling like I needed to do something different. And it was also at a time when my family, my husband -- I don't think we need to go through all the details -- but my husband left, and I realized that I needed to focus on my career. My youngest daughter was at the end of high school. And I needed to be the stable force.

And there was a search going on for the CEO of St. Thomas Hospital. This is really a funny story. The search firm contacted me and said, "I'm doing a search." (He was out of Seattle and searching for this hospital that was literally one mile from my house. A major teaching hospital for Vanderbilt.) "Are you interested?" And I said, "I think you have the wrong person." [Macdonald laughs.] I said, "I'm an academic." And I, you know, listed all the things. I said, "I don't know anything about running a hospital." And he said, "No, we've been doing focus groups with people in Nashville for what kind of person they need, and everybody mentions you." So, I said, "Well..." They said, "Well, would you just consider it?" And so, I said, "Well, okay, I'll consider it." And what happened is there were three or four steps in this process and at each step I said, "I think you have the wrong person." And in the end, they picked me.

**A. Macdonald, PhD**

[00:44:20]

Oh, my goodness!



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***Deborah German, MD***

[00:44:21]

And I realized that I didn't have to move. That hospital and Vanderbilt were having some... fights, if you will. And I thought, well, if I took it over, we could become friends again.

***A. Macdonald, PhD***

[00:44:39]

Right. Without so much friction because you knew people on both sides of that.

***Deborah German, MD***

[00:44:46]

Yes, because I love Vanderbilt. And I could stay there while my child finishes high school. And I thought, "Well, maybe they know better than I what is involved." And the person who ran the system also lived in Nashville and he was an MBA. And I asked him if he would mentor me in that part. He said he would. So, I said, you know, why not?

***A. Macdonald, PhD***

[00:45:18]

Oh, my goodness.

***Deborah German, MD***

[00:45:20]

I know. It was really a crazy thing to do. And just to emphasize how crazy it was, after I accepted the job, I called a friend of mine who was in the business school at Vanderbilt. And I said, "I need to talk to you." And he came to my office, and this is what I said to him.

"I've just taken a job as the CEO of Saint Thomas Hospital and I don't even know who the direct reports to a CEO of a hospital would be." I said, "You're a business guy. Can you clue me in?" And for an hour he said, "Well let's see in a hospital, you're the CEO. You'd have a chief financial officer, a chief operating officer, a chief nursing officer. You probably have someone from marketing, someone for this." And I was taking notes just to figure out what a typical org chart—

***A. Macdonald, PhD***

[00:46:23]

Just to know the org chart of the position you just inherited!



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***Deborah German, MD***

[00:46:26]

Exactly. Now I know how ridiculous that sounds. But if you go back to my time in medical school, when I was taking a course in physiology at Harvard Medical School, and having to look up what physiology was

***A. Macdonald, PhD***

[00:46:39]

You've always done this. You've always started from a ground zero and said I can figure this out.

***Deborah German, MD***

[00:46:47]

Well, I had to figure it out.

***A. Macdonald, PhD***

[00:46:48]

I guess so! [*Laughs.*] You're now the CEO, there's no one to pass the buck to.

***Deborah German, MD***

[00:46:53]

So that's what happened. And I did some very unorthodox things that I'm very proud of as CEO of the hospital. And that was probably one of the greatest adventures of my life.

***A. Macdonald, PhD***

[00:47:12]

I've heard you say in an interview that when you have a choice, a tie between different things that add up in different ways, you choose what scares you and what takes a bit of courage. And then you will have grown, extended yourself. Was this one of those? You could stay where you were at Vanderbilt.

***Deborah German, MD***

[00:47:34]

Yes. I talk about this all the time. Whenever you have a choice to make, consider all the pros and cons. You have to do that first. And sometimes doing that, you know. I mean if someone said to me right now, "I want you to fly to the moon or I'll kill you." I would say, "No." I'm not going to choose that. Because it's impossible.

But if you considered all the pros and cons and you're at a place where you cannot decide, then I have a litmus test. I use it and I tell everybody that if you use this, you will never in your life have any regrets. It's very simple. You step back, and you say which choice am I making out of courage and which am I making out of fear? And in this particular situation the courage was to



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go and do the thing I knew nothing about. Right? And had never done before. The fear was just staying where I was and feeling like I was just going to do the same old thing forever.

**A. Macdonald, PhD**

[0048:38]

You'd reached saturation on those problems. You knew the solutions already.

**Deborah German, MD**

[00:48:42]

And the reason you have no regrets is this: when you make your choice there are only two outcomes. You're either going to be a success or you're going to be a failure. If you choose fear – the job you knew you could do, you'd done it forever – if you're a success, how boring is that. You knew you were a success. And if you're a failure, you're absolutely devastated because the reason you stayed there was because you felt you couldn't fail. If you choose the other thing, if you're a success: well, you're your own personal hero because you had no idea you could do it. And if you're a failure you learn something.

**A. Macdonald, PhD**

[00:49:28]

That's right. Okay, I see it. Wow.

**Deborah German, MD**

[00:49:33]

It's so simple.

**A. Macdonald, PhD**

[00:49:38]

What did you gain from making that courageous choice?

**Deborah German, MD**

[00:49:45]

I gained so much. I gained... I'm trying to think which direction to go in first. Externally, I gained the respect of colleagues who felt the way Dr. Robinson did: that I was a den mother. The chair of radiology, after it was announced, came and met with me and he said, "Deb, how did you do it? I've been trying to become a CEO my whole career and I'm just a chair. How did you do it?" And when I talked with him, he said to me, "You know what this is like?" He said, "It's like you have an NFL football team and there's the water boy who's getting water to all the players. And then one day someone announces that the water boy owns the team."

**A. Macdonald, PhD**

[00:50:42]

Oh, my God!



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***Deborah German, MD***

[00:50:45]

That was what he said to me. And I thought, interesting. Because I didn't think of it that way. So, what did I gain from it? The respect of people that I didn't know didn't fully respect what I have been doing.

[00:51:03]

But what I *really* gained from it was the opportunity to approach completely new and different problems. And I learned so much in the years I was there. My approach, which I know some people would say is ridiculous, because I had no idea what this was I took every person who reported to me and I said, "I am going to spend a day with you, or at least a half day, and you are going to take me through your business."

So, for pharmacy, we started up on the wards. A doctor orders a medication; somebody transcribes it into the record. In this hospital, the order got tubed down to pharmacy. So we all walk down to pharmacy. We walked into the locked cages so I could see where the tube came in and I made them take me through step by step. The operations, housekeeping, the loading dock. The chemicals are delivered on the loading dock. There were people who categorized them and put them in shelves.

And all the way up through that. The housekeepers on the floors emptying the trash cans. I did that—

***A. Macdonald, PhD***

[00:52:21]

I'm trying to picture the housekeeper emptying the trash can, while the CEO says, "And how do bag that, or where do you put this?" [*Laughter.*] Yes, but this is your way of understanding the octopus that is now yours.

***Deborah German, MD***

[00:52:35]

Right. So, I did that with everybody, and of course it created a huge buzz that—

***A. Macdonald, PhD***

[00:52:41]

CEO is coming!

***Deborah German, MD***

[00:52:43]

But I was doing it because I needed to learn and they could see that.



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***A. Macdonald, PhD***

[00:52:47]

And they were your teachers, as you've shown me and explained to me over many stories: that you do learn from everyone.

***Deborah German, MD***

[00:52:58]

And the most powerful example of that: while I was leading the hospital, the CEO of the system bought another hospital. And redid the accounting -- this hospital was losing money and mine was the breadwinner of the system. So, he redid the books. And in the middle of my time as CEO, my hospital went from making two million a month to losing two million a month.

***A. Macdonald, PhD***

[00:53:40]

He was shuffling accounts to places where they would bolster something. But yes, okay, I see.

***Deborah German, MD***

[00:53:46]

I was suddenly leading the hospital that was losing two million a month. And I sat with him, because he was going to be my mentor, and I asked him if he had any suggestions for how I could fix this. And he said, "You've got to fire at least ten percent of your workforce." And I had about, I forget, 3,500 or 4000 employees. So that would have meant firing almost 400 people.

And I decided -- because I was in the habit of making rounds in the ICU, in the OR, in the cath lab, I used to go all over the hospital and watch what people were doing. I knew that the hospital needed more people, not less, and I could not fire anybody. I could not fire anybody and feel like I was doing a good job.

So, I decided in that moment that I was going to fire one person and the next person who would be fired would be me. And the one person that I fired was my daughter. I have a daughter with learning disabilities who delivered pamphlets around the hospital. So I fired her. (And I got her a job somewhere else, not at the hospital, somewhere else. And she was happy, so it wasn't a bad thing.) And then I called a meeting of all the managers and the physicians. And my team said, "You've got to do the managers at noon and the physicians at night because the physicians are busy during the day, and you have to do it separately."

And I said, "No. I'm going to have one meeting with them all together." Because I don't want tomorrow in the OR, the surgeon saying, 'she said this to us' and the nurse saying... And then it's like, "Who did she lie to?" I wanted them all to hear together.

So I have this meeting where I explained to them that our hospital was losing two million a month, and that we were projected to make two million a month. So, it was four million a month we had to bring up. And I told them that I had checked -- and they knew that I was a doctor and



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not an MBA -- so I said: "I've checked in with the system leadership. And they have told me that the only way to solve this problem is to fire ten percent of the workforce." And I said to them, "I will not do that." I said, "This hospital needs more people, not less. So, I want you to know I fired my daughter. The next person to be fired will be me. I am going to suffer first."

"What we *are* going to do is we are going to make our hospital better and stronger. For the next two weeks, I am going to have the leadership team in session every day from 6:00 a.m. to 8:00 a.m. And I want you, my managers" -- there were 150 managers, and probably 200 or 300 doctors -- "I want you to be thinking of ways that our hospital can be better. And I want you to give those ideas to the leadership team. And if they save us money great. But even if they don't, because what I want to do is make this hospital better and I'm sure that we can do this together."

And one of the things I said to them was, "The intelligence of the hospital doesn't live in the C-suite with me. It lives in the wards, in housekeeping, in pharmacy, with you. [*Emotion in voice.*] And you have the eyes and ears. You know what we need to do."

So, I showed them -- my grandfather was an Italian grandfather. And he had pick-up sticks. And we had all these uncles who were all trying to make their way in the world. And I remember, as a little tiny girl, he would say to them (because some of them might do bad things, you know, they might...

**A. Macdonald, PhD**

[00:58:03]

Get involved in things.

**Deborah German, MD**

[00:58:05]

Right. And I remember my grandfather with pick-up sticks saying, "This is our family." And he would give them their individual sticks and say, "If you go out and try to make it on your own and do these things..." and they would break the sticks. Then he'd bring them all together. And he said, "If we stay together, see..." and they obviously couldn't break them. I actually did that demonstration.

**A. Macdonald, PhD**

[00:58:30]

Oh, you're again going to bring tears to my eyes! This is unbelievable.

**Deborah German, MD**

[00:58:34]

And I did it and I said, "If we all stand together, our hospital will thrive." I couldn't tell how much of their enthusiasm was that they wanted to save me versus they wanted to save the hospital. But we got about 200 ideas. We implemented 50, and in about three months we were





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making four million a month. And I didn't fire anybody. And I'll just give you one example. It was so much fun.

I told all the managers to go and have the same talk with their teams – with every housekeeper, with every patient transporter – that I had just had with them. And so, one day I'm walking down the hall and this big, tall, African American, muscular guy who I saw every day, his name was Joe, came up to me, and he said, "Dr. German. I have the answer." And I said to him, "What's the answer?"

He said, "Pillows." I said, "Joe, what do you mean?"

He was patient transport, he said, "I push patients to their cars every day after they've had heart surgery, abdominal surgery." He said, "And we put them in their cars, in their pickup trucks, and we put a pillow on this side, a pillow on this side, and one to hold to their chest for the bumpy ride home. We're bleeding pillows."

**A. Macdonald, PhD**

[01:00:10]

Oh, my goodness!

**Deborah German, MD**

[01:00:11]

So, I find my Chief Financial Officer, and I say, "Drill down on pillows." [*Macdonald laughs loudly.*] And she looks at me like I'm crazy. And then she does it and she comes back to me, and her eyes are big. She says, "It's like a million dollars a year." (And maybe that's not exactly the right number, but it was huge.) And so here's what we did (this is just one of the 50 ideas).

On entry, when you're coming into the hospital to have your surgery, you sit in that little booth and they go over the risk, the finances, legal aspects, right? We scripted in there, "For the comfort of your loved one, you may wish to bring in several pillows from home, and it will help with the ride home." So, two things happened. We stopped bleeding pillows, but our patient satisfaction scores at intake skyrocketed because we injected hope. Because we were talking about the ride home, instead of, you know, somebody might die, or might...

**A. Macdonald, PhD**

[01:01:22]

But it completely – you couldn't have anticipated that that would have that positive ramification on their hopes.

**Deborah German, MD**

[01:01:32]

Right. And it's just another example, Arlene, of how -- I mean I felt like maybe it was good that I didn't have an MBA. And maybe it was good that I let my passion direct me because I was able



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to do something that was good for that hospital that maybe would not have happened if I'd known more. So that's why I think diversity *is* excellence.

**A. Macdonald, PhD**

[01:02:10]

Right. As you're telling that story, I wanted to ask you: do you think again it was a woman's eyes that sort of... maternal, I guess, is the word I was thinking. That refusal to fire people, to cause that pain rather than take care together -- is that maternal?

**Deborah German, MD**

[01:02:28]

No. It wasn't. I can fire people. Actually, I'm really good at firing people. And I see why people would assume because I'm a woman that's the reason I didn't want to fire people--

**A. Macdonald, PhD**

[01:02:46]

Right, that's why I wanted to clarify, to understand was it... Because we had just spoken about, you know, the difference having a woman's eyes can make.

**Deborah German, MD**

[01:02:53]

It's a difference. But I'll tell you it was not about firing people. If I knew someone was doing a bad job, I would fire them. And my daughter's services were really not that necessary. And I did. What it was: I knew the hospital. And I knew that it needed more people. And I knew that if I fired a bunch of good people, it would hurt the hospital and I did not want to hurt the hospital. That's what it was. And it worked out.

**A. Macdonald, PhD**

[01:03:29]

Oh, my goodness, you know it's a fascinating -- I can't even imagine stepping into that role, learning it as you go. But bringing your integrity and your sense of problem-solving and learning and adventure, even to that role. That's just phenomenal. And in that crisis.

**Deborah German, MD**

[01:03:50]

And I should tell you one more story about the hospital. Remember I told you the story about at Vanderbilt the student satisfaction scores were low? Well, at St. Thomas the Press Ganey scores for patient satisfaction, in a number of areas, were not good. And I didn't know enough about running a hospital to just tell people how to make them better.

But I learned of a hospital in Birmingham in the Ascension Health system that had like 97th, 99th percentiles in everything. So, I wanted us to be in that category and I didn't know what they were doing. I called the CEO of that hospital, and I asked him if I could bring my managers to



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Birmingham, and if he would give us a day or two days with him. So, this is done before we had to do the turnaround. This was a whole separate thing about patient satisfaction.

So, we rented a bus, and I had 30 managers and me on the bus. We drove to Birmingham.

***A. Macdonald, PhD***

[01:05:07]

So this is not just C-suite talking to C-suite. This is everybody coming.

***Deborah German, MD***

[01:05:14]

I took my whole team there. We got there, and his pharmacist, lead pharmacist, met with mine. His facilities person with mine, his security person with mine, his housekeeping with mine, and we had an overall meeting with everybody together. And then they all went off in their small groups and did little tours of how they did their business and how they had these high patient satisfaction scores. And everybody was really excited. It was fun, you know, it was like a field trip.

We're on the bus going home and we're talking about now how do we take what we've learned and teach it to our troops? Because it's all the people. And I came up with this slogan, "The St. Thomas Promise." And we made pins that said, "I promise St. Thomas." And what we did was we gave -- each unit set its own goals and individuals who were seen going beyond what was expected would get it. It was complicated. I don't need to tell you the whole thing. But our Press Ganey scores in a matter of just a couple of months went off the charts.

***A. Macdonald, PhD***

[01:06:36]

Oh, my gosh. Yes, that's hard to turn around because there's almost an entrenched...when people have sort of had a dissatisfied experience, they bring that to the door. It's hard to get that to shift.

***Deborah German, MD***

[01:06:50]

Well, the other thing that I did -- and one patient I remember very, very well, wrote a letter. All the complaint letters, I said, "Every complaint where the patient and the family can't be completely satisfied has to come to me." And so, I would see these complaints and there was one that stood out. It was a quadriplegic man who was a very important man in the community (I didn't know him; I'd never met him before) who had an admission. And he talked about all the obstacles for him: waste baskets not being empty, just all kinds of problems. And so I called him, and I asked him if he would come before my managers. And one of my managerial meetings, I had him come and share his experience. And of course, it was horrible. Everybody was horrified. Because it was everybody, it touched every area. And then we talked about what we could do to fix it. Well, we worked on that, and it worked out fine. But he had friends who were donors, past



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donors to the hospital, who had left the hospital because of the kinds of things he was complaining about. And they ended up coming back and I got several million dollars of gifts for the hospital to renovate rooms where you give patients bad news. So, there was a lot. You can see that I really had a great experience. I learned a lot; I got to do a lot of exciting things.

***A. Macdonald, PhD***

[01:08:44]

You're lit up by it. If you're remembering it that way, then it really was that kind of radical change that lit up your world, I'm sure, while you were doing it.

***Deborah German, MD***

[01:08:58]

Well, I knew I was making a difference for my doctors, for the staff, and for the patients. And the students were there; we had residents there. I mean, everything was still going on in the hospital.

***A. Macdonald, PhD***

[01:09:11]

Oh, my goodness. I'm conscious that we're a little over the hour. But if you have time, I would love to ask a follow up question to some of those stories. If you don't, I'll understand. We'll pick it up next time.

***Deborah German, MD***

[01:09:25]

I always schedule a run over with you, so I have time

***A. Macdonald, PhD***

[01:09:29]

OK. In our previous conversations, especially in your training years, you talk quite a bit about the ways you had to...the system hadn't yet moved to accept women in medical training. And I wondered as you enter these positions of leadership – CEO, dean of this, associate dean of that – was that system ready for a woman leader? Did you encounter some of the same kinds of resistances or stationary culture or however we might frame it? I think particularly about the water-boy story, I guess that's coming back to me. And I'm thinking "Oh, your accomplishments weren't fully recognized." They weren't fully applauded, obviously. I just wondered.

***Deborah German, MD***

[01:10:44]

So, no. Society was never ready. And luckily for me it wasn't about being applauded and I didn't care about being applauded. I cared about doing the work: getting the job done and doing it well. And it was my own personal satisfaction that I did the right thing; that mattered more to me. And I think the hospital example, where I was willing to be fired because I needed to do the right thing. If it was about being applauded, I probably would have fired ten percent of the workforce.



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So, there's more to that story. So you're asking, were they ready for me? Here's what happened.

The hospital was being turned around and it started to become obvious that we had gone from losing two million a month, absorbing the shock of the other hospital, to making four million a month (which was twice what we had been projected to make without the burden). The system CEO who had hired me was very worried that his board would like me better than they liked him. That's probably the only way I can put it.

So, he came into my office and said, "You will no longer be the CEO of this hospital. We'll keep you on as the chief academic officer." He did that because he didn't want the Board to see financial turnaround with me in the role and not firing anybody. And I think he had prepped the board by saying, "I've got this woman, she's not an MBA. She's a doctor. I told her she needs to fire ten percent of the workforce and she's not doing it. I think we're going to have to let her go, and I'm going to have to roll up my sleeves and make this work."

**A. Macdonald, PhD**

[01:13:00]

Ah! But he, of course, had the figures on what you'd already achieved

**Deborah German, MD**

[01:13:03]

Right. What he was trying to do was cover up that I had actually turned it around without firing anybody. So, I ended up leaving, because that was it.

**A. Macdonald, PhD**

[01:13:21]

You can't become the chief academic officer.

**Deborah German, MD**

[01:13:24]

I'd already been a higher-level academic officer than he could offer me. So I left. And I think it was two months later when the Board met, he got fired.

**A. Macdonald, PhD**

[01:13:39]

Oh, okay. Well, he got his comeuppance.

**Deborah German, MD**

[01:13:43]

But the point I'm making: they weren't ready.



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***A. Macdonald, PhD***

[01:13:49]

Clearly they weren't. They weren't ready for a woman leader, they weren't ready for someone who was going to do things out of the box, although they hired you to be someone who would bring out of the box kinds of...

***Deborah German, MD***

[01:14:01]

Well, it does make you think about why they hired me.

***A. Macdonald, PhD***

[01:14:04]

Ah, what do you...

***Deborah German, MD***

[01:14:06]

I don't know. You know, after all that happened I thought, "Well, maybe the reason he was so keen on me, maybe he was planning this." To buy a hospital and to become the system leader and have somebody less competent so that he could then take... I don't know. It doesn't really matter to me at this point. And I have to tell you since that time he has called and asked me advice on multiple occasions. And I have gladly given it to him because I see him as someone who gave me a great gift.

***A. Macdonald, PhD***

[01:14:45]

Oh, okay, yes, unfair treatment, but a great gift in the sense of the opportunity that it opened up; the experiences you might not have otherwise had.

***Deborah German, MD***

[01:14:56]

It's how the world is. I accept the world as it is. And I don't know enough about what was going on in his life to judge him. And it was great, great opportunities for me.

***A. Macdonald, PhD***

[01:15:17]

Wow! But that had to be a setback though or a deflating moment.

***Deborah German, MD***

[01:15:23]

It was a disaster, a complete disaster.



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***A. Macdonald, PhD***

[01:15:25]

I didn't want to call it that!

***Deborah German, MD***

[01:15:27]

It was a complete disaster. But those are the moments in your life that are the richest. I mean the disaster of the hospital losing money. And look what happened. Every disaster – the disaster of you coming to a new job in in Nashville and your boss's boss telling you that your career is over. I mean, it's one disaster after another. And they're all gifts. They're all gifts.

***A. Macdonald, PhD***

[01:16:02]

If you choose not to invest in the idea that it's a complete disaster and it can't be resolved and can't be gained from...

***Deborah German, MD***

[01:16:10]

A disaster is really an adventure in disguise.

***A. Macdonald, PhD***

[01:16:13]

Oh, my goodness, that's a wonderful way to phrase it.

***Deborah German, MD***

[01:16:17]

It is.

***A. Macdonald, PhD***

[01:16:21]

Oh, my goodness, yes. I do think I won't plague you with the buffer of time going too far. But I think maybe we'll leave it there and we'll pick up next time with the disaster that turned into the adventure of founding this medical school that you are now with. And, in fact, I should expand that: really a medical city that you've been part of building from the ground up. We'll pick up there next time. And we'll have those conversations about how this disaster became that adventure. Because I guess it has, that was the transition then.

***Deborah German, MD***

[01:16:57]

Absolutely.



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***A. Macdonald, PhD***

[01:16:58]

Okay, so now I'm on the edge of my seat to hear how that possibly came about!





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## **Deborah German, MD**

### **Interview Session Number 5: June 10, 2022**

#### **Chapter 0-E Interview Identifier**

***A. Macdonald, PhD***

[00:00:10]

OK, and let me get the transcription. There we go. Wonderful. OK. Well, I'm very pleased once again to introduce Dr. Deb German, who is the interview subject for this oral history project undertaken on behalf of the Women in Medicine Legacy Foundation. We are reaching today our final conversation, which is bittersweet, but it's been an enjoyable journey. And today, we are late afternoon on Friday, June the 10th. Dr. German is in her office at the University of Central Florida College of Medicine, where she is both the founding dean and now the VP of Health Affairs.

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## Chapter 12

### No fear of failure: Founding Dean of University of Central Florida College of Medicine

Dr. German explains that for the first time in her career she is free of familial responsibilities and able to ask herself “what do I want to do next?” [00:01:35] A one-year Petersdorf Scholarship at the Association of American Medical Colleges allowed her to research, reflect, and explore leadership possibilities [00:03:56]. She recounts several new job options, explaining why the project of launching a new medical school as the anchor tenant in an as-yet unfilled 7000 acre “medical city” held such tremendous appeal [00:06:16]. She tells the story of the search that almost failed, leaving her as the one candidate courageous enough to accept the position [00:08:39 – 00:10:32], a story she notes as important for women. She recounts the frenetic pace required to prepare an accreditation submission and the collaborative and diverse consortium that made that happen [00:11:21 – 00:16:45]. A comparable story illustrates the preparation of a temporary space to house the incoming medical students [00:16:53 – 00:20:23].

**A. Macdonald, PhD**

[00:00:51]

So let us pick up a little bit of where we left off our last conversation. Deb, you'd just been telling me that you'd resigned your position as CEO of St Thomas Hospital in Nashville and that that position had been an exciting departure from leadership positions in medical education, where you'd spent quite a bit of time, and really a genuine adventure. And so the moment of resignation was -- I had felt the deflation of that, but you corrected me and said a disaster is just an opportunity in waiting

**Deborah German, MD**

[00:01:23]

That's right

**A. Macdonald, PhD**

[00:01:24]

And I would love to hear then how did opportunity take shape out of those moments as you resigned at Saint Thomas?

**Deborah German, MD**

[00:01:35]

Well, that kind of an opportunity gives you a moment to be... reflective. And to say what lies ahead. To look back on your life and to look ahead. And as I did that, I saw that I had lived a few chapters. My childhood, then my period of time when I gained the knowledge and expertise of my profession. And then I had raised my family, my youngest daughter was I think in college. And I was free of all responsibility. So, it was a great moment to say, what do I want to do next?



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And as I reflected on my tools, if you will, the profession that I was in, and the knowledge and skills that I had, I thought about my life. I went through the full range: I could retire to what would I like to do in the world, given who I am. And I wasn't exactly sure. And if you'd asked me at that moment what I wanted to do, I probably would have said if somebody could come down from heaven and say, "I've got the job for someone who will transform health care on planet Earth so that every human being will get excellent care," I would have put my hand up and said, "Please pick me, please pick me."

So, what I wanted to do was somehow transform health care. But I realized that there was no such job. And even if the president of the United States had such a job, he wouldn't choose me. So I thought, I need time to think this through. And luckily, I was offered the opportunity to be a Petersdorf Scholar at the Association of American Medical Colleges. I went there for a little over a year, and I did a research project. And I studied the leadership of health systems framed in complex systems science. I spent the year learning about complex adaptive systems. And I did what you're doing with me. I did interviews with the leaders of about 15 of the major academic health centers across the country.

***A. Macdonald, PhD***

[00:04:43]

Wow.

***Deborah German, MD***

[00:04:44]

And the questions that I asked them were things like, "Tell me about the greatest challenge you have faced in your job and how you handled it. And how it came out. And tell me about one great success and one great failure." So I learned a lot. At least I thought I learned a lot, about leadership of complex systems. And I had my own leadership ideas because I had been a leader. And while I was there, I gave more thought to what I wanted to do. And I looked at different opportunities and I looked at quite a few opportunities. And I actually had five different job offers. One in –

***A. Macdonald, PhD***

[00:05:34]

Wow.

***Deborah German, MD***

[00:05:35]

Yes. One of them was to lead the development of the health system associated with Aga Khan University. And I interviewed for that in Paris. And then they offered me the job. And I needed to go to Pakistan, Karachi. And my daughters said to me, "Don't go there." Because I was thinking maybe I could make a difference for women as a leader, and they're in Pakistan and



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Egypt and Africa. So, it would have been a kind of a global thing. But I thought hard about it. And then I realized I was probably not going to do that.

[00:06:16]

And I don't need to go through all the jobs that I was offered, but ultimately when I saw 7000 acres of land here in Orlando that had tried for four years to become a medical city and failed... And then when the developer sent his people all over the country and they learned that just like a shopping mall doesn't take flight until we know who the anchor tenant is, a medical city doesn't happen until you have a medical school, which is the anchor tenant. So, they had figured that out. And they were searching for founding Dean. And I thought there is no medical school there. And the critical thing is it was immediately adjacent to the Orlando International Airport. 7000 acres. And I knew that I could build the kind of medical school that I would want to build, not a little medical school like a trade school that trains doctors, but a true academic health science center that becomes a global destination one day for research, patient care, and education. And what I really wanted to do was build a medical school that would be better than any of the ones I'd been affiliated with. And that was Harvard, Rochester, Duke, and Vanderbilt.

***A. Macdonald, PhD***

[00:07:41]

That's setting the bar high.

***Deborah German, MD***

[00:07:43]

Well, you know, every time you're in a system, you see its strengths and you see its weaknesses. I had been at quite a few, and I thought, "I think I know what a good one looks like. And I think I know the mistakes that smart people made thinking it's going to be good. And it turns out to have exactly the opposite effect on the people who live and work in it." So anyway, I wanted to do that. And, you know, there were five finalists and four dropped out because they said there wasn't enough time or enough money to do this. And I think -- did I share with you already what I said to the search agent when he told me everybody else had dropped out?

***A. Macdonald, PhD***

[00:08:27]

No, I knew that that had happened. And it was on my question list today to ask what scared them? What excited you? So, yes, please tell me. Well, what did you say to the search committee?

***Deborah German, MD***

[00:08:39]

Well, for women this is kind of an interesting story. There were five finalists, four men and me. And there were members of the search committee who had gone to the president and the provost of the university against my candidacy. So, there were people who did not want me to even be in



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the final five. And that's OK. That happens. I was used to that. And it didn't bother me that that happened because of the way the world has always been at the time that I've been coming through.

And so, the search agent called me after everyone had their final visit, and he said, "I think I'm going to have a failed search." And I said, "What happened?" And he said, "Well, three of the candidates have told me they're no longer interested. After looking at the budget and the timeline, they say it's impossible. And the fourth candidate is somewhere in Europe, and he's not returning my calls." And he said, "I'm guessing that you're going to say the same thing."

And I laughed. And I said, "No. This is great news." [*Macdonald laughs.*] Because if I bring it in on time and on budget, well good, I've done the job. But if I take the job and I can't bring it on time, all I have to do is tell the president, "Look, you had experts tell you it couldn't be done. You're lucky I took the job."

**A. Macdonald, PhD**

[00:10:12]

Right. Right. You're lucky someone even gave it a good college try.

**Deborah German, MD**

[00:10:16]

Yes, exactly. So I felt like they had set me up for success. I couldn't lose. Even if I failed, all I had to do was say, "Well, it couldn't be done. Give me an extra year and give me some extra money." But we did bring it in on time.

**A. Macdonald, PhD**

[00:10:33]

Really? Against all the predictions of the other candidates?

**Deborah German, MD**

[00:10:38]

Well, the reason I think that happened -- well, they were right. They were right. The reason they didn't take the job was because they were fearing failure. It was fear. They were right. There wasn't enough money or enough time. But I didn't fear the failure. I just decided I was going to try. It's the same story we've been telling throughout all of these interviews.

**A. Macdonald, PhD**

[00:11:12]

I can hear it again! Yes, exactly. The choice that takes some courage. The choice that turns away from fear.



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***Deborah German, MD***

[00:11:21]

And I'll tell you a story. The reason I say they were right is this: I get to UCF and the accrediting body for medical schools at that time would not give you the information about what it took to become accredited until you hired your dean and paid \$25,000. So, I arrive, we pay the money, and then I get a look at what's required. And it was in that moment that I knew they were right. And the reason I knew it was I had a plan that I was going to come to this university, and I was going to put together a blue-ribbon panel from all across the country. The experts and innovators in medical education to help me design this. That was my plan. But when I got the accreditation information, what I learned was that I had 90 days to get the entire first draft of the plan together. And that included not only the curriculum and the grading system and the grievance processes and the faculty appointment and tenure and the registrar and the admissions. I mean, everything that would be a medical school, all of the 129 standards: I had 90 days. And when I called up some of my friends who would be on this blue-ribbon panel, they couldn't even have a first meeting in 90 days.

***A. Macdonald, PhD***

[00:12:59]

Right. Right.

***Deborah German, MD***

[00:13:01]

So here's what I did. I realized that I had to work with what I had. So, I asked around and ended up putting together the first curriculum planning committee and it had 60 people on it from the Orlando community. None of them had ever worked at a medical school before. Only one of them was a doctor, and I was the only doctor who had worked at a medical school.

And here's how it went. I got here. The President took me to lunch with his cardiologist because his cardiologist wanted to meet the new dean of the new medical school. And we're at lunch and the cardiologist says to me, "I'm so excited that we're going to have a medical school. If there's anything I can do to help, please let me know." So, I look in straight in the eye and I say to him, "What are you doing tomorrow afternoon at 2:00?" And he just looks at me. I said, "You're on the curriculum committee."

***A. Macdonald, PhD***

[00:14:02]

OK. [Laughs.]

***Deborah German, MD***

[00:14:04]

And that was how I got people to do it. And what ended up happening: we had probably the most innovative plan that the accrediting body had ever seen. And why is that? Because we had



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people, people like me, who had to look up the name of physiology before they took the course. These people didn't know what a medical school did. So, we were making it up as we went. Now we borrowed from other medical schools, we did do our homework.

***A. Macdonald, PhD***

[00:14:40]

But the conversations would have allowed -- as you said, you came through a different door. Here's all these people coming through different doors to reflect on -- yes, I'm sure you pulled together templates and things for them to reflect on -- but this is an opportunity for those who have not been steeped in it, doing it the same way, looking at it the same way. They all bring fresh eyes, diverse eyes.

***Deborah German, MD***

[00:15:01]

And Arlene, the thing about it that was so fantastic was that we had a philosopher, we had lawyers, we had this crazy mixture of people, but everyone who was on the committee was unbelievably passionate because it was something they had never done before. It was volunteer work. None of these people were paid to do it. And they were so excited about the medical school.

And it gets back to one of the other things that we've talked about. If you're doing what you love, you make your greatest contribution to humanity. And every one of the people on this committee, I mean, it was a hodgepodge, ragtag group of—

***A. Macdonald, PhD***

[00:15:49]

I'm trying to picture it. How many people were in the room when you had a meeting?

***Deborah German, MD***

[00:15:51]

We started with one or two, and that was the other thing. I'd have a meeting. We would meet for a half day once a week. Because I was out fundraising for the scholarships and doing things like that. But when we met, we'd start with four or five people and then the next week there'd be two more and then the next week there'd be five more. And every time we had a meeting, I had to start off and say, "We have new members, and we have to catch them all up." And everybody got it that this was a crazy, crazy project. And it was fun and it worked. And we got it done on time and it was good.

***A. Macdonald, PhD***

[00:16:36]

90 days from when you set foot to take on this position and get the instructions of what the accrediting board is going to want.



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***Deborah German, MD***

[00:16:45]

Because we counted back from when the charter class had to be seated.

***A. Macdonald, PhD***

[00:16:45]

Right.

***Deborah German, MD***

[00:16:53]

[inaudible]. And the other thing I did -- so the Provost had given me an office in the administration building of the university. I'm in the same area with the President and the Provost and I have an office. And that's all I have. And they've raised money to build a building on the campus. And I'm working with the architect one day a week to design the building. But if I hired somebody, there was no place to put them.

***A. Macdonald, PhD***

[00:17:25]

Oh, my goodness. That's right. Yes.

***Deborah German, MD***

[00:17:28]

So, I said to the Provost, "I need to design a place for the first year." I said, "We don't know for sure if the building will get done on time because hurricanes and things happen here. So I need to get it designed and built in the 90 days because I want to take pictures of it so that the accreditors will know that we can do this." And he said to me, "I can't even get a closet in my office repaired in 90 days. You're never going to do it."

I said, "Let's find the space. And then you give it to me, and you'll see, I will do it." So, we found this space that was owned by the foundation that was there. And it was a shelled [inaudible] space in the research park, and we got an outside group to do it. And I told them, I said, "The whole accreditation of this medical school, the very first step, depends on us getting this done in 90 days." And they said, "We don't think..." And I had drawn it on a napkin what I wanted it to be. And they said, "We don't know if we can do it." I said, "We have to do it."

And then magic happened. Because I was with them, you know, kind of cheering them on. But here's an example. It was on the third floor of this building, and when they did these kinds of buildouts, they would take the drywall up through the elevator, a bundle at a time. Well, it would have taken them, I think, two or three days of just bringing it up on the elevator. Just to get the drywall up there. But they knew that they only had 90 days. So they got a cherry picker, I guess that's what you call it, and took one of the windows out on the third floor. And with this





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machine, they lifted the drywall into the window and they did it in like, I don't know, half a day. When it would have taken –

**A. Macdonald, PhD**

[00:19:41]

Because they can put so many more slats of drywall on this machine than coming up in the elevator.

**Deborah German, MD**

[00:19:46]

Exactly. And so, when they were done with the project (which they completed on time and I had pictures and everything), they came up to me and they said, “We have learned so much from this project. We're going to be so much better at what we do because we had this opportunity.” And so, we did have our first year of medical school in that designed space. And then oddly, after we moved out, the College of Nursing needed space. So right now, that little space that I designed for the medical school is where the College of Nursing is.

**A. Macdonald, PhD**

[00:20:24]

Oh, my goodness. Yes. Oh, my goodness. I mean, a number of things come up. First of all, when you tell me about this sort of reflective period where you had the Petersdorf, I think of all the stories I've heard about your career transitions: it's the first time I've heard you say, “I sat and thought about what it is I want most to do.” Because all the other transitions have been combined with all the roles you held, Mother, Wife...

**Deborah German, MD**

[00:20:53]

Right. You know, I was free. I was free to just...

**A. Macdonald, PhD**

[00:20:56]

Yes, exactly. It must have been a very different process.

**Deborah German, MD**

[00:21:00]

Very different. And the thing that guided me, I thought, “Whatever it is I do, I want to be able, when I'm 90 years old to look back and say, ‘good job, good job’. So I was looking for an adventure that would allow me to do that. And when I saw, you know, nothing, no exit off the freeway, 7000 acres of land, I thought, “This has to be it.” Right?



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## Chapter 13

### “Structure predicts function”: building a new medical school

Dr. German describes the importance of the design of the brand-new building that would eventually be the UCF College of Medicine, elaborating the importance of space to function and values [00:27:21]. She offers the design of the Anatomy Lab as illustrative [00:22:54 – 00:24:58]. She recounts the firing of the first architectural firm [00:25:12], the awards garnered by the second firm [00:26:52], and her own enduring commitment to shepherding the right spaces for her vision. She reflects on the connections women’s lives may have to spatial understanding [00:29:09].

#### ***A. Macdonald, PhD***

[00:21:38]

Right! Has to be. Because that's the second thing that flashes through my mind: in all the stories I've heard, I've never heard tell of you wearing a hard hat and figuring out how drywall might get up a... [*German laughs.*] And I think how incredible that that's what called you: empty space. And this real opportunity to fashion both the *kind* of medical school you want to have and the spaces, both. The material side of it.

And I know in different conversations, different stories I've heard about -- the design of your own office, I've heard about the rotunda with the stars and how deliberative that design was to impart a message to medical students. And I find that sort of sense that you can embed in physical space what it is that you need and feel.

#### ***Deborah German, MD***

[00:22:33]

I wanted my students to look back on their experience and I wanted them to remember the space that they were in. I remember the space that I was in --

#### ***A. Macdonald, PhD***

[00:22:49]

The Countway Library, you've mentioned that to me and that you got to build your own library here.

#### ***Deborah German, MD***

[00:22:54]

Yes. Countway was awesome. I remember Anatomy Lab. I lived in hell for a year. It was in the basement, and it was literally a big room filled with dead bodies. And the smell was horrific. And when you left, your hair smelled, your clothes smelled, and when you washed all those things, they still smelled. And your home (your room if you lived in a dormitory, which is where



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I lived in my first year). I remember thinking, why is the first exposure to medical school so horrific?

So, when I built our building -- I told you I fired the first architect. I worked with them for a year, and he kept saying he was going to give me exactly what I wanted. And then every time I told him what I wanted, he gave me something different. For example, I wanted the anatomy lab to be on the top floor overlooking the nature preserve.

**A. Macdonald, PhD**

[00:23:53]

So not the basement, not the ugliest, cramped, low ceiling space, we can come up with for this initiatory move into medicine.

**Deborah German, MD**

[00:24:01]

I told him that I had felt like I was in hell, and I wanted my students to have a celestial experience. And I wanted them to think of their cadavers as *people* who had given their lives so that they could learn to save others.

**A. Macdonald, PhD**

[00:24:25]

Not parked next to the incinerator, yes.

**Deborah German, MD**

[00:24:28]

And by having it on the top floor, the air exchange wasn't through the whole building. So, our building never smells. We have, I don't know, something like 30 air exchanges per minute or something. I mean, it's a beautiful place and when you go there the windows can all be open because there is nothing looking in. And it's bright and it's sunny. And all of the things that I worked with the architect on, I mean the hallways, where the elevators are, the clock tower -- everything was designed to keep the students healthy.

**A. Macdonald, PhD**

[00:25:12]

But the investment of a lost year with an architect, when you're on a timeline to complete it and open and it had to be ... I always think, 'oh my God'. And you don't feel that way.

**Deborah German, MD**

[00:25:32]

No, I took care of that! When I built the temporary quarters that we just talked about, that bought me a year. I said, "If we aren't on time, the students, the small class of 40 will have their first



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year in this small quarters.” And that's how it turned out because I wasn't going to settle for something less than what I thought was beautiful.

***A. Macdonald, PhD***

[00:25:56]

OK, so it wasn't postponing the incoming class because that's the building you had designed originally in order to get the accreditation. Now it also bought you time, as well.

***Deborah German, MD***

[00:26:06]

I did it for that reason. I said to the Provost, “I want to design it now.” He said, “You don't need to design it. They're going to be in the big building.” I said, “I don't know. A hurricane could interrupt, something could interrupt that. I want to be able to show them that today we could welcome the first class. And it was because I was being ultra conservative, I was not going to let anything fall to chance.

***A. Macdonald, PhD***

[00:26:35]

And not be chained to an architect then. And to ‘we’ve got to make this compromise. We’ve got to do this. That's got to get up.’ You then were free to fire that first architect. And what did the next one bring in terms of sensibility that aligned with your own vision?

***Deborah German, MD***

[00:26:52]

The next one listened. And he'd been part of the team -- so what we had was a local firm who had hired a firm out of Boston because the firm out of Boston had built more medical schools than anyone else in the country. And I was working with this guy out of Boston, but one of the local guys had been there listening to me the whole time.

***A. Macdonald, PhD***

[00:27:19]

A bit like the intermediary to the Boston firm. Yes.

***Deborah German, MD***

[00:27:21]

They all kept telling me it's going to be OK. And honestly, the Provost said to me, “I can't believe you're getting this involved in this. Usually, deans just tell them what to build -- you know, I need two auditoriums, I need one lab -- and then they just wait and show up.”

And I said, “No, structure predicts function.” The structure of the medical school: I needed classes on all four floors so that students and faculty would run into each other. Not all the faculty on one floor and all the student things on another floor. I wanted us to be together. I



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know that I got incredibly involved because the building has won awards, architectural awards. And every time it's nominated for an award (and I think it's won three or four) the architectural firm invites me to the award ceremony. And when they go up to receive the award, they always make me go up with them.

***A. Macdonald, PhD***

[00:28:26]

Oh, my goodness. Oh, wow. But I mean, not everybody recognizes that structure determines function. Exactly as your boss at the university said to you, "Most deans don't get this involved." Because they don't recognize that, but you did and why is that? What's in your background or your outlook, that lets you know that space matters and space will dictate many of the things that can and cannot happen? And that space carries our vision for the medical school you want to build, the medical students you want to come out of that. How did you know this?

***Deborah German, MD***

[00:29:09]

That's a really good question. I'm not sure I know the answer. I mean, the answer that comes to mind is: I know it because I'm a woman. And, you know, you're a woman and you like to cook, and you've had six different kitchens and you know that the triangle of the stove, the refrigerator, and the sink either makes your cooking easy or hard. And you have several homes as your children grow up. And you know that when their bedrooms are on the same floor or on a different floor, things function differently. So I don't think it's rocket science. And maybe men would know it, too. But I just think it's everyday knowledge that every human being who has a life would see. *[Laughs.]*

***A. Macdonald, PhD***

[00:30:05]

Well... obviously other deans didn't see that because they didn't get involved in the way that you did with the building of the space. But I think you're right, in a way, that looking after a domestic space is our introduction to why space matters. And that is the role of many women, if not most, to be the caretaker of that domestic space and to make it a reflection and a basis for the family that you envision. So as a parent of children, yes, we do that. I think women do that.

***Deborah German, MD***

[00:30:39]

But so that's how I know it personally. But I think we see it in the world. We see, for example, when you go to the grocery store: you see where things are laid out to make it easy for you to shop or to make it easy for them to get more of your money. But if you just pay attention, if you go to an airport, you know that the ticket counter is related to the check in is related... I mean, and where they put the food, it's...



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***A. Macdonald, PhD***

[00:31:13]

And we know when a space does not work, we're immediately uncomfortable. Yes.

***Deborah German, MD***

[00:31:17]

I don't think that's rocket science, but yes.

## Chapter 14

### **The Medical City: what women need to know about pursuing excellence**

Dr. German elaborates on the College of Medicine's relationship to the hub of research, practice, and industry initiatives that comprise the 'Medical City' and her role in fostering productive partnerships. She describes the advantageous position she held as the sole recruit willing to take on this project and how she used it to ensure excellence in her endeavors, a lesson she notes as important for women to know [00:36:01]. She shares anecdotes about the securing of a VA hospital partnership [00:37:53 – 00:39:02] and the amalgamation of UCF's existing biomedical sciences college into the College of Medicine [00:39:16 – 00:42:30].

#### ***A. Macdonald, PhD***

[00:31:21]

Yes. I think it's brilliant. It's one of the things that interested me the most is this connection to the physical space that you were producing there. I also wondered if you could talk just a little bit about this being a 'medical city', I don't know if that's the right terminology but that's what you called it. And that you needed to have this anchor facility, which would be the medical school, but that it was going to be very tightly integrated or attractive to other kinds of things: to research, to pharma industry, to clinical, I'm assuming other kinds of clinical space. Can you describe this medical city and how much you are a part of it or not part of it? What kind of entrepreneurial and business sides of yourself came to bear on being part of this medical city?

#### ***Deborah German, MD***

[00:32:17]

When you think about a medical school, you think 'oh, it's a place where young people go to learn how to become doctors' and you think it's a school. And when I think of a school, I think of a little red schoolhouse with a bunch of teachers in it. And kids go in and doctors come out. But that's not this century's premier medical school that anchors a medical city that provides economic impact. That's a little red schoolhouse. When this medical school was approved, the Governor told the president he wasn't interested in training more doctors. He wanted to hear about economic impact.

And that was one of the things that really attracted me because that meant what they wanted here was the kind of medical school that would leapfrog over all of the best in the nation.

Because a medical school that provides economic impact not only takes tuition and trains students, but it has state-of-the-art research going on. And it gets huge medical and biomedical research grants from the NIH and from other places. And that provides economic impact with spinoff companies and new drugs and new vaccines and new cancer treatments. It changes the whole environment. Which before the medical city was largely agriculture (oranges) and tourism (Disney and Universal). And those are great industries but they're not high income for the added—



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**A. Macdonald, PhD**

[00:34:07]

Jobs that they produce. Yes, I see that.

**Deborah German, MD**

[00:34:11]

But the only way that I could do that is if I brought in the other two missions. So a medical school of this nature has three missions: education (that's the one that we all have), research, and patient care. What I needed to do was build a practice, build hospitals, and build research institutes. And get it all going together so that it could become that kind of a global center. And of course, we are a state school, and we don't have a lot of money. I had to figure out how to do all of that with partners and use their money to make all of this happen. That was the fun part.

**A. Macdonald, PhD**

[00:34:56]

Wow. Wow. So, the school was sort of first on the agenda of things to be built, but...

**Deborah German, MD**

[00:35:03]

When I took the job, the president offered me the job and then he said, "Do you have any questions?" And I said, "I have one question." And he said, "What's that?" I said, "There are already 128 accredited medical schools in the country. Am I coming here just to build number 129, or do I get to build this better than it's ever been built before?" That was my question. And he looked at me with a little bit of surprise on his face and he said, "Whatever you want." And I think the reason he said that was because I was his only choice.

**A. Macdonald, PhD**

[00:35:49]

Well, there is that! [*Laughs.*] Failing the search after the governor has given the green light and people want this to happen, that would be terrible.

**Deborah German, MD**

[00:36:01]

So that's one other thing that women need to know. You need to recognize the moments when you have power and then in a gentle and positive way, you use it. I wasn't using the power for myself, I was using the power to say that we don't want to limit our excellence here. We want to strive for it all. And you're going to let me do that, right? You're not going to say 'just build a little education program and go away. Don't bother me.'

And we had several interchanges like that. And both my president and provost were wonderful, wonderful people. Who supported me in everything that I wanted to do. And sometimes they





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needed to be informed because they didn't know a lot about medical schools. But once they understood what we had in mind, they were always just perfect.

***A. Macdonald, PhD***

[00:36:58]

What are some of the partnerships that have come to fruition? I mean, the medical school gets built, it gets accredited, the incoming class happens. And I think that's back in 2006, in around there, 2006-7.

***Deborah German, MD***

[00:37:13]

The first class matriculated in 2009. So I started in December of 2006. Basically, I had a year and a half to build it. And to hire the faculty because the first class came in.

***A. Macdonald, PhD***

[00:37:33]

That's a busy year. I remember you telling me this is going to be your two-year internship where you didn't look up too much.

***Deborah German, MD***

[00:37:39]

That's right. Exactly.

***A. Macdonald, PhD***

[00:37:41]

So that happens. But this medical city, we've got the cornerstone of the mall, what has come out of that? You know, what partnerships, what things have gone forward?

***Deborah German, MD***

[00:37:53]

Well, there was the need for partner hospitals and to build them right near the medical school. So, the VA --

***A. Macdonald, PhD***

[00:38:03]

So, these were new builds, not hospitals existing that...

***Deborah German, MD***

[00:38:07]

No, new ones. We have 7000 acres. I need to get some hospitals in there.



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***A. Macdonald, PhD***

[00:38:12]

Okay.

***Deborah German, MD***

[00:38:13]

So the VA -- every great medical school has a strong partnership with the VA and the very best of --

***A. Macdonald, PhD***

[00:38:22]

What's a VA, just for the...

***Deborah German, MD***

[00:38:24]

Oh, the Veterans Administration hospital, a VA hospital where veterans go to get their care. So, if you look at top tier medical schools, many of them have VA hospitals on their campuses and I wanted one. And so, we got one and it's built right across the street, and it now sees more patients, has more patient visits, than any VA in the country.

***A. Macdonald, PhD***

[00:38:58]

OK, and this allows your students places to train, I would assume as well.

***Deborah German, MD***

[00:39:02]

Our faculty see patients at the VA, their faculty are our faculty, our students do rotations there. And we have residency programs there and our scientists do research there. It's like this.

***A. Macdonald, PhD***

[00:39:16]

OK, OK. And adding the research piece -- so the medical school comes first. How do you get these high-end labs, the big NIH grants, the power stars, the rock stars of the research world to come in and build that part of the mission?

***Deborah German, MD***

[00:39:32]

Well, that's an interesting story. Before the medical school was on the radar screen there, the president had thought that one day they may want to build a medical school on the university's main campus. And there was a donor, Al Burnett, who thought that was a great idea. So, he gave the university money to build a college of biomedical sciences. When I came, that college was five years old. It was pretty new. So that was a college with its own dean. And I'm building the



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College of Medicine and I'm a dean. So, when I go to put out my job ads, all of the scientists in that college are applying. And the reason they're applying is because people who work in medical schools get paid more and when they apply for NIH grants, they have greater credibility

***A. Macdonald, PhD***

[00:40:53]

Because they have access to the patients who might be part of the clinical trials, et cetera.

***Deborah German, MD***

[00:40:58]

Exactly. So I'm sitting there thinking, uh-oh, I am going to end up hiring away all their faculty and that's going to create negative interaction. So, I went to the Provost and explained to him what was going on. And I said, "The College of Biomedical Sciences needs to become a department within the medical school. And the dean of that college needs to become a department chair who works for me. And all of those faculty who are in the union need to come out of the union because medical school faculty are not unionized." I won't tell you how it happened. But we got all those faculty as a department within the medical school, and they are all out of the union.

***A. Macdonald, PhD***

[00:41:55]

Oh, my goodness. Yes. Well, that builds up your academic health science side pretty darn quick.

***Deborah German, MD***

[00:42:06]

It does. But I also need to remind you that UCF is one of the largest universities. And with that came 3000 undergraduates that our medical school is training in biomedical sciences and sixty PhDs and 50 Masters students.

***A. Macdonald, PhD***

[00:42:26]

So that's a very large college of biomedical science.

***Deborah German, MD***

[00:42:30]

Exactly. So, I did get some faculty that could teach in the medical school, but I also got a whole college that no other medical school has.

***A. Macdonald, PhD***

[00:42:41]

Aha.



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***Deborah German, MD***

[00:42:43]

No other medical schools in the country have that.

***A. Macdonald, PhD***

[00:42:45]

No, the ones I know they have them, but they're smaller and they're usually focused on one or two or three areas within biomedical sciences where they predominantly... You have suddenly this wide ranging, very large program, both educational and research.

***Deborah German, MD***

[00:43:04]

Yes. But that was another exciting adventure to figure out how to turn the Burnett College into the Burnett School, because you can have a school within a college.

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## Chapter 15

### **“An offer they can’t refuse”: entrepreneurship and the new medical city’s Cancer Center**

In this chapter, Dr. German acknowledges her uniqueness (oft remarked upon) as a medical dean who creates unusual public-private partnerships [00:44:20]. She tells the story of establishing a collaborative venture for cancer research and treatment and securing a building (against all odds) for that endeavor [00:45:46 – 00:53:05], illustrating her entrepreneurial spirit and her refusal to accept ‘no’ as an answer [00:53:57].

#### ***A. Macdonald, PhD***

[00:43:22]

Yes. Oh, my goodness. You had mentioned giving a talk at the Rotary and someone there had gone up to you and said how unusual it was to have a physician and a businessperson in the same persona. And I just thought, what is your sense of the business of medicine and are you unique in thinking in those terms? I'm imagining in some ways every dean of a college of medicine these days is thinking a bit about the business of medicine, because education struggles to fund itself. But on the other hand, to wade in that water and say, “I will create a medical city, I will create these partnerships, I will find business solutions in the community to some of the challenges.” Is this different? Are you different in that sense?

#### ***Deborah German, MD***

[00:44:20]

Well, I think people would say I'm different, but I don't feel different. And I think that the deans of medical schools across the country have to be knowledgeable about business. I mean, we all have financial officers that we work with so that we don't have to have MBAs, but many do. So I think that most deans have business savvy. But I think the reason that people think of me as different is because I create unusual partnerships. I think I'm willing to jump off a cliff into the unknown. And figure it out when other people think it's over. At UCF we have this expression, ‘UCF makes the impossible the inevitable.’

#### ***A. Macdonald, PhD***

[00:45:28]

Did they base that on you? Because...

#### ***Deborah German, MD***

[00:45:32]

No. [*Both laughing.*] That was there long before me. But the acquisition of our cancer center is, in my mind, the perfect example of this. Have I told you that story?



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**A. Macdonald, PhD**

[00:45:43]

No.

**Deborah German, MD**

[00:45:46]

Well, OK, so I'm trying to get this medical city with all these partners. And in the very early days, we want to get a biomedical research institute. So, the developer and everybody who's interested in the city is recruiting the Sanford Burnham Biomedical Research Institute, which is located in La Jolla, California. They're recruiting it. It wants to have an East Coast branch, they recruit it, and we get it. We are all working hard, and they are given a \$350 million package by the city, county, and state to come and be part of our medical city. And I am a strong advocate. My faculty, my biomedical sciences faculty, are mad at me. Because these Sanford Burnham researchers are in the newspaper, they're rock stars, the city is welcoming them. And my scientists, who have been here five years before the medical school was started, and some new ones, are saying "We're just as good as they are, why are we...?" And what I used to say to them is, "Just be patient. One day it will be ours."

**A. Macdonald, PhD**

[00:47:13]

We'll have the headlines?

**Deborah German, MD**

[00:47:14]

Yes. Well, I was also thinking that we would have their biomedical sciences building. What I was thinking was once we all became integrated, they would partner in their research. Their scientists would be on our faculty, and they would become part of us....

**A. Macdonald, PhD**

[00:47:36]

I see. I see.

**Deborah German, MD**

[00:47:37]

So, time goes by. The CEO of the Sanford Burnham goes and takes another job. A new CEO comes, and he's not interested in a bicoastal relationship. He's trying to figure out how to get out of Orlando. He partners with the University of Florida, which has a branch of its pharmacy school here in our medical city and is a great partner with UCF. So, Sanford Burnham and the University of Florida are trying to figure out a way for the University of Florida to take over that building. And they're having private secret conversations and they are both going to the legislature for research dollars. But the Governor doesn't know about this secret. Governor Scott finds out about that, and he slaps them on the wrist and says, "We didn't give \$350 million so



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that that building could have state jobs in it. So, cease and desist University of Florida, you're not going to get that building."

Well, I'm sitting here thinking 'I have state jobs, but that building is mine.' Right? It's right next door to where my hospital is coming out of the ground. [*inaudible, crosstalk.*] It's one block down from the medical school, it's in Medical City. So I'm trying to think, how can I get this building? Because obviously Sanford Burnham wants to leave, UF's not going to get it, but I have state jobs.

And then I hear that Advent Health, which is a big health system in town that separated from their partnership with the medical school when we partnered with HCA. We lost them as a place where students could do their clerkships. They were negotiating with the mayors of Orlando to take the building and turn it into a cancer research and treatment center. Now, I about had a heart attack when I learned that because what I think they were trying to do was create a cancer center right next to our hospital. So that they could take the cancer patients and... it was a competitive move. And I heard that they were going to announce that Advent Health was getting the building for free in two weeks. So, I had to put together a plan. And what I did was everybody I talked to during that period of time, I asked them if they would partner with us and if we had a building, would they want to be in that building. What I ended up putting together was that *we* would build a cancer center in that building. We would put our researchers on the top floor because that's what it was designed for.

**A. Macdonald, PhD**

[00:51:00]

And this is what you bring that Advent doesn't bring, yes?

**Deborah German, MD**

[00:51:05]

Well, but it's state jobs.

**A. Macdonald, PhD**

[00:51:07]

Oh, OK. OK.

**Deborah German, MD**

[00:51:08]

So that's what I really want: if I had had it my way, that whole building would have been for our researchers. But what I did was I put the Sarah Cannon, which is the largest deliverer of clinical trials in oncology in the nation, there. They've built a center there. Florida Cancer Specialists is going to be an oncology group practicing there, and our hospital's doing radiation oncology there. What I did was put together a new model for a cancer center where the researchers work with these private groups. And the rent that those groups would pay UCF to be there, I would



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pay back to the mayors and the governor as mortgage payment for the building. So, in a way what happened was they realized that we were going to buy the building; Advent Health was going to take it for free. We would have a cancer center right next to our hospital where patients could just go back and forth. They would have to ambulance or heli-commute patients to downtown. And ultimately, we got the building and that's our cancer center.

But that's the kind of thing that I love doing. When you ask me the question about how... That's really what the community is seeing. They're saying, "How did this woman doctor get this building away from the largest health system in our community who is filled with businesspeople? How did she get it and they didn't? And I can see why they're confused because it really doesn't make sense.

***A. Macdonald, PhD***

[00:53:06]

But what you put together was a private public partnership. There is the publicly funded scientists working cheek in jowl with private enterprise, and in fact generating income to pay the mortgage on this building. So, it's a very unique -- you're able to cross those lines.

***Deborah German, MD***

[00:53:30]

And what guided me in my thinking as I went through those two weeks saying, "Oh, my God, how can I get this building?" I was thinking that I needed to make them an offer they couldn't refuse.

***A. Macdonald, PhD***

[00:53:41]

OK, yes, I can see that. But that's an entrepreneurial sort of spirit, I think, that sees all the players and where the deals might be made and how to do things in an innovative way outside the boxes of private or public.

***Deborah German, MD***

[00:53:57]

There's always a way. And if you believe that, you can find it. If you think, "Oh, there's no way we can get this because they said no state jobs," you've defeated yourself, right? So, it's really the same thing we've been talking about all along. It's courage. You know, you can't have state jobs in this building. And the land grant favored university of the state has been told they cannot have the building. And I think anybody else would have said, "Well, they can't have it. There's no way we can have it." And just stop there. But I had to have it because it's part of this century's premier medical school. We had to have it.





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***A. Macdonald, PhD***

[00:54:44]

So not stopping. Looking around the behind the 'no' to see where the yeses might be.

***Deborah German, MD***

[00:54:51]

No just means not now, or no means I don't understand it well enough to say yes.



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## **Chapter 16**

### **Thoughts on Leadership**

Dr. German describes her growing responsibilities at UCF, leading to her new title, Vice President for Health Affairs. She recounts her understanding of the several levels of leadership [00:57:01], and her affinity for “leading up” to one’s boss and “leading out” to the community [00:58:09]. She offers the anecdote of raising money for scholarships for the charter class of medical students as an example of both [00:59:09 – 01:03:20]. She speaks to the challenges of leading through Covid-19 [01:04:25], stressing the importance of leaders avoiding micromanaging and allowing the greatness in everyone to emerge [01:06:48 – 01:08:13].

***A. Macdonald, PhD***

[00:54:57]

Right. OK, I'll keep that in mind. I'm imagining as your medical city grows that to say that you were the dean of the medical school is now becoming... You know, this is where the move to VP Health Affairs, I think it was called VP Medical Affairs at one point, and then VP of Health Affairs. Is this to reflect the growing initiatives and growing responsibilities of the medical city, these title changes?

***Deborah German, MD***

[00:55:21]

Yes. The dean is obviously just the College of Medicine. The VP for Medical Affairs was a title I got when I built the residency programs and the faculty practice. Because that's outside of the medical school, outside the college. And Health Affairs came when it became clear that we had an academic health science center. We had a hospital, and we're bringing the College of Nursing, the College of Health Professions. Those deans all report to me in my vice president role. And they also report to the provost. So, it's like a dual report. And student health was transferred to me. So, I now have responsibility that is broader than just the medical school.

***A. Macdonald, PhD***

[00:56:14]

Right. That's what I understood that to mean. And I'm imagining that this position, in and above the positions you've held previously, has been a place where you have really honed both your leadership skills, your mentoring skills, team building skills. I'm imagining that. The question I want to ask was have you felt like this is a place where you've expanded in those areas? And I was curious also how those skills came into play during COVID because I'm imagining that was a fraught time. But every time I think that about you, you correct me and say, “no, not fraught.” [Laughter.] In what ways do you see your leadership skills taking shape in this position?



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**Deborah German, MD**

[00:57:01]

There are different levels of leadership. And sometimes people want to be mentored and they ask you these things. Leadership 101 is when you have a team and you're the boss and they report to you. And I call that 101 because those people *have* to do what you say. You're their boss. And that's one level of leadership. Everybody who leads should be good at that. You should learn how to be good at that.

Then there's another level of leadership where you lead your peers. So, if I'm a dean and I want all of the deans to do something, I can get them all together. They're my peers. And I can get them to do whatever it is I want to do and work with them to build something, to create something. And I don't own them. I'm not their boss. And that's kind of mid-level leadership.

The next two are my favorite. It's when you lead your boss. And your boss wants to do one thing, but you know you've got to do the other thing. How do you get your boss to own what you want to do and you lead him to where you want? And I've got some stories I can tell you about that. And then the next level is when you lead people who have nothing to do with your organization. They are in the community, and they have no interest in what you do. And you can get them to do whatever it is you want.

[Macdonald coughing.] Are you OK?

**A. Macdonald, PhD**

[00:58:02]

I'll take a drink of water. Sorry.

**Deborah German, MD**

[00:58:54]

It's OK. And probably the easy example of leading up and then leading out -- I can give one example that's both of those -- is raising the money for the scholarships for the charter class. The president and the provost -- did I already tell you the story?

**A. Macdonald, PhD**

[00:59:17]

No, I've read about the scholarships in interviews, but I haven't heard your accounting of it.

**Deborah German, MD**

[00:59:23]

Well, when I got to the school and decided to build it, I realized that we wouldn't be fully accredited until the charter class was in its fourth year. So, then I thought, "Well, who's going to" -- I wouldn't even apply to this medical school. Because I wouldn't know if—



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**A. Macdonald, PhD**

[00:59:40]

It's an unknown entity.

**Deborah German, MD**

[00:59:41]

Right. And if you graduate from an unaccredited medical school, you can't do a residency. And if you can't do a residency, you can't practice medicine. So, I looked at where we were, and I said, "Nobody's going to apply to this medical school except students who can't get in anywhere else." And I can't start off with that kind of class and be this century's best. So I had that experience at Harvard, which I did tell you about. I knew that a full free ride through medical school could make a student go to a medical school that they wouldn't ordinarily want to go to.

**A. Macdonald, PhD**

[01:00:20]

Ahhhh

**Deborah German, MD**

[01:00:21]

In that first year, before the first class arrived -- it was like my third week here when I realized this. And I went to the Provost and the President, and I said, "I want to raise money so that every student in the charter class can have a free ride through medical school." This is now me leading up. Both of them said no. They said, "We're all tapped out. We raised money for the building. We've got the medical school. Students can take out loans and we'll still get the tuition money. No, it's a waste of your time. You've got more important things to do than raise money for scholarships."

Well, I knew they were wrong. And even though they both said no, I was trying to figure out how I could still do it. And I remembered thinking, "Well, if somebody just gave me a scholarship. They wouldn't make me give it back." Right?

**A. Macdonald, PhD**

[01:01:18]

Yes.

**Deborah German, MD**

[01:01:19]

But what happened is very early in my time, my first few months, I was invited to give a talk on the Palm Coast to all of the leaders, economic leaders of Central Florida. The CEO of Disney, all these people there. And I was the keynote speaker to give my vision of the medical school.



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And I shared it. And immediately following my talk, there were breakout sessions and the President and I were co-leading a breakout session with 50 people in it; there were total about 500 CEOs here. It was a big deal. We get into the small group room. I had just given my presentation. The President looked at me and he said, "Remember that question you asked me?" And of course, I knew. I'd been trying to figure out how I was going to raise the money anyway. And I said, "Yes." And then he said, "I think I may have underestimated you." He said, "Go for it." So, in that breakout room, I immediately got scholarships, two full four-year scholarships for two students. And then he started raising money. And the Provost started raising, everybody started raising money. And that's an example of leading your boss.

And then the other example was when we got the entire class to have a free ride for four years of medical school. And what we did was we led our community. There were all these people in the community. They didn't know they wanted to pay the tuition and living expenses of the student through medical school. So first you've got one level of leadership and then the other. And that's fun to do.

**A. Macdonald, PhD**

[01:03:21]

Yes, I can see that because it's leading in a way that aligns people with a vision.

**Deborah German, MD**

[01:03:27]

Yes.

**A. Macdonald, PhD**

[01:03:28]

That's exciting. That's more than just making sure your employees are not totally unhappy with you and with their jobs. That's important. But this is a visionary sort of expanding ripples.

**Deborah German, MD**

[01:03:43]

And the story we talked about the cancer center, the Sanford Burnham, was the same. What we needed to do was convince the county commissioners because that's who we ultimately talked to. And it was basically sharing the vision of what it would be.

**A. Macdonald, PhD**

[01:04:01]

Yes. And exciting people about that vision. Leading them to that vision.

**Deborah German, MD**

[01:04:05]

That's right.



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***A. Macdonald, PhD***

[01:04:06]

Yes, I can see that. And was COVID what I'm imagining? You've been around for some time now, but still one of the younger medical schools and certainly the medical school is still taking form. How do you navigate through COVID?

***Deborah German, MD***

[01:04:25]

We had four things that we had to do. We had to take the educational program for the physicians and make it COVID safe for our students. While not skipping a beat because they have to graduate on time, they're paying tuition. So that was one thing we had to do. Our research laboratories, we had to make sure they were safe. Our practice, UCF Health, we went to telehealth for a couple of weeks when there was no vaccine and we had to immediately transfer from in-person visits to telehealth. And then student health had to do things like figure out how students in the dormitories would live if one had COVID and, you know, screening and masks and virtual classrooms. And I won't claim to be the 'leader' for any of those initiatives because when you get into a situation like this, you know the CDC guidelines and you know who the operational leader of each of those things is (I'm the executive leader) and that is the person you communicate with. And that is an example of not micromanaging.

***A. Macdonald, PhD***

[01:06:05]

Right, OK. Keeping that distinction between executive and operational, yes.

***Deborah German, MD***

[01:06:13]

Because if I get into the operations--

***A. Macdonald, PhD***

[01:06:17]

Who is holding the executive, the visionary kinds of role?

***Deborah German, MD***

[01:06:22]

Right. And you don't know all the details. And often the devil is in the details. So, you stick in close communication, and you talk about the goals and the objectives and the do's and the don'ts. But the actual changes have to be made by those on the ground. And they do a beautiful job when they know they're not going to be micromanaged because then they can dream, right?



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**A. Macdonald, PhD**

[01:06:55]

They can find the vision to solve a problem and they can have that spirit of inquiry that you've talked about before if you're not squelching it. Yes.

**Deborah German, MD**

[01:07:05]

And that gets into a core belief about people and about leadership. And I think—you know, you talked about wrapping up and some reflection. There is greatness in everyone. There is.

**A. Macdonald, PhD**

[01:07:26]

I think you said that in our very first conversation. You said that coming out of your childhood that was something you realized. And now I hear it coming back in this very last conversation.

**Deborah German, MD**

[01:07:36]

And when you know that – not just when you say this – it's easy to lead people because you *know* that there's greatness inside of them. You don't have to direct them – you can watch them to see where their talent lies. And you can help them in the areas of need; but let them run and thrive and be *great* in the areas where they have that ability. Because it is there in every single person.

**A. Macdonald, PhD**

[01:08:14]

I've heard you say that about your students too -- the Mother Teresa's, the Nobel Laureates and - I'm forgetting one now, the third category...

**Deborah German, MD**

[01:08:23]

Surgeons General.

**A. Macdonald, PhD**

[01:08:29]

Yes, absolutely. I think that vision has carried you through and is a piece of the leader that you are.

**Deborah German, MD**

[01:08:38]

Well, and that's it. We are all just guided by our beliefs and our decisions. And if you think you can, you can. If you think you can't, you're right.

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## Chapter 17

### Looking forward, looking backward: final reflections

Asked to reflect, Dr. German outlines the priorities for medicine's future and denotes the broader changes in education she believes necessary for a flourishing society [01:10:10 – 01:13:45]. She elaborates the activities that replenish and sustain her commitments [01:14:53]. She updates the current status of her now adult children, introduces her grandson, and shares her pride in their accomplishments [01:17:46]. The chapter ends with Dr. German's appraisal of a poem, *If* by Rudyard Kipling, that she has drawn on from childhood to today.

**A. Macdonald, PhD**

[01:08:54]

Looking back, is there anything you would have done differently in this career that's taken you so many places and given you such adventures?

**Deborah German, MD**

[01:09:02]

Now, that's difficult. Let me think, hmm. [*Pause.*] I don't know. I can't think... I don't want to say no. I want to say something, but I can't think what it would be. [*Laughs.*] So that's kind of interesting in itself. That there must be something is what I'm thinking. But I don't know what it is, so maybe I need to reflect more.

**A. Macdonald, PhD**

[01:09:46]

Maybe you look forward more than you look behind. And so maybe the other question I should be asking is what are you looking ahead to? What are the pressing issues in medicine today? What do you think the attention of leaders in medicine like yourself, women in medicine like yourself, where do you think attention should be going? What's coming, what's needed?

**Deborah German, MD**

[01:10:10]

Well, we need to reform and transform health and health care. We have a very fractionated system right now. And different parts of the system don't communicate well with each other. And every time someone tries to fix that, there's an unintentional and negative consequence that they create. I am not sure how to fix it, but I have a feeling that the answer is going to come with technology. Because the things that get in the way of us giving good care to our patients are all the senseless things we have to do.

But most people who go into medicine want to do good work. And I think we're over regulated and it gets in the way of good care being delivered. So that's one thing. And the other thing I think we really need -- and this is beyond medicine and health care -- we need to teach our





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children in grades K through 12 the things that will allow them to live happy, healthy lives. So, what are those things? They need to understand about our bodies. And that's diet, exercise, nutrition, and having a sense of purpose, working hard, striving for excellence. We spend too much time talking about relaxing and being stressed. And stress is a stimulus for excellence.

***A. Macdonald, PhD***

[01:12:02]

It's applied that way if we have a vision of what excellence is and if we're striving for it. Yes.

***Deborah German, MD***

[01:12:07]

Yes. So stress is both negative and positive. And what I'm trying to say is I think as a culture we don't focus on the positive enough. So that many people who could be happy because they understand how stress could be positive, don't even think that way because they've never been presented with the concept.

***A. Macdonald, PhD***

[01:12:30]

Yes. So, it would be an infusion almost of philosophy into the K to 12 and multiple understandings, approaches to life, as well as pragmatic things like diet.

***Deborah German, MD***

[01:12:43]

And it wouldn't be a philosophical discussion. It would be to show them, to give them examples. To give them a stressful project that you know they can succeed and then show them. Have them look back with you and say, "You didn't think you could do that cartwheel at the beginning, but we've taught you how to do it and look at you now." And have them see that something they thought they couldn't do and didn't want to try and complained, "You're making me do this." That they did it and now they're cartwheeling for fun. And that's what we need to do with our children. And some schools are doing this. We need to teach them about how to manage money. We need to teach them how to how to create a budget; these simple, basic things will make happy, healthy people.

***A. Macdonald, PhD***

[01:13:46]

Sort of a life skill, a return to sort of life skills and the pleasure of intellect and the pleasure of learning. And that's funny because the next question I wanted to ask you, you've already sort of segued there. In one of our conversations together you said, "Success is having fun, achieving excellence, and making a difference." And I hear you in this sort of recounting of what's needed, a sense of the fun and the excellence and the making a difference. And I wanted to ask you: you had this career, it's an absorbing position and role, what outside of it has allowed you to sustain



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yourself and replenish yourself? What are the places you retreat to, the things you go to, to continue to be bringing the energy and the integrity into having fun?

***Deborah German, MD***

[01:14:53]

I would say that I'm a very simple person. I like food and I like cooking. If I have an evening and I'm free and I don't have a lot of work to do, I might go to the pantry and decide to make a healthier version of something that I've made before. And I love it. Cooking is chemistry to me, only you get to eat it and it's wonderful. The other thing I like is nature. I'm a gardener and I've always had – I mean, I have a farm in North Carolina. Right now, I have vegetables growing in my backyard and herbs and things. And I use them. I love flowers, but I really love to grow food.

***A. Macdonald, PhD***

[01:15:49]

Because you cook it and you eat it.

***Deborah German, MD***

[01:15:51]

It's just a beautiful cycle. And for respite, I like to run or walk depending on the time of year, how hot or cold it is. But not anything that you would write about. But I manage to get at least three miles of run / walking a day. Every day I get up and do it before work, and then on the weekends, I can do it whenever I want. And I do that every day and I do it outside. A lot of people do it on a treadmill, but I do it outside. Like this morning I saw a raccoon and an alligator and an eagle. And I do it at a time when there aren't too many people out there and you're with nature, and the world's a beautiful place.

***A. Macdonald, PhD***

[01:16:54]

Mm hmm. I wondered, when you mentioned that you run marathons, at one point.

***Deborah German, MD***

[01:17:00]

Well, I ran one marathon!

***A. Macdonald, PhD***

[01:17:04]

OK! I won't put the plural on, but I do recall you saying that. And I remember thinking, 'Oh, that must be something where you collect yourself and fuel yourself' because that's a major undertaking.

And you mentioned, you know, in your future, looking forward to what's needed, you concentrated quite a bit on what children need in K-12. And then that reminded me of your own



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daughters. We spent quite a bit of time talking about them in the early stages of their life, when they were young. And I wonder, who are they today? Where have they gone today? What do you hope for them?

***Deborah German, MD***

[01:17:46]

Well, both of them have exceeded my expectations. My older daughter is married; she is the mother of my grandson. And she, her husband, and my grandson live about a mile from me. And they come over every Sunday for Sunday dinner. And as a matter of fact, this evening is the grand opening of *Jurassic World: Dominion*, which is my grandson's passion. So we're all—

***A. Macdonald, PhD***

[01:18:22]

And how old is your grandson?

***Deborah German, MD***

[01:18:23]

Nine. We're all going to go see that tonight. So she's given me the opportunity to have a family. And my parents live nearby. We have four generations for dinner every Sunday. And I cook!

***A. Macdonald, PhD***

[01:18:42]

And you cook. That's shades of your own childhood. The family coming together and that community that you enact.

***Deborah German, MD***

[01:18:53]

Yes, it is. It's the same thing. And my younger daughter, who was unbelievably gifted and talented in every way, is a lawyer. She earned her law degree at Duke, and she is the one who created the organic farming school on our farm at Duke. And that's a whole other story. But she's in Colorado and she is an ultra-marathoner.

***A. Macdonald, PhD***

[01:19:20]

Oh, my goodness.

***Deborah German, MD***

[01:19:21]

Yes. And she's also a climber. And she just was invited to run the Hardrock 100. It's an invitation only ultramarathon. And she's going to be doing that in July. And she was made partner in this law firm. So, she literally does everything. She grows things. She keeps bees. She's a Renaissance woman.



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**A. Macdonald, PhD**

[01:20:01]

Oh, and I think I see something in both of your daughter's stories that reflects your sense of: it's an adventure. You don't need to say no. There's a way beyond no. It certainly sounds like they have adopted something of that.

**Deborah German, MD**

[01:20:16]

I hope so, because I think it's a good way to be.

**A. Macdonald, PhD**

[01:20:19]

Exactly. I thought I would end our time together – it seems sad almost to be saying that – but I wanted to switch gears a bit and come to a poem. In an interview somewhere you said that your favorite poem was called “If” by Rudyard Kipling. I didn't know it. So, I went and looked it up. [*German holds up copy of the poem from her desk.*] Oh, you have it beside you! Look at that. Look at that. Well, I won't read it all because it's fairly long, but I will just read a couple of the stanzas that leapt out at me because they so spoke to me about you.

If you can trust yourself when all men don't, then make allowance for their doubting too.  
If you can dream and not make dreams your master  
If you can meet with triumph and disaster and treat those two impostors just the same  
If you can talk with crowds and keep your virtue or walk with kings nor lose the common touch

And I've also heard those sorts of things in your stories. Now the poem goes on; it's multiple stanzas, these couplets of paradoxical statements that many of them leapt out at me as capturing something of you. But it ends with a line that says:

Yours is the earth and everything that's in it and which is more, you'll be a man, my son.

And it seemed like such an odd ending! [*Both laughing.*] And yet that poem has spoken to you for a long time. So how did you know that poem was meant also for you, a woman?

**Deborah German, MD**

[01:21:52]

I think I was about ten years old when the entire class I was in had to memorize this poem. And again, I think I came through at a time when you would say things like ‘every man for himself’. And what it meant was every person for himself or herself. And so, when I shared this poem – and I give it as gifts to people who ask me for leadership advice, and I tell them that if you keep this poem, any time you have a problem the answer is somewhere in this poem.



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***A. Macdonald, PhD***

[01:22:36]

Oh, my goodness.

***Deborah German, MD***

[01:22:37]

It's there. But when I give it to women, I do comment. I say, "I wish there was a way to end this poem that was inclusive of women." And I haven't been able to dream one up on my own. And because I see that word 'man' as being everyone, it doesn't bother me. But yes, it's a great poem. My grandson's still too young to memorize it, but when he's old enough, I'm going to make him memorize it.

***A. Macdonald, PhD***

[01:23:15]

I think it's fantastic. And I was glad to be introduced to it vicariously through you as well. And yet Rudyard's writing to his son, a man in a world at his time, which was a man's world. And I think, you know, it's been a pleasure to speak with you because you are one of the people who has made that more of a world for women and for daughters. Yes, it's been a great, great pleasure.

***Deborah German, MD***

[01:23:41]

Well, thank you. It's been a pleasure for me. And, Arlene, thank you for what you do. I appreciate it.