The Alma Dea Morani Renaissance Woman in Medicine
Oral History Project

Catherine D. DeAngelis, MD, MPH

Interview Summary and Table of Contents

Dr. Catherine DeAngelis is a Johns Hopkins University Distinguished Service Professor Emerita and Professor Emerita at the Schools of Medicine (Pediatrics) and Public Health (Health Policy and Management) at that same institution. She identifies two main areas in which she had major impact as a faculty member and administrator: building a system to deliver comprehensive pediatric and adolescent care (including training for physicians and nurses in this system); and addressing barriers to equity and fair treatment for women and other groups. Dr. DeAngelis served as the first woman Editor-in-Chief Emerita of *JAMA*, the Journal of the American Medical Association (2000-2011). She was awarded the Alma Dea Morani Renaissance Woman in Medicine Award in 2007. She is also a longtime member of the Board.

This five-hour interview takes place in five virtual sessions conducted between December 2020 and April 2021. Dr. DeAngelis shows her candor and her sense of humor from the beginning, as she describes her family life, where her relationship with parents, particularly her father, provided her with support for her desire to become a physician and shaped her commitment to equity and integrity. She also introduces the topic of her spirituality, a force that would flow through her life, and goes on to describe her nursing training (RN, 1960), experiences in medical school (MD, 1969), and the pathway that eventually led her to her goal: to be trained at the Johns Hopkins School of Medicine. Dr. DeAngelis' narrative pinpoints her awareness of inequity and bias and she tells candid stories of her experience of prejudice against women in medicine and against her Italian-American heritage. She also notes her pragmatic approach to patient care, care delivery, and training,

and shares instances of how she learned to work within academic medical institutions to advance her plans. Dr. DeAngelis describes how she moved on from positions when she had met all the challenges she could in each role. This led her eventually to take on the role of Editor-in-Chief at *JAMA*. She charts her steps toward implementing her vision for the journal with her characteristic candor. In the final sessions, Dr. DeAngelis reflects on her legacy in medicine, progress for women in academic medicine, her commitment to mentoring, and her experiences with the craft of writing. She talks about *Pursuing Equity in Medicine: One Woman's Journey*, the memoir she published in 2016 after mentees asked her to record her stories. She goes on to talk about a novel she has in progress and speaks in unusually personal terms about how this work has dovetailed with her own contemplation of spiritual questions.

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Catherine D. DeAngelis, MD

Interview Session 1: December 22, 2020

Chapter 0-A
Interview Identifier

T.A. Rosolowski, PhD
[00:00:00]
All right, all right, so we are now recording. Okay, so I want to put the identifier on. I'm Tacey Ann Rosolowski—and I'm reading the script from here—Tacey Ann Rosolowski interviewing Dr. Catherine DeAngelis for the Alma Dea Morani Renaissance Women in Medicine Oral History Project run by The Women in Medicine Legacy Foundation. This whole interview is also being jointly supported by the Johns Hopkins Medical School Library. Today is December 22, 2020, and the time is just a couple of minutes after 2:00 p.m. at my time in Houston, Texas. And this interview is being conducted virtually via recorded Zoom interview. Just generally, where are you located, Dr. DeAngelis?
[00:00:50]

Catherine D. DeAngelis, MD
[00:00:50]
Right now, I'm at our family home in a place in the Pocono Mountains of Pennsylvania, northeast. It's called Lackawaxen, Pennsylvania.
[00:01:01]

T.A. Rosolowski, PhD
[00:01:01]
All right, thank you—
[00:01:01]

Catherine D. DeAngelis, MD
[00:01:01]
It's very rural, so my husband and I have been self-isolating here rather than Baltimore because it's a lot safer from coronavirus.
[00:01:15]

T.A. Rosolowski, PhD
[00:01:16]
Yeah, absolutely. I mean this interview is being conducted during that—this crazy, crazy year. (laughter) Well, just a little bit of—a few introductory statements: Dr. DeAngelis won the Alma Dea Morani Renaissance Woman in Medicine Award in 2007, and you also served on the

foundation's board. When did that start?
[00:01:38]

Catherine D. DeAngelis, MD
[00:01:40]
Oh dear Lord, I can't recall, and I'm sorry I can't tell you. It's in my CV.
[00:01:47]

T.A. Rosolowski, PhD
[00:01:47]
Okay, I'll search around.
[00:01:49]

Catherine D. DeAngelis, MD
[00:01:49]
Yeah.
[00:01:49]

T.A. Rosolowski, PhD
[00:01:50]
So just a few things: Dr. DeAngelis is a Johns Hopkins University distinguished service professor emerita and professor emerita at the Johns Hopkins University Schools of Medicine and School of Public Health. She served as the first woman editor in chief of *JAMA, the Journal of the American Medical Association* from 2000 to 2011. And in 2016, you published a memoir entitled *Pursuing Equity in Medicine: One Woman's Journey*, which I've been looking at and very interesting. So I want to thank you so much for participating in this project. I'm glad we finally—
[00:02:30]

Catherine D. DeAngelis, MD
[00:02:30]
My pleasure.
[00:02:31]

T.A. Rosolowski, PhD
[00:02:31]
—get together. Yes, delighted, we're delighted to finally be able to see you. (laughter)
[00:02:34]

Catherine D. DeAngelis, MD
[00:02:35]
Yeah, I would send you—
[00:02:36]

T.A. Rosolowski, PhD
[00:02:36]
So—
[00:02:36]

Catherine D. DeAngelis, MD
[00:02:36]
—a copy when it gets published of a book I wrote over the last, I don't know, six, seven, eight months. (laughs) It's a murder mystery, but it has a parallel—two parallel plots. One is an existentialism plot combined with the murder mystery that occurs in a hospital of course.
[00:03:03]

T.A. Rosolowski, PhD
[00:03:04]
Oh, wow.
[00:03:04]

Catherine D. DeAngelis, MD
[00:03:04]
When that comes or when that gets published, I'll send you a copy.
[00:03:08]

T.A. Rosolowski, PhD
[00:03:08]
I'd love to read it. I mean I love murder mysteries and that would be—you've been spending—you've been keeping yourself out of trouble during COVID I can tell. (laughs)
[00:03:15]

Catherine D. DeAngelis, MD
[00:03:16]
Well, I don't know about out of trouble, don't talk to my husband, okay? (laughter)
[00:03:19]

Interview Session: 1
Interview Date: December 22, 2020

Chapter 1
Stories from Childhood

Dr. DeAngelis sketches her early life in a relatively poor family. She talks about her close relationship with a father, who encouraged her intellectual interests [00:17:13], including her early interest in becoming a doctor [00:06:22 – 00:10:05]. She also discusses the importance of her family's Catholicism and the values of equality and fairness [00:14:03]. She comments on the importance of a father's support to women's success and tells a related funny story [00:19:35 – 00:21:44]

T.A. Rosolowski, PhD
[00:03:19]
All right, won't address that. (laughter) So I wanted to—as I mentioned before we turned on the recorder, since you have your memoir out and you talk a lot about your early experiences, I wanted to try to capture some different stories here as we're having this recorded conversation. But there was one that I really was hoping you would tell on the record, and that is how your father encouraged you to become a doctor. Now, when did you decide that you wanted to be a doctor?
[00:03:53]

Catherine D. DeAngelis, MD
[00:03:55]
I think I was about four years old, and I started asking for a doctor's kit at Christmas. Well, if you read the memoir, you know that I didn't realize until I took a sociology course in college, but we were certified poor. (laughs) You could've fooled me and my sisters. I have a wonderful family, and we're all very close. My dad—I had two sisters—actually three but one died, so there were three girls. My poor father lived with three daughters, a wife, and his mother-in-law, one bathroom. (laughter) Oh, what can I say? But he was wonderful, and I always found that what he was doing and the way he was thinking far more interesting than the things my mother was doing. Now, I took my turn with the household chores and that, but I was much happier helping my dad. And—
[00:05:12]

T.A. Rosolowski, PhD
[00:05:12]
What does your dad do?
[00:05:13]

Catherine D. DeAngelis, MD
[00:05:15]
Oh, he worked in a factory. You know, he had an eighth-grade education. It's interesting the people in his class—one of whom became a physician, the other was a coach, many of them were teachers—they all said he was the smartest kid in the class. But he was the oldest son in an

immigrant Italian family, so he went to work after he finished eighth grade, but he was really smart. He read a lot, but it was newspapers and stuff. And we used to go for walks in the woods and he'd—we'd talk about all kinds of things so that (laughs) when I took a biology—a botany course in college, there was an extra 20-point question that nobody in the class got but me because—I knew the answer because I was walking in the woods with my dad. Anyhow, that's just the kind of effect he had on me.

[00:06:22]

But when I was four, I mean I realized that there were two people who seemed to make a difference in my family, and they were very much honored. One was the priest, and the other was the doctor who came to see my grandmother. That's when they did house calls. And my mother had a special towel for each of them, and one liked cherry pie, the other liked apple pie, and she would make a pie for them of course when they came. And I knew I could never be a priest because of—well, (laughs) women still can't be priests, and that still bugs me, but that's another story. So I thought it's best to be a doctor. It was only later that the science really turned me on, but back then when I'm four or five years old, so I kept asking for a doctor's kit and I kept getting a nurse's kit. A doctor's kit was black, the nurse's kit was pink, and to this day, I hate pink. If you want to (overlapping dialogue; inaudible)—
[00:07:46]

T.A. Rosolowski, PhD
[00:07:46]
With you on that one.
[00:07:47]

Catherine D. DeAngelis, MD
[00:07:46]
—give me something pink. Anyhow, I would—by the time I was about—I guess it was by third Christmas when I got the nurse's kit, and I wouldn't even open it. I just put it away, never opened it, which was unusual I mean because Christmas was a big deal, and I loved Christmas, I play, but I just put it on the side and never opened it. And so one morning he said to me, "Why aren't you opening your doctor's kit?" I said, "That's not a doctor's kit." I said, "That's a nurse's kit. I don't want to be a nurse; I want to be a doctor," and I said, "Doctors' kits are black not pink." I said, "And there's a (break in audio) and the Red Cross on it, that's a nurse's cap. Doctors don't wear nurses' caps." He said, "Okay." So the next morning—it was a weekend, so the next morning I go into the kitchen for breakfast and he has one of his old white shirts. And he puts it on me, and he had taken the nurse's cap, cut out the Red Cross, had pinned it on to the sleeve, (laughs) and he handed me a black doctor's bag. He had painted the pink bag black. He said, "Now you're a doctor," and that very much symbolized to me exactly the kind of encouragement I was to continue to get from him. And he just kept telling me, "You can do and be anything you want if you're willing to work hard enough for it and be patient." And my mother was wonderful, she's a wonderful woman, but to her, the best degree I ever got was the

Mrs. Because once I got married, then I was okay. (laughs) The doctor, the—you know, I did become a nurse first because we didn't have the money to even go to college, never mind medical school, but anyway—
[00:10:05]

T.A. Rosolowski, PhD
[00:10:06]
What was it that interested you so much about your father's arena of roles at the time?
[00:10:13]

Catherine D. DeAngelis, MD
[00:10:14]
Well, everything he did was so much more interesting to me. I mean we put in sidewalks in the home. They finally saved up enough to buy a house that needed a lot of work but—and it was fascinating to me that we put in sidewalks, but the work that went into figuring out the measuring and mixing the cement and that stuff. I helped him put a new roof on the garage, and that to me was much more interesting than scrubbing floors or washing clothes or stuff like that. We took down a tree. There was a big maple tree in our yard, and for him to determine how to cut—what branches and how to cut what so that it wouldn't fall on the house, I mean what he was doing was trigonometry. He was doing all kinds of neat stuff. I didn't know it because I was—at that point, I was probably eight or nine years old helping him, but everything he did—we planted a big garden, and that was so much more interesting to me to watch things grow and—
[00:11:35]

T.A. Rosolowski, PhD
[00:11:35]
Where are you in birth order in your family?
[00:11:39]

Catherine D. DeAngelis, MD
[00:11:44]
I was the third girl but the second one died before she was a year old. She died—
[00:11:51]

T.A. Rosolowski, PhD
[00:11:51]
Oh dear.
[00:11:51]

Catherine D. DeAngelis, MD
[00:11:51]
—of pneumonia. And then I came along and then I have a sister younger than me, so I'm the

middle child and—
[00:12:00]

T.A. Rosolowski, PhD
[00:12:00]
Now was your older sister also was interested in your dad, or did she end up being kind of more a traditional—?
[00:12:07]

Catherine D. DeAngelis, MD
[00:12:08]
Oh, no, no. My older—
[00:12:09]

T.A. Rosolowski, PhD
[00:12:08]
—(overlapping dialogue; inaudible)
[00:12:09]

Catherine D. DeAngelis, MD
[00:12:09]
My older sister is—you know, she's wonderful but she was typical. She wanted to be a mother, she wanted to have a nice house, and to this day, I mean she's—I talk to her every day. I talk to both sisters, one twice a day and my older sister once a day. She is so happy because she's got her little house in the place where we grew up, never moved from there. The only traveling she did was on her honeymoon, and when my husband and I took both sisters and my brother-in-law to—well, we went to Alaska, we went to Israel, we went to Greece, we went to Italy. But otherwise, she didn't want to travel. She's just a very homebody. She took one year in in business school and was a secretary for a while and then got married, so—
[00:13:19]

T.A. Rosolowski, PhD
[00:13:19]
Temperaments, isn't it funny?
[00:13:21]

Catherine D. DeAngelis, MD
[00:13:22]
Oh, my younger sister is a nurse. She, again, has kids who are wonderful, and I mean, I have seven nieces and nephews who are like my kids. I know God's a man because if God were a woman, I'd have about a dozen kids. Of course, I wouldn't be a doctor, (laughs) but you know, God works in strange ways. I think, I really think Dante was correct in the *Divine Comedy*. I

think God is a great comedian and has a very weird sense of humor and—
[00:14:03]

T.A. Rosolowski, PhD
[00:14:03]
I was going to ask you about the place of religion and spirituality in your home life when you were young. Telle me about that.
[00:14:13]

Catherine D. DeAngelis, MD
[00:14:14]
Well, my both parents were devout Catholics; although my father, (laughs) his take on Catholicism—and he was not a churchgoer. And I could remember when my mother worked as a waitress on Friday and Saturday nights, so on Friday nights, he would come home. He would go out to a movie or something but he would come home, and he'd (inaudible) us a snack and that he was great at making eggs. And he would frequently—for his eggs, he would put pepperoni or salami with it, and we'd go to him, we'd say, "Daddy, you can't eat meat, it's Friday" and so he'd say, "Oh," and then he'd make the sign of the cross over the salamis. He says, "You are fish, and there you go," he said, "I'm eating fish." (laughs) It was that kind of attitude. I mean he—spiritually he was an incredible man. He would never do anything dishonest. He was always really [for] the underdog. He was so generous. I mean if you want to talk about someone whose spirituality was present in how they live their life, that was my dad and my mom.

[00:15:50]

Now my mom was more overtly Catholic, and we would never miss mass, so we would always go to the Sunday school. The priest and the and the nuns were special people, and so… I mean I grew up with that, and my mother, we'd say the rosary every night and not—my dad wouldn't but my mom would with us. And of course, after a while, I—the rosary got to me because I'm saying, "How many times can you say the same prayer and not lose your sense of thought?" So to me, it became a mantra. It was only later in my spiritual life that I discovered Maranatha, the Christian mantra. But the spirituality came from early and from observing others.
[00:16:56]

T.A. Rosolowski, PhD
[00:16:58]
Mm-hmm. You mentioned in your memoir, you had said that the concepts of fairness and equality were really, really strong in your home, and you just mentioned that again in connection with your dad's spirituality.
[00:17:11]

Catherine D. DeAngelis, MD
[00:17:13]
It was. It was like he—he was an Italian man, and he—you would expect him to sort of be dominant and stuff. But he was funny because he'd say to me over and over and over, he said, "You don't let anybody push you around." He said, "You're a girl, but you're just as smart and as wonderful as any boy," and I was convinced of that. I never doubted that a minute because he reassured me and he showed me. He said, "Look, you help me take down the tree, you help me plant, you put a roof on the thing." I could—he taught me how to work on a car. I mean I was able to take in—it's interesting in high school, one of the thigs we did was to—there was an old car there and so the girls were supposed to cook something and the boys were to take this carburetor apart and put it back together. And I said, "How about you let the guys cook? I can cook, my mother is a very good cook, and I learned to cook just by being with her." But I said, "I want to take that carburetor apart," and they said, "Girls don't do that." I said, "Who said so?" and so they said, "Well go ahead." And I took it apart, put it back together. None of the buys were able to do it completely without having leftover parts, but I could. And it was just that kind of attitude, you can do anything, and don't ever let anybody tell you that you can't do anything because you're a girl.
[00:19:16]

T.A. Rosolowski, PhD
[00:19:17]
Now, as you've spoken with other women of your generation and even slightly younger, how important was that kind of home influence in helping women have the confidence to go into—to become physicians?
[00:19:34]

Catherine D. DeAngelis, MD
[00:19:35]
Well quite honestly, I know so many women physicians and women lawyers who had very strong father support, and I think it's very important. I mean now—I think it was because men were so dominant then, it maybe a little less of a problem or an issue now because so many women are becoming professionals. In fact, well as a physician, we lived in Baltimore. We had a house that had room that had an apartment upstairs, I mean a separate entrance and everything. So, one of my women colleagues her husband was a writer, she's a physician, and she had two boys who essentially were like my husband and I's kids because they're in and out of my house as much as they were in their own house. And I remember one day her youngest son, [Nick?] said to me her—asked her. He said, "Mom, can boys be doctors too?" because all the doctors he knew were women. (laughter) And his father was writer. (laughs)
[00:21:05]

T.A. Rosolowski, PhD
[00:21:06]

Oh, that's really funny—
[00:21:07]

Catherine D. DeAngelis, MD
[00:21:07]
So—
[00:21:07]

T.A. Rosolowski, PhD
[00:21:07]
—that's—hey, that must have done your heart good. (laughs)
[00:21:10]

[00:21:10]

Catherine D. DeAngelis, MD
[00:21:10]
Oh yeah, it was funny. (laughs) We still laugh about that. But I think the influence—for me, the influence of my father made an incredible difference. I don't know if I had had a brother if it would have been as strong, but I like to believe it would have. I think it would. I mean he saw in me something that was different than my sisters, and he just encouraged it.
[00:21:43]

T.A. Rosolowski, PhD
[00:21:44]
Yeah, yeah, invaluable, invaluable. Now—
[00:21:47]

Catherine D. DeAngelis, MD
[00:21:48]
But I want to tell you one other story about—
[00:21:50]

T.A. Rosolowski, PhD
[00:21:50]
Sure.
[00:21:50]

Catherine D. DeAngelis, MD
[00:21:50]
—how he taught me something. He was a hunter; I mean he hunted for food. We ate the fish. I went fishing with him a lot, which was wonderful, and I'd go hunting with him for rabbits, you

know. So he—we—he didn't have a dog, so I'd kick the rabbit out, and he'd shoot it. Anyway, he taught me to shoot, so… To this day I hate guns, I don't want to go anywhere near it, but he was very careful. The gun he had—well, he had two guns, he would keep the ammunitions completely separate and locked up, and we wouldn't go near those guns unless he was there. My two sisters didn't want to have anything to do with it, but I wanted to learn to do everything. And so he had just saved up to buy a hunting rifle, which is a pretty powerful rifle, and he would target practice. He'd go down to this place where there were some rats that could be seen, and he'd shoot at the rats to target practice. But it was—he'd stand on kind of a hill or a mound. It was kind of a round hill or a mound and shoot down.

[00:23:18]

And I went with him, and he was showing me his new gun, and I said, "Can I shoot it?" He says, "It has a big kick." I said, "I don't care." I was now about 11 or 12. He said, "Okay." So he put the gun on his shoulder, and he says, "Now remember, it has a big kick." I said, "I don't care." He says, "Okay, you know what to do." He said, "When I count to three—you tell me when you're ready, when I count to three, you pull the trigger." So that's what I did, I pulled the trigger. Now he grabbed the barrel, but he couldn't grab it completely, so I got hit in the shoulder, knocked head over hills down the hill, and I lay there, and I felt like someone had just run me over. And he looked on, he said, "You okay?" and of course, I said, "Yeah, yeah, I'm fine." And he helped me back up the hill, and he says, "You want to do it again?" I said, "Uh-uh." (laughter) He said, "Okay." He said, "Just remember, guns are terrible." Now, I had a terrible black-and-blue mark, and when my mother saw it, she went berserk. (laughs) And I told her I—that I had bumped into something, but my father as being honest said, "That's not what happened," And then my mother said, "You don't go anywhere near a gun ever." I said, "I can't promise that." She said, "Well—" you know, (laughter) you don't lie, so... But he taught me that things are dangerous and—you know, okay.
[00:25:08]

T.A. Rosolowski, PhD
[00:25:09]
And was honest about it and—
[00:25:10]

Catherine D. DeAngelis, MD
[00:25:11]
Absolutely.
[00:25:11]

T.A. Rosolowski, PhD
[00:25:11]
Yeah, and responsibly honest about it, which is really, really important.
[00:25:17]

Catherine D. DeAngelis, MD
[00:25:16]
Oh yeah, oh yeah. I never did shoot a big gun again for a fact, and as an adult, I hate guns.
[00:25:24]

T.A. Rosolowski, PhD
[00:25:25]
I really identify with that story. My dad used to take me target shooting and hunting too. We would go to the dump and shoot rats, you know?
[00:25:32]

Catherine D. DeAngelis, MD
[00:25:33]
There you go, there you go.
[00:25:34]

T.A. Rosolowski, PhD
[00:25:34]
Got the lecture on safety and all of that stuff, you know, very important. Yeah, no, I mean it was—yeah, it was a different era in terms of—
[00:25:44]

Catherine D. DeAngelis, MD
[00:25:44]
Yeah, it was completely different.
[00:25:45]

Chapter 2
The Place of Religion in Life and Work

In this chapter, Dr. DeAngelis explains more about the importance of religion over the course of her early life [00:25:45]. She talks about her early aspiration to become a missionary nun, her sense of spirituality and vocation to serve, though not necessarily to lead a religious life. She explains why she first went to nursing school (despite her long-term goal of becoming a physician). She also talks about what happened when she approached the Maryknoll Convent with the intent of following through on her vocation, and how she then went to medical school.

T.A. Rosolowski, PhD
[00:25:45]
—shoot with guns, yeah, very different. Now, I wanted to go back and into the issue of religion in your life because I know that you first wanted to go to be a doctor but then worked in Africa with an organization called the Maryknoll Sisters.
[00:26:08]

Catherine D. DeAngelis, MD
[00:26:08]
Yes, I wanted to be a nun.
[00:26:10]

T.A. Rosolowski, PhD
[00:26:11]
You wanted to be a nun, okay—
[00:26:12]

[00:26:12]

Catherine D. DeAngelis, MD
[00:26:12]
I wanted to be a missionary nun, and I went to nursing school, the three-year hospital nursing program, which didn't cost anything, so my—obviously we could afford it because it didn't cost anything. I had excellent training, but I wanted to be a Maryknoll nun, you know. A lot of Catholic girls are familiar with *Bernie Becomes a Nun* book. In fact someone about five years ago had sent me a copy. (laughs) I don't know where she found this but it's—it was still around, but anyway—
[00:26:58]

T.A. Rosolowski, PhD
[00:26:58]
Did you feel you have a sense of vocation? Where did that desire come from?
[00:27:02]

Catherine D. DeAngelis, MD
[00:27:04]
I don't know, but I thought I wanted to be a doctor, I wanted to just help people, I wanted to serve them, I had a real deep sense of spiritualty, and it made sense to me to be a missionary nun, a doctor, missionary nun. And Maryknoll seemed to be such a wonderful place. They did missions. It was in Ossining, New York. But I was 17 when I graduated high school, and my father refused to sign. You had to be 21 to go in the convent then or at least that one. And he said, "Look, you stopped listening to me when you were about five years old." He said, "Yeah, you're going to go listen to them and they don't make any sense," so he said, "No, we won't sign." He said, "You just—you go to nursing school and—" because the teachers, the guidance counselor at my high school told my parents and me that women who wanted to be doctors had to be nurses first. Now, that wasn't true, but I think they probably said that knowing that my parents couldn't afford college much less med school. And girls didn't become doctors back then so—
[00:28:31]

T.A. Rosolowski, PhD
[00:28:31]
Right, exactly.
[00:28:32]

Catherine D. DeAngelis, MD
[00:28:33]
So anyway, I went through the three-year nurse's program, which I loved. I loved being a nurse, and I did a lot of extra stuff in helping the doctors and stuff like that and learned to do—
[00:28:46]

[00:28:47]

T.A. Rosolowski, PhD
[00:28:47]
And just for the record, you went to the Scranton State General Hospital School of Nursing. And when did you graduate from that?
[00:28:56]

Catherine D. DeAngelis, MD
[00:28:56]
That's right.
[00:28:57]

T.A. Rosolowski, PhD
[00:28:59]

When did you graduate from that program?
[00:29:00]

Catherine D. DeAngelis, MD
[00:29:00]

I think 1960, and I was 20 years old when I graduated, and I still was not 21. My birthday is in January, so when I graduated, it was like May or June, I had six months or so, so I said, "Okay." So one of my classmates and I—she decided that she wanted to go and work in New York where she met the man she married but—so I said okay, I'll go with her because it was close to Ossining where Maryknoll is. So I went there, and I actually made an appointment to have an interview at the Maryknoll convent, and I took the train up to Ossining and then a cab to the place for the interview. And when I was there, I met the—supposedly I was to meet the novice—the nurse—the nun in charge of novices, but she was ill that day—you talk about God's sense of humor. And so in walks this woman who I swear was about a hundred and fifty years old and very prim and proper, which was fine with me, that's the kind of nuns that I got used to. And I told her what I wanted to do, I wanted to be a doctor, I wanted—okay. And she says. "Oh, no you're already a nurse, we need nurses, so you'll be a nurse, and that will be great because we need lots of nurses." And anyway, she said—then she was upset because I had never gone to a Catholic school. I said, "Well, there were no Catholic schools for me to go to." She said, "Well, you might hold back your class, so what I suggest you do is you go back and take some courses in religion and theology and then you come back here for us, and you'll be one of our nurses who's a novice, and that will work out. You won't hold back the class." Well, on the train back, I felt like crap, and I'm thinking, why do I feel so lousy? And I realized I wanted to be a doctor, I didn't want to be a nurse, and I wasn't holding back anybody. I would know the answer to any possible religious question they could ask someone coming in to be a nun, and I felt like this is wrong, this is just wrong.

[00:31:54]

So I came back, and the following weekend, I went—I took the bus from New York to my home in Old Forge, Pennsylvania, and I went to see my chemistry teacher. Now, I had a chemistry teacher who was magnificent, and he had encouraged me to think about medical school and stuff. So I went to see him, and I told him what had happened, and I said, "I want to be a doctor." He said, "I've been waiting for you to tell me this." He said, "Call your mom and tell her you're going with me, we're going to Wilkes College." He said, "You have to go to college." Now this is like May—I guess it was May or June or something of that year, and he said, "You—I'll get you back home in time for dinner." So he made a phone call to the dean of admissions at Wilkes—it was then Wilkes College, which was in Wilkes-Barre, which is about 15 miles from where I grew up, my home. And we went down there, and on his word only, they accepted me to college the following September. Now, I subsequently took tests and stuff, but it was incredible and he was able—and they gave me a scholarship, which was amazing. And I said, "Well, I could work, you know, I could—" They didn't have any infirmary. I said, "I could work like

two nights a week, and we—I'll set up in the infirmary and stuff to sort of pay back" and so the rest is history. (laughs) I mean I—
[00:33:46]

T.A. Rosolowski, PhD
[00:33:46]
That's amazing.
[00:33:46]

Catherine D. DeAngelis, MD
[00:33:46]
—I graduated from there, and you have to kind of go a little bit where the wind takes you.
[00:33:54]

T.A. Rosolowski, PhD
[00:33:54]
Absolutely. So you graduated from Wilkes College in 1965?
[00:33:59]

Catherine D. DeAngelis, MD
[00:34:00]
Yes, because I worked that year. I worked—
[00:34:03]

[00:34:03]

T.A. Rosolowski, PhD
[00:34:03]
And—
[00:34:03]

Catherine D. DeAngelis, MD
[00:34:03]
—in New York, and I worked double shifts for six months to make—
[00:34:08]

T.A. Rosolowski, PhD
[00:34:08]
Wow—
[00:34:07]

Catherine D. DeAngelis, MD
[00:34:08]

—enough money so that—to hold me through my first year of college. [00:34:13]

Chapter 3
College and Medical School in the 60s Bring Early Experiences as a Leader and Counselor

Dr. DeAngelis talks about the leadership roles she took on at Wilkes College and talks about the role she came to serve as confidant to other students. She observes that this gave her the opportunity to learn about complexities of young adulthood for men and women, insights that would serve her later in in work with adolescents. She credits her mother with being a role model for these traits. She talks about her own "Four 'T's" of a good leader: tough-mindedness, tenacity, thick skin, tenderheartedness. She recounts an experience that taught her about the importance of a thick skin to deal with prejudice against her Italian-American background [00:43:17 - 00:46:48].

T.A. Rosolowski, PhD
[00:34:13]
Mm-hmm. Now, the dates are interesting because, of course, the—this was the '60s now and the country is starting to become quite turbulent with social justice and civil rights and women's rights. So did you have any time to notice any of that? (laughs) How did that historical situation affect you at the time?
[00:34:36]

Catherine D. DeAngelis, MD
[00:34:36]
You bet I did. I was the class president at Wilkes for the four years, and my senior year, I was the head of the student government, and I made sure that women had a say in everything. And it just happened I was a little older than most of the students because I had already been a nurse, and because I was a nurse, so a lot of students came and confided a lot of things in me knowing they could trust me and so it was easy to be a leader there.
[00:35:19]

[00:35:20]

T.A. Rosolowski, PhD
[00:35:20]
What kinds of things did you hear from the students?
[00:35:23]

Catherine D. DeAngelis, MD
[00:35:25]
Well, it's interesting to me. One of the amazing things was the young boys especially the freshmen who would come to me all upset because they'd had just the normal interactions that guys go through, and they came to me all upset worrying that they were gay. And I said, "Look, you need to come, and we need to talk about this a lot," I said that "because from what you tell me, you're no more gay than any guy I know," and they were—they couldn't believe it. But I

got to know a lot of them and to help them through that little series. And there were all kinds of inclusion and stuff that people told me about that I could help them with, and I got the doctor around the corner to back me up. I'll go—(laughs) It was interesting to me that when he'd have a young patient, he'd call me and ask me what he should do, not medically, not of the physical part but the emotional part, and when you can deal with that part of somebody—now I could take care of their—if they had simple colds or something or even if they had pneumonia. I knew what they had, and I could call the doctor, and he would take my word after a couple of months. He'd take my word, and he'd write a prescription for some simple things like—kids have pneumonia and stuff like that, but they get over it fast and—
[00:37:18]

T.A. Rosolowski, PhD
[00:37:19]
Where do you think you got the ability to have that emotional intelligence basically? I mean because you were a relatively young woman, and yet you seem to have really dealt with these situations in a really sophisticated way.
[00:37:32]

Catherine D. DeAngelis, MD
[00:37:34]
My mother was kind of everybody's counselor. Everybody in the family, everybody in the neighborhood, people would come from the next towns over and talk to her. She had an eighth-grade education too, but she—her spirituality I think helped her to understand, and she helped so many people, and I think I got that part from her. And to me, it was just—it came naturally, I didn't really think anything special about it, that's just the way it was.
[00:38:19]

[00:38:19]

T.A. Rosolowski, PhD
[00:38:19]
Yeah. Well, it's interesting you know, as your life evolves, you kind of discover these gifts you have as you're presented more and more complicated situations to respond to.
[00:38:29]

Catherine D. DeAngelis, MD
[00:38:30]
Yeah. I mean it's interesting that the—in the memoir that I wrote, I said I had discovered from experience that there were the four *t*'s for a good leader. And it's interesting how many times I've had people repeat those back to me or to—they take that—they'd print that page out of the book and put it on bulletin boards. I've seen it on bulletin board with the—
[00:39:04]

T.A. Rosolowski, PhD
[00:39:04]
Share it here for people who will listen to this interview.
[00:39:07]

Catherine D. DeAngelis, MD
[00:39:07]
Well I said, good leaders have four traits, all of which begin with *t*. One of which is tough-mindedness, not tough, tough-mindedness. That means if you have an idea or you have a desire to do something and you know it's right and it's good, you don't give it up because you fail or because somebody tries to talk you out of it. And the second *t* is tenacity, which means you hang on, and it doesn't matter how many times you fail, you keep trying. Because eventually if it is a good idea, if it's something you really want, you just keep trying till you get it or you solve it. And the third is the very difficult one for women, and that is to have a thick skin because believe me, (laughs) you cannot personalize anything, and you just have to sort of say, all right, you can do all these things to me, but you're not going to break me down spiritually and so I have thick skin. And the fourth is easy for women, and that's to be—to have a—what's the—I'm blocking, excuse me, having a senior moment here. It's—[Jimbo?], what's the fourth one?
[00:40:50]

James C. Harris, MD
[00:40:52]
Tough-mind, (inaudible).
[00:40:53]

[00:40:53]

Catherine D. DeAngelis, MD
[00:40:54]
Tenderhearted.
[00:40:56]

James C. Harris, MD
[00:40:57]
Oh, that—
[00:40:58]

Catherine D. DeAngelis, MD
[00:40:58]
Tenderhearted. My husband remembered .
[00:41:01]

T.A. Rosolowski, PhD
[00:41:02]
Yeah, there we go. Was there a particular experience that really taught you about the things—
[00:41:08]

Catherine D. DeAngelis, MD
[00:41:08]
Yeah, he just said that's because you're so tenderhearted. Yeah, I give him a hard time all the time. (laughs) It's the tough-minded and tenacity that drives him crazy.
[00:41:20]

T.A. Rosolowski, PhD
[00:41:20]
That's really funny. So, was there a particular experience that taught you about the importance of the thick skin? You said that was hard for women,—
[00:41:29]

Catherine D. DeAngelis, MD
[00:41:29]
Oh, man—
[00:41:29]

T.A. Rosolowski, PhD
[00:41:29]
—was it hard for you?
[00:41:30]

Catherine D. DeAngelis, MD
[00:41:30]
—I can fill volumes of stories of where you need thick skin, of people treating you badly simply because you're a woman. And that's why to me, the title of my book was equity, not equality. Women are not equal to men, and men are not equal to women. Men can't have babies, okay. Women don't have the physical strength that men have, but equity means that you're both given this—the equality part comes in. You're given equal credit or equal payment for equal work, okay? And equity also to me means you set up a situation so that people who are lesser with one trait but have another trait that more than makes up for it, you seek to get that balance for them, and you help them with the weaker part so that they can shine with their stronger part and then they can use their stronger part to help somebody who is weaker in that part, and it works wonderfully.
[00:42:57]

T.A. Rosolowski, PhD
[00:42:59]

Now, you went—after Wilkes College, where you graduated in ’65, then you went on to medical school, and I assume that was one of those places where you began having to learn how to get thick skin. (laughs)
[00:43:17]

Catherine D. DeAngelis, MD
[00:43:18]
Oh yeah, except I had the most wonderful classmates. I mean it was interesting. I was accepted to Philadelphia schools. Of course, I learned one thick skin I needed that was really tough. When I went for an interview at one of the Philadelphia schools—it was one that a lot of the doctors from this area graduated from—my first interview was with a guy, and I don’t call him a gentleman because he wasn’t. He sat behind his desk and sort of sat back, and he said, “Ms. DeAngelis,” he said, “I don’t understand why you’re wasting your time and mine with this interview.” And I expected the usual, you’re a woman, you’re taking the place of a man, you’re going to get married, you’re going to have kids, you’re not going to see blah, blah, blah, blah. Well, I had the response to all that. Women live longer than men, men get sick more often than women, anyway. But he said—I said, “Gee, sir, why do you say that?” and he said, “Because we already have our quota of guineas for next year.” Now guineas, as you might well know, is a very derogatory term for Italians, and I felt like he had just punched me in the stomach because I thought of the sacrifices my parents have made to help me to go to school and to get to that point. And I looked at him, and I said to him, “You know, you’re right, I don’t belong here,” and I got up, walked out, and I swore I would never set foot in that place again.

[00:45:13]

That was interesting because about, I don't know, 15, 20 years later, they wanted me to come and interview. They wanted me to interview to—for the deanship of the medical school there, and I refused. And I’ve been asked, I can’t tell you how many times, to go there and give a talk, I refuse, and I’ve told them why. And I said, “I know I should give it up except I promised my father”—I’ve never told him about this, it would have broken his heart—but I said, “I will never set foot in that building. I mean I’ll be happy to speak someplace else.” I’ve spoken all over Philadelphia at all the medical schools there as a matter of fact, not that one. And it’s—in one way, it’s sad because I don’t like to hold a grudge, but that was a promise I made to my dad unknown to him, and I would never break it. But it was—
[00:46:21]

T.A. Rosolowski, PhD
[00:46:20]
And so—
[00:46:21]

Catherine D. DeAngelis, MD
[00:46:21]

—terrible for me.
[00:46:22]

T.A. Rosolowski, PhD
[00:46:22]
—some slights like that are just too deep. They really are deep—
[00:46:26]

Catherine D. DeAngelis, MD
[00:46:26]
Exactly. And that's why I identify so much with people now who are—people look down on them because of some physical trait. You know, you're not like me, therefore I don't like, you're not as good as me. That's ridiculous, anyhow.
[00:46:48]

Chapter 4
The University of Pittsburgh School of Medicine

Dr. DeAngelis explains how she chose to attend "Pitt" for medical school. She describes the egalitarian atmosphere within the student body, despite the fact there were only 7 women out of a little over one hundred, and notes the sexism of faculty at that time. She provides examples of sexism and her reaction to call out the faculty member who didn't believe women belonged in medical school [00:53:09 - to end of session].

T.A. Rosolowski, PhD
[00:46:49]
So in medical school, you said this University of Pittsburgh School of Medicine, and you said your classmates were really delightful. How—what was the learning environment there like for you as a young woman?
[00:47:03]

[00:47:03]

Catherine D. DeAngelis, MD
[00:47:03]
Well first of all, let me tell you why I chose Pitt. The only reason I went there for an interview was because the physician with whom I did research for three of my four years at Wilkes including all summers, he was an allergist-immunologist, and I learned a great deal about doing research there. He graduated or he did his immunology and allergy specialty training at Pitt, and he loved it. And he said, "Look, you've got to go look at that place, it's a sleeper," and I said, "Okay." So out of respect for him, I went there, and while I was there, I was interviewed by two people, a gentleman who had been in the navy who was—he was just such a sweetheart of a guy—kind of gruff but one of those teddy-bear gruffness, you know?
[00:48:09]

T.A. Rosolowski, PhD
[00:48:09]
Mm-hmm.
[00:48:09]

Catherine D. DeAngelis, MD
[00:48:09]
And then my main interview was with a woman, Penna Drew, who was a very beautiful, stately woman. And while we were talking, she reached into her drawer and took out a little pipe with a diamond chip in it, and she lit it up, and she smoked this pipe while she's talking to me with my permission of course. She said, "Do you mind if I smoke?" I thought she was going to take out a cigarette, which was might have surprised me, but it wasn't. It was this little, dainty pipe. And I just fell in love with her because she was so wonderful, obviously very smart. She was very

well respected, and I just thought it was great. And she took me around and showed me something of the things, and I thought, you know, this is a really interesting place. So I was accepted to two Philadelphia schools and was put on the waiting list for another, but I said, "I'm going to Pitt," and I have never been sorry that I made that choice. The first day of class, I'm sitting in a room with about a hundred and twenty or a hundred and ten other students and mostly guys, and we were asked to just stand up, give our name, and tell where we graduated from, where was our college. And I'm hearing all this, "Oh, I'm Harvard, I'm NYU, I'm Stanford, I'm—" all these bigshot schools. And I get up, and I said, "Wilkes College," and I could see people turning to each other saying, "Where is that?"

[00:50:13]

When I graduated, (laughs) nobody asked where Wilkes College was. By then, it was it was Wilkes University. But it was interesting because never, never once did my classmates treat me any differently than they did the male classmates. There were only—well, I—in my graduating class, there were only seven of us women because back then, there weren't that many women who were accepted.
[00:50:44]

T.A. Rosolowski, PhD
[00:50:45]
About how many, the class of how many?
[00:50:47]

Catherine D. DeAngelis, MD
[00:50:48]
I think our class graduated a hundred and four, a hundred and five, and there were seven women.
[00:50:54]

T.A. Rosolowski, PhD
[00:50:54]
Yeah. Wait, and why do you think that was, that there was just that lack of difference drawn?
[00:51:02]

Catherine D. DeAngelis, MD
[00:51:02]
Well, it was the same kind of reason why my—the people, the guidance counselor said girls needed to be nurses first because girls were nurses and guys were doctors. It was just—you know, girls don't know science, girls don't know math, girls aren't going to dedicate their whole life to taking care of patients, no. Who takes care of the family? It's the mother, it isn't the father, but oh, the—well, let's forget about that. But it was just the attitude of the times. The guys had the brains, the guys knew science, the guys were the leaders, and women were

followers.
[00:51:48]

T.A. Rosolowski, PhD
[00:51:48]
So why do you think that wasn't happening in your medical school class?
[00:51:53]

Catherine D. DeAngelis, MD
[00:51:54]
Well, my classmates I think—I don't know. I guess they—now, I didn't say that as true of some of the teachers because they had—
[00:52:06]

T.A. Rosolowski, PhD
[00:52:05]
I was going to ask—
[00:52:06]

Catherine D. DeAngelis, MD
[00:52:06]
—women even back.
[00:52:06]

T.A. Rosolowski, PhD
[00:52:06]
—about that. (laughs)
[00:52:07]

Catherine D. DeAngelis, MD
[00:52:09]
Yeah. But the guys, I mean we just got along, and I was a little older than most of them. There was, well I guess, only one or two who were about my age, but I pretty much was older than the others. And for some reason again, people would come and talk to me and tell me things that I know they wouldn't tell anybody else.
[00:52:36]

T.A. Rosolowski, PhD
[00:52:36]
Interesting, yeah.
[00:52:37]

Catherine D. DeAngelis, MD
[00:52:37]
And we were just—one of them said, "You're like a mother figure." I said, "I'm only two years older than you." (laughter) They said, "No, no, no, it has nothing to do with age." "Okay, yeah, whatever."
[00:52:53]

T.A. Rosolowski, PhD
[00:52:53]
And you were giving them—
[00:52:54]

Catherine D. DeAngelis, MD
[00:52:53]
And—
[00:52:53]

T.A. Rosolowski, PhD
[00:52:53]
—an old soul.
[00:52:55]

Catherine D. DeAngelis, MD
[00:52:55]
Yeah, yeah, well that's it, I'm an old soul, and they knew that they could trust me with anything.
[00:53:04]

T.A. Rosolowski, PhD
[00:53:04]
So what was—
[00:53:04]

Catherine D. DeAngelis, MD
[00:53:04]
—and—
[00:53:04]

T.A. Rosolowski, PhD
[00:53:04]
—the situation with the faculty? What was the situation with the faculty attitudes?
[00:53:09]

[00:53:09]

Catherine D. DeAngelis, MD
[00:53:09]
Well, in my freshman year, in the physiology course, we were told that one of the final things on the final exam was you had to think of an experiment, write it up, and project the results. Now if there's one thing I knew, it was how to do research. I've done it for three years including summers. So I wrote the paper, handed it in along with my physiology partners, well usually six. They put us in groups of six for anatomy and physiology. Now the professor for that course was an Asian gentleman, and they—it was well known that he didn't think women belonged in medicine, and for some reason, they slipped up and assigned me to him, to his group because they tried not to put women in with him.
[00:54:31]

T.A. Rosolowski, PhD
[00:54:31]
Interesting.
[00:54:32]

Catherine D. DeAngelis, MD
[00:54:32]
So anyway, we're—it's like the end of the year and so I was—it was a Friday afternoon, and my plan was to go back and spend the weekend, work, studying for the two other courses. Well, it's Friday afternoon, we go to the physiology class, he hands out the papers, and on my paper is an F, and he says, "Come see me," and I went to see him, and I said, "I don't understand." He said, "Don't worry about understanding." He said, "I want a completely different paper on my desk Monday morning," he said, "otherwise, you fail the course." So, I went back to my room, and I'm thinking, this is bizarre. (inaudible) and I studied for two final exams, and it took a lot to—even though I know how to do research, you have to put references and stuff. I thought, I can't stand it, and this is not fair. So, I talked to my classmates and I—and we talked about it, and they couldn't figure it out because they all get Bs, or I believe there was one guy who got an A or—you know, but everybody passed. And I read their papers, and they were fine, but mine was easily as good. In fact, it was better than at least two of them.

[00:56:13]

So anyway, I went back to my room, and Friday night, I'm there, and I decided I better study first, so I'm studying and I fell asleep. And I got up and I went down to the bathroom, and someone had cracked the mirror, and there was a slice of the mirror, the glass. And I was washing my hands in hot water, and I looked at it, and I thought, you know, all you have to do is take that and slice your wrist and hold them under the hot water, and you can go to sleep forever and not have to be worry and be embarrassed by this and flunk out. And I looked at myself in the mirror and said, "Are you crazy? You let this guy do that to you when you know what you did was not an F." So, I said, "Okay," I washed my face, went down, and I slept. I got up the

next morning, and I studied that whole weekend except for mass and for breaking for breakfast and lunch and dinner, I studied. And so the following morning, after—well actually, it was around noon because I took the two exams, which I passed, they were just fine, and I knew I had done all right.

[00:57:50]

I took my paper, and I went to his office, and he's sitting there. He said, "You finally showed up." I said—I threw my paper on his desk, and I said, "I know how to do research, I've done research for three years, that is not a failing paper." And I told him what had happened, and I said, "That is a good paper." I said, "And if you insist on giving me an F, I'm going to the dean's office, and I'm going to request that we take the front page off with our names, and my five partners said they would give me copies of their paper, and I want them—all six papers graded by somebody else and see what they think about this." And he sat back and he said, "I knew you were different," and I was shocked. I said, "What do you mean?" He said, "I knew that you had it, that you could be a doctor even though you're a woman." And I explained to him what had happened to me the Friday night or Saturday morning, and he was shocked. He said, "I never meant to harm you." I said, "Do you understand what you almost did?" He said—and he took the paper, and he actually gave me an A, and he said—he apologized, and I said, "Yeah, you can apologize, and of course I accept it, but you have to understand what you're doing with people's lives." And I said, "Just because I'm a woman doesn't make me any less than any guy. You should have graded the paper according to what the paper deserved, which you just gave me an A." Well, it was interesting because we—he sent me a Christmas card for years after that, and of course, I passed the course and did fine. But it was just one of the terrible experiences I had, and it made me even more careful about how to give feedback to people and not to be biased because of anything particular about a person.
[01:00:25]

T.A. Rosolowski, PhD
[01:00:26]
That's amazing story, thank you for telling that. Now, I'd like to close it off today because we're about an hour and I want to make sure that we are—I'm going to check the quality of the recording and everything. So I just wanted to ask you if there was anything else you wanted to add today before we close off?
[01:00:47]

Catherine D. DeAngelis, MD
[01:00:48]
No, whatever it is, we'll do it with the next session, okay?
[01:00:54]

T.A. Rosolowski, PhD
[01:00:54]

Great, well—
[01:00:54]

Catherine D. DeAngelis, MD
[01:00:54]
But there's just one thing, I want to wish you a Merry Christmas and Happy New Year, and I know 2021 is going to be better than 2020.
[01:01:03]

T.A. Rosolowski, PhD
[01:01:03]
Oh my gosh, it has to be, doesn't it? Yes. Well—
[01:01:06]

Catherine D. DeAngelis, MD
[01:01:06]
Yeah, I believe so—
[01:01:06]

T.A. Rosolowski, PhD
[01:01:06]
—wonderful holiday too and in your protected corner there. It's nice to know—
[01:01:13]

Catherine D. DeAngelis, MD
[01:01:13]
It is.
[01:01:13]

T.A. Rosolowski, PhD
[01:01:13]
—that you're going to be nice and safe—
[01:01:14]

Catherine D. DeAngelis, MD
[01:01:14]
I want to turn this around and show you what I'm looking at. [Shows the view out her window.] Is that not beautiful?
[01:01:20]

T.A. Rosolowski, PhD
[01:01:20]

Oh my gosh, that's gorgeous, and you have snow, I miss snow, I'm in northeasterner myself.
[01:01:25]

Catherine D. DeAngelis, MD
[01:01:25]
Okay, but that's the Delaware River.
[01:01:27]

T.A. Rosolowski, PhD
[01:01:28]
It's beautiful, it's great. Oh I'd love to be able to get up in the morning and look at that for the view. All right, well, thank you so much—
[01:01:34]

Catherine D. DeAngelis, MD
[01:01:34]
There you go.
[01:01:35]

T.A. Rosolowski, PhD
[01:01:36]
And—
[01:01:37]

Catherine D. DeAngelis, MD
[01:01:37]
You take care now.
[01:01:38]

T.A. Rosolowski, PhD
[01:01:39]
Absolutely. Have a good one—
[01:01:42]

Catherine D. DeAngelis, MD
[01:01:42]
Okay.
[01:01:42]

T.A. Rosolowski, PhD
[01:01:42]
—soon.
[01:01:43]

Interview Session: 1
Interview Date: December 22, 2020

Catherine D. DeAngelis, MD
[01:01:43]
Bye-bye.
[01:01:44]

T.A. Rosolowski, PhD
[01:01:44]
Bye.
[01:01:45]

Interview Session: 2
Interview Date: December 29, 2020

Catherine D. DeAngelis, MD

Interview Session Number 2: December 29, 2020

Chapter 0-B
Interview Identifier

T.A. Rosolowski, PhD
[00:00:01]
Let me start the recording. So we are now recording, and I'll just say for the record, it is 1:00 p.m. Houston, Texas, time and 2:00 p.m. or 2:07, I should say, Dr. DeAngelis's time. And I'm Tacey Ann Rosolowski interviewing Dr. Catherine DeAngelis for our second session of the oral history project run for The Women in Medicine Legacy Foundation. So thanks very much for joining me again for this interesting conversation.
[00:00:31]

Catherine D. DeAngelis, MD
[00:00:33]
My pleasure.
[00:00:34]

[00:00:34]

Interview Session: 2
Interview Date: December 29, 2020

Chapter 5
A Residency at Johns Hopkins School of Medicine

Dr. DeAngelis explains her choice to pursue a career in academic medicine: to engage in research and for the joy she found in teaching and mentoring. She tells how she attained her aspiration to go to Johns Hopkins. She talks about the environment for residents, the intensity of the training, and comments on the environment for women residents [00:07:52 - 00:10:22].

T.A. Rosolowski, PhD
[00:00:35]
And we ended up last time with you about to come to Hopkins for a residency program. So I wanted to ask you if you knew at that time that you were going to have a career in academic medicine. Was that something that you had fixed on pretty early?
[00:00:57]

Catherine D. DeAngelis, MD
[00:00:57]
I was thinking about it because I had done research in medical school, and I really liked that setting very much, so... Of course, my dad had the place in our little town where I grew up. He had the place all set where I was going to set up my practice right in that little town, and I had to disappoint him. I said, "You know, Poppy, I can't, I can't do that. I was—" I said, "I'm pretty sure I want to do academia, but that's why I'm going to Hopkins," and he said, "Oh well, whatever makes you happy, we'll see what happens," so…
[00:01:45]

T.A. Rosolowski, PhD
[00:01:46]
What was it that you enjoyed so much about the research environment, the academic environment?
[00:01:52]

Catherine D. DeAngelis, MD
[00:01:53]
Well, the academic environment completely. I mean it was—if I had a medical question, that it was possible for me to—I knew how to do research and so I could get the answer. I also loved teaching. I loved helping younger—I loved the medical students at that point because I was just coming off being a medical student. And in my class, I was one of the oldest members of my medical school class. I was four years—three to four years older than the others and because of my background in nursing, it was sort of natural then, so... I was just so looking forward to the

day of seeing what it was like in this place that was known for research and for excellent teaching, so…
[00:02:52]

T.A. Rosolowski, PhD
[00:02:53]
So what were your—
[00:02:53]

[00:02:53]

Catherine D. DeAngelis, MD
[00:02:53]
The interesting thing about this was that I had applied to the Hopkins community program never thinking I could get into the Harriet Lane Residency Program. They had a—more of a clinical site. I had been accepted to Denver's program, which was my second choice, and I called the office to see where they were with my—because I had sent an application there. And the chair of the department answered the phone himself, and I was sort of dumbstruck, you know like, "Duh, uh." (laughs) And I said, "This is Cathy DeAngelis." He said, "Oh, did you get my letter?" and my heart sank because I thought the letter was "we're sorry we can't take you." But instead he said, "Look, I don't want you—you're going to come here but not in the community program. I want you in the Harriet Lane Program." I almost fell off my chair.
[00:04:09]

T.A. Rosolowski, PhD
[00:04:09]
Did he say why?
[00:04:09]

Catherine D. DeAngelis, MD
[00:04:09]
It's like it's my wildest dream and he—
[00:04:12]

T.A. Rosolowski, PhD
[00:04:12]
Did he say why?
[00:04:12]

Catherine D. DeAngelis, MD
[00:04:12]
—said, "I have an opening," he said, "and would you like to do that?" I said, "Are you kidding?

Of course." Later, this is what's going to get—much later, I found out that my husband, my future husband had been slated for that slot, but he decided he wanted to do that year in Rochester, and so they said, "Okay, you can come the next year, that leaves us with a spot," and Dr. Cooke said, "I have another candidate." So I took my future husband's spot, and if he had come, I would have been in the community program. So you see—
[00:04:58]

T.A. Rosolowski, PhD
[00:04:57]
Right, wow.
[00:04:59]

Catherine D. DeAngelis, MD
[00:04:59]
—what I say, God is a comedian, he's the great comedian, no question.
[00:05:04]

T.A. Rosolowski, PhD
[00:05:04]
That's right, that's really funny, that's really funny. So tell me how you found Hopkins when you arrived. I mean kind of globally, was it what you had anticipated?
[00:05:14]

Catherine D. DeAngelis, MD
[00:05:15]
Yes, and then some. It was an incredible place. It was a place that was—I mean it was all subspecialty oriented, but the training was incredible, and this was 1970, so the residents pretty much ran the place. The senior residents ran it, the others were there, and you took responsibility for your patients. I mean the attendings were right there when you needed them, but you ran the program, and the senior residents were there. And—
[00:05:57]

T.A. Rosolowski, PhD
[00:05:57]
So it's just a normal—
[00:05:58]

Catherine D. DeAngelis, MD
[00:05:58]
—it was—
[00:05:58]

T.A. Rosolowski, PhD
[00:05:58]
—experience.
[00:05:59]

Catherine D. DeAngelis, MD
[00:05:59]
Yeah, I mean it was—at that point, we were working every other night, every other weekend, so it wasn't—you know? So we pretty much, when we say house officers, we meant it. So we all lived within—you know, it had to be within five minutes of the hospital, and it was just terrific. And we—there was no such thing as working any specific hour (inaudible) the day, but the day shift just started about 7:00 and then you did night rounds at 9:00 p.m., so... But it was wonderful, and even because you were there every other night, every other weekend, I mean we had the engagement parties, we even had a bris, we celebrated a bris, we celebrated birthdays. I had a lot of dates there (laughs) having been there in the hospital cafeteria with someone. I mean it was—so you were really engaged. And to this day—I was the only woman in the group, but to this day, I'm very close to all of those people.
[00:07:23]

T.A. Rosolowski, PhD
[00:07:23]
Mm-hmm. Now tell me was—you've described on the past scenarios where faculty had a different attitude about women students than the actual class, your colleagues in class. What was Hopkins's level of commitment to bringing in women and supporting them and retaining them in these various programs at this time in the '70s?
[00:07:51]

Catherine D. DeAngelis, MD
[00:07:52]
Well, I was the only woman in my group, but I was treated the same as all the guys. The only difference was when I was covering the outpatient department along with the guys, any time a woman, a girl would come in if she was between the ages of 11 or older and had a complaint, anything to do with—from navel to knees, they'd put it in my box. (laughs) They didn't know how to handle it, which was fine with me; I was okay with that. But except for that, no, there was no difference. And then the next year, there were I think two or three women in the next class but it was—you were treated just you were a Hopkins resident, and a Hopkins resident was treated like the Hopkins residents. The—
[00:08:57]

T.A. Rosolowski, PhD
[00:08:57]

So you—I'm sorry, go ahead.
[00:08:59]

Catherine D. DeAngelis, MD
[00:08:59]
The expectations were high. If you met the expectations, you're fine.
[00:09:05]

T.A. Rosolowski, PhD
[00:09:05]
Mm-hmm. Were there incidences of microaggression, kind of comments about women? What was that environment like, how aware were people of not saying things like that?
[00:09:18]

Catherine D. DeAngelis, MD
[00:09:20]
Well, I do not recall anyone making any comment at all because I was a woman. There weren't that many women faculty and certainly, just as a smattering of women professors, no department chair. I mean it was much later that the first woman department chair was named. In fact, I was on the faculty for a while before the first woman department chair was named, and we've never had a woman dean. But as a resident that it was—no, I don't recall anything like that. Now subsequently, we—it was the business of equal salary if you were hired. I mean the residents all got the same salary so that wasn't a problem, but it was thereafter that there was this difference.
[00:10:22]

T.A. Rosolowski, PhD
[00:10:22]
Of issues of equity? Yeah. I'd like to get to the kind of formal start of your academic career once you go to Columbia, but is there anything between that time of your residency and starting as a faculty member at Columbia that you feel is important to touch on that you didn't touch on in your memoir?
[00:10:46]

Catherine D. DeAngelis, MD
[00:10:47]
Well, I think I touched on it, and that is that I was offered because every—they trained subspecialists. They didn't even have a general pediatric program. There was in-house medicine, and we referred to it as outhouse medicine, which means outpatient, and there was a chief resident for the inpatient and a chief resident for the outpatient. But the outpatient chief became the inpatient. It was like you had to do penance for a year.

[00:11:20]

Interview Session: 2
Interview Date: December 29, 2020

T.A. Rosolowski, PhD
[00:11:20]
(overlapping dialogue; inaudible)
[00:11:20]

Chapter 6
Harvard and an MPH

Dr. DeAngelis explains her decision to pursue an MPH, not for the degree, but for the training in course design, medical law, and medical economics she needed to build training programs for nurses and physicians to handle wellness for children. She notes the controversy around training nurses at the time. She discusses her relationship with a mentor who instructed her in medical law [00:18:55 - 00:24:19], as well as the intercultural experience of living in Baltimore, and how working among the impoverished changed her perspective.

Catherine D. DeAngelis, MD
[00:11:20]
So, you could see—you know, everybody was expected to be a subspecialist, and I was offered three different fellowships when I left, and I turned them all down, and they couldn't believe it. I turned them down because I wanted to go up to Harvard to get an MPH. Because I want to—I didn't want to go there to get an MPH, I wanted to go there to learn something, but it—as you know, why, I found out when I went up there to look at the programs that if I applied for an NIH grant to get my MPH, they'd pay my tuition plus give me a stipend. My goodness, how great, they paid me to study.
[00:12:12]

T.A. Rosolowski, PhD
[00:12:12]
Yeah, I can see that.
[00:12:12]

Catherine D. DeAngelis, MD
[00:12:12]
Here you go.
[00:12:13]

T.A. Rosolowski, PhD
[00:12:14]
Seriously. Now, what were you hoping that the MPH would add to your perspective as a physician?
[00:12:23]

Catherine D. DeAngelis, MD
[00:12:23]
Well, I didn't care about that, the degree, so as I said, I already had plenty of degrees, and as I said in my book, no matter how many degrees you get, you'll never get as many as a

thermometer and you know where that ends up, so the heck with degrees. I went up there; I wanted to learn. I knew when I saw all these patients in the outpatient department, I saw all these general problems that fascinated me. You know, the kid would come in, and it wasn't a diabetic and a—or a thyroid problem or a cancer problem or a cardiac problem, but it was a mystery. That's what fascinated me. This was the plain child, ordinary, came in, and it was a diagnostic dilemma. That to me was general pediatrics, that along with making sure kids stayed well.

[00:13:29]

And so what I wanted to do—I mean I had been a nurse, and I knew that nurses with just a bit more training could handle a lot of the problems especially the well-child stuff, and they could make a diagnosis or at least know that it was beyond them. And at that point, you could be called in so that if you were a general pediatrician, in my head, you would work with the nurse practitioner who would take care of the everyday kinds of problems, but you were there to take care of the problems that she couldn't handle. Now, you wanted to do some of the well-child stuff yourself, but that was up to you. And so I wanted to started a nurse practitioner program. Now I knew there was one in Colorado, and I wasn't quite sure exactly what they were training nurses to do, but I knew what I wanted to train them to do.

[00:14:40]

So when I left, I went up to Boston, and I wanted to learn the law. I wanted a bit about the law, the medical law, and I wanted to know about medical economics. Because if you—if you're going to start something that you know you—at that point, didn't have as much value as the subspecialist, you better figure out economically how you're going to handle that and how were you going to handle paying the nurse practitioner. So I went up to Harvard and I—the only courses they said you had to take was biostatistics and epidemiology. And I didn't want to take those course, I already had that in medical school, and I knew I was going to forget. You know, we used to call it bio-sadistics and I—so, and I didn't want to waste my time learning that stuff. I wanted to know about law, and I also wanted to write—well at first it wasn't a book, but it was the—a manual to teach the nurse practitioners. And I took a course in design of a course and I—(laughs) The third week in, I was teaching it, (laughs) how to teach—because I was using the model in my head of how to teach nurse practitioners. So I wrote the book for—the first textbook for nurse practitioners, I wrote it in 1970. It was published in '74 I believe.

[00:16:40]

And the nice thing was there was a program there that trained—kind of trained nurse practitioners, but they had no book. It was taught by nurses, and it was not the same. So I asked the woman who ran the course. She was at Northwestern—Northeastern University, the school

of medicine, and I said to her, "Look, I have material for teaching, and I'd be happy to help teach this if you'll allow me to use this and get some feedback about how useful." Well, of course. she said, "Oh, fantastic," Priscilla Andrews, and we just hit it off. So, I taught those nurses. She did most of the teaching; I just taught that one section and got feedback on my book. She was so taken with the book that she told her friends at Little, Brown about this book, and she said to me, "I want you to send this to Little, Brown and Company because I think this is a book." Well, I said, "You know I typed that on an electric typewriter. I'm a terrible typist, but I bought a used electric typewriter, and I type the book up," and I said, "Well here, you have it, give it to your friends, I don't care what they do with it, I just want people to use it." Well they published it, and so I then had a book to take with me at my first job.
[00:18:39]

T.A. Rosolowski, PhD
[00:18:40]
Now—
[00:18:40]

Catherine D. DeAngelis, MD
[00:18:41]
And I wasn't—
[00:18:41]

T.A. Rosolowski, PhD
[00:18:42]
I was going to ask if this perspective of teaching nurses to have a wider scope of influence was somewhat controversial at the time, you know?
[00:18:52]

Catherine D. DeAngelis, MD
[00:18:52]
Oh, absolutely.
[00:18:53]

T.A. Rosolowski, PhD
[00:18:54]
And what were the arguments against?
[00:18:55]

[00:18:55]

Catherine D. DeAngelis, MD
[00:18:55]
Well because, you know, they were—the nurses were against it. It was interesting because I—you know, I'll expand on that in a minute but—so while I was still—there were two things I was battling at the time: One was to get the course together. The second was I—there was no law course per se, but I took some courses that had to with just some basic kind of legal stuff from Rashi Fein who actually worked for three presidents—he's an economist—and so I took the economics and economy kind of stuff. But I wanted to learn from Bill Curran, and he was the lawyer who wrote twice a month I believe it was in *The New England Journal of Medicine*. He wrote about medical legal issues, but he had no course he was teaching. So I went to him, and I asked if I could meet with him and he said, "Well sure." He said, "I'll have some time while I'm eating lunch, and we—what is it that you want?" and I told him that I wanted to learn about health law. I told him about my idea, and he said, "Fine, but I don't have any time. I'd like to help you." And I said to him, "Well, you eat lunch, right?" He said, "Well, actually on Fridays, I eat lunch." He says, "The rest of the time, I may or may not have time when I do other stuff." I said, "Well, okay, how about this? If you actually take—" He said he took an hour on Fridays for lunch just to sort of relax. I said, "Do you like Italian food?" and he said, "Who doesn't like Italian food?" I said, "Well, how about this? Every Friday, I will make you an Italian dish, you tell me what you want, I'll make it for you. While you're eating lunch, I'm going to ask you some questions, and you don't have to do any preparation, just I want to see what's in your head." He said, "Look, we'll try it for a month or two," and I said, "Okay, what do you want first?" and he said, "I don't care."

[00:21:33]

So anyway, the following Friday, I show up with, I don't know, lasagna or something. And it was wonderful because I'd ask him a question, and if he didn't know the answer—and a lot of them he hadn't thought about, he didn't even know what a nurse practitioner was, and so—but he'd tell me where I could go in the legal library and find the answer. So then I'd do that and then the next week, I'd come back, and I told him the answer that I found, and we'd go on from there. Well, we did that for a whole year, the—all the nine months, the whole nine months, and we actually wrote a paper together that was published, and it was just—it was beautiful. So I really said—
[00:22:24]

T.A. Rosolowski, PhD
[00:22:25]
Really?
[00:22:25]

Catherine D. DeAngelis, MD
[00:22:26]
—you know—yeah. I—
[00:22:26]

T.A. Rosolowski, PhD
[00:22:27]
That's a very cool story about an innovative way of setting up a mentoring relationship.
[00:22:32]

Catherine D. DeAngelis, MD
[00:22:33]
Well, that's about it. I mean he's as close to a mentor as I ever had. And look, the way to a man's heart is through his stomach, there's no question, and fortunately, I'm a pretty decent cook. So it was just—we had such a wonderful relationship like that. So I learned a lot about the law and then from Rashi Fein and others, I learned about health economics, and I wrote the book, and that's—oh, I also then worked at the Roxbury community clinic. I wanted to see how that was run, and I did that, and it was interesting. The year after I left, they had to close the clinic because they [burned?] somebody in that. Of course, I knew when I'd drive up—I did that every Tuesday night—that the—an officer, a police officer who patrolled that clinic came out to meet me at my car. And he'd walk me into the clinic, and of course he'd stay outside to watch, so nobody would touch my car, and I had an old jalopy, a piece of junk, but, hey, it did me okay, and I learned a lot there. I learned about how these people had nothing, and they had a free clinic. I mean they could come in, and there were ways we did stuff. And so that year was invaluable. In the—
[00:24:19]

T.A. Rosolowski, PhD
[00:24:20]
How did it change your perspective those experiences?
[00:24:24]

[00:24:25]

Catherine D. DeAngelis, MD
[00:24:25]
Well, you know, I had been treating poor people at Hopkins in that but—and I actually—at Hopkins, I actually worked in a free clinic. But this was a different clinic because it was in Boston, not in Baltimore, and it was a different kind of culture. It was amazing. They were all Afro Americans, very poor, beautiful people, but slightly different cultures. And see, Baltimore, I didn't realize how much of a southern city it is, but a lot of those people were from the South whereas in Boston, they were more acclimated to the North, and it was just a different culture,

but, you know, the problems and everything else was the same. So in the meantime, I said, "Look, I've got to—I need to start working, and I want to work with the poor, I want to start a nurse practitioner program to see if it works."

[00:25:45]

Chapter 7
Setting Up a Training Program at Columbia University College of Physicians and Surgeons

Dr. DeAngelis explains that she took a position at the Columbia School of Medicine on advice of former professor, Robert Cooke, MD, to start a certificate program training nurses in preventative pediatric care and wellness [00:25:45]. She tells stories of how she learned to set up a complex program, fund it, build necessary relationships, and work with institutional processes. She summarizes the success of the course and the controversial dimensions of the program for nurses, physicians' assistants, and physicians. She recounts a funny story of how the program created a culture change [00:39:38- 00:43:04].

Catherine D. DeAngelis, MD
[00:25:45]
[I said, "Look, I've got to—I need to start working, and I want to work with the poor, I want to start a nurse practitioner program to see if it works."] And so I wrote around to different places there, and people told me who was looking for a pediatrician, and there were three. There was one in Los Angeles, the Martin Luther King Clinic, there was [Meharry?] and there was Columbia Babies. And so I—it was interesting because while I was doing that, my chair of pediatrics at Hopkins had gone to Wisconsin, and he had wanted me to go straight and work with him. He wanted me to be the dean of the new school of allied health sciences. I said "I'm just finishing my training," and he said, "But allied health, you're a nurse, you're going to have an MPH, you're a doctor." I said, "But that's not what I want to do. I'm a doctor, I want to be a doctor. Now, I want to train somebody to work with me and will be able to organize." And I said, "But—so I'm going to take the job, but I'm not coming to Wisconsin as the dean," I said, "But I have these three opportunities, and I'm just calling for your advice," and he said, "No question, I want you to go to Columbia," and I said, "Why?" He said, "First of all, it's East Coast, and you're an East Coast person." And he said, "Second of all, I know you, you're going to learn a lot there, you're going to teach a lot there, but after two years, you're going to want to expand and then I want you to come here." I said, "I'll never go there as the dean." He said, "No, no, no, I'll find another dean," he said, "But you will come and work here after two years, I'd bet anything." I said, "Well, you—"
[00:27:50]

T.A. Rosolowski, PhD
[00:27:50]
This is Dr. Cooke, right?
[00:27:52]

[00:27:52]

Catherine D. DeAngelis, MD

[00:27:52]

Right, this is Bob Cooke, okay. So I took the job at Columbia; it was wonderful. (laughs) The funny thing is I knew what I wanted to do, I knew how I wanted to start the program, and one of the things that I loved was that there were four hospitals affiliated at with—well three affiliated with Columbia. There was Columbia, there was Harlem Hospital, St. Luke's, and Roosevelt Hospital all working in the poor sections, and they covered one of the schools in Harlem. And I thought, perfect, my first class I'm going to get a couple of nurses from each of those places, so that we can have the whole variety. But I knew that I'd have to pay some people to help teach, and I'm thinking, hmm, I don't have—you know, I didn't have any money, that was my first job. And so somebody told me about the Robert Wood Johnson Foundation and Maggie Mahoney who was one of their vice presidents. So I just wrote this letter to her, one page and then on the second page, I wrote the budget for—I don't know—I think it was $8210.17, something stupid like that, and I sent it to her. And three days after I mailed it, she called me, God bless her, and she said, "Are you a nun?" I said, "No, what made you say that?" She says, "You write a budget like a nun." (laughs) She said, "Look, Robert Wood Johnson doesn't fund programs like this, but this looks fascinating." She said, "So what I want you to do, I want you to wait one hour and then I want you to call The New York Community Trust. Here's the phone number, and you ask for Mr.—" whatever. And she said, "He will know because I will have talked to him. Now, I want you to go there and describe what this program is, and you tell them you need $10,000." I said, "No, no, I only need 8,000—" "No, no, no, you ask for it," and I'm not even sure it was 10, it may have been 20,000, whatever it was because I had to pay the nurses too because they were taken off. And so I said, "Well, okay."

[00:30:58]

So I waited, I called, and they said, "Yes." His secretary answered, "Yes, yes, we'd like you to come here tomorrow at nine o'clock and you can—okay?" So I told the people where I was working the outpatient. I said, "I need to go," and they said, "Yeah, okay, go ahead, we'll cover" because there were no nurse practitioners then. I was just seeing patients, taking call, covering, but it wasn't my day to cover the clinic, so I was okay. So I go down to the—I take a—not a taxi, I took the subway, went down there, I walk in the room, and there's about eight or nine people, and I told them who I was. I told them what I wanted to do, and I handed them a budget. I just said $10,000, I didn't say what it was for because they said, "We know, Ms. Mahoney called us and that." And after I finished explaining, they said, "Would you wait outside please?" and I said, "Sure," so I'm sitting outside. In about 15, 20 minutes later, the gentleman comes out, and he hands me a check made out to Babies Hospital, the pediatrics department for 10,000 or 20,000 whatever, I asked for, and I said, "Well, gee, thank you." He said, "What we want though is a year from now, you come and give us a report on how well we spend our money." I said, "I will do that sir."

[00:32:34]

T.A. Rosolowski, PhD
[00:32:34]
That's a deal. (laughs)
[00:32:35]

Catherine D. DeAngelis, MD
[00:32:36]
Yeah, I said, "I'd be happy to give you reports." He said, "No, just one year from now, I will expect you in—" whatever it was. I said, "Fantastic." So I take the subway back and I go in to Dick Behrman who was the chair of the department there. I went into his office. I said to the secretary, I said, "Is Dr. Behrman around?" and she said, "Yeah, he's in there, he's busy, what, what is it that you want?" Now, his door is open. I said, "Well, I have a check here for, I don't know, $10,000, give it." "For what?" I said, "It's made out to Babies Hospital because I'm going to—for my nurse practitioner program." He comes tearing out of his office, (laughs) he said, "What do you have?" I said, "I have money for my program, The New York Community Trust." He said, "Did you go to the research department?" I said, "What research department?" He said, "Oh my God." (laughs) And he said, "What's this for?" and I told him. He knew I was—the program because he was all for it. He said, "You can't just do this." I said, "Well, I don't know, I just went down there." He said, "My God, this check is—" He said, "Come with me." So we go down to the research office and he goes,—
[00:34:03]

T.A. Rosolowski, PhD
[00:34:04]
You were a green faculty member. (laughter)
[00:34:04]

Catherine D. DeAngelis, MD
[00:34:06]
It's funny. And he walks in there, and he calls the guy who's a businessman. He said, "Don't ask, don't ask, just deposit this, and it's—Dr. DeAngelis has the access to this money, she knows what to use it for," and he said, "But Dick." He said, "Don't ask." He said, "Okay." (laughs) I mean it was—I'm so naïve but, you know, that's okay.
[00:34:35]

T.A. Rosolowski, PhD
[00:34:36]
Yeah, yeah, you were a learning young faculty member, that's it—
[00:34:39]

Catherine D. DeAngelis, MD
[00:34:39]

That's it. Yeah. So you know, the rest was history. It was an incredible program. And I went—actually what I did is I went to the dean of nursing, and she was the director of the nursing for the hospital and dean of the school of nursing. Her name was Mary Crawford. And so I got an appointment, I went in there, and I said, "Ms. Crawford, I'm Dr. DeAngelis, blah, blah, blah, and I'm going to start this program, blah, but it really—it's a nursing program." So I said, "I have the grant, the money for it, I have the doctors, I will teach most of it and we'll have some of your nurses, whoever you want, and you know what—the budget's in my name, but you tell me how you want spend it." And she went bonkers, "How dare you! You have no jurisdiction over nurses. Get out of my office and don't ever come back here. What kind of harebrained idea is this?" "Yes, ma'am," so I walked out. (laughs) I paid some nurses to teach, I wanted the nurses to teach too. And after about four months in, everybody wanted to take the damn course, and the hospitals who—each of them spared two nurses, and they didn't want the nurses to be paid because they said they would go two days—see, they would spend two days in the mornings with me—no three days, Monday, Wednesday, Friday in the mornings, they'd spend with me teaching, and I had some other people teach them stuff. And in the afternoon, they could go back and work, and they were going to—I had a commitment from a doctor in each of them that would precept them so that they could start to see patients and stuff.

[00:36:49]

Well, it was incredible because when we had the graduation—it was a one-year certificate program, when we head the graduation exercise, the place was packed that we graduated 12 people, 12 people. The only one I had to pay a little bit was my friend Phyllis who was a former Maryknoll nun who came, and she just needed enough to—you know, for expenses because actually I—she was essentially living with me, you know? So we graduated, and Mary Crawford came and said, "I was wrong, I want to be part of this program." I said, "Wonderful, it belongs in the school of nursing, it's all yours," you know?
[00:37:53]

T.A. Rosolowski, PhD
[00:37:53]
Mm-hmm.
[00:37:53]

Catherine D. DeAngelis, MD
[00:37:53]
And one of—
[00:37:54]

T.A. Rosolowski, PhD
[00:37:54]
What did you learn from that, that process of going to her and having that terribly negative

reaction and then—?
[00:38:01]

Catherine D. DeAngelis, MD
[00:38:02]
I'd had it before from nurses. I was a traitor, I left nursing, and I became a doctor. I never wanted to be a nurse, but I'm so happy I did become a nurse, but anyway,—first, but I wanted to be a doctor.
[00:38:18]

T.A. Rosolowski, PhD
[00:38:19]
Were there—
[00:38:19]

Catherine D. DeAngelis, MD
[00:38:19]
But—
[00:38:19]

T.A. Rosolowski, PhD
[00:38:19]
—other ways in which that program was controversial? I mean you—
[00:38:24]

Catherine D. DeAngelis, MD
[00:38:24]
Oh yeah, because the nurses said, "You want to practice medicine, you go to nursing—you go to medical school." Doctors were against it. I mean the doctors—for an example, the Kentucky Frontier Nursing Services, one of the greatest programs that ever lived, and when they went into Kentucky and started taking care of mostly mothers and babies, they cut the mortality rate in half of both the babies and the mothers. But the doctors threatened to sue them and get them thrown in jail for practicing medicine without a license, so they had to stop, and what happened? The mortality rate went back up, so... But that wasn't going to happen with us because it was a doctor who—you know, we had it under our umbrella. And—
[00:39:27]

T.A. Rosolowski, PhD
[00:39:28]
So how could you—did you have a plan for addressing some of that within the institution itself? I mean did you, you know,—
[00:39:37]

Catherine D. DeAngelis, MD
[00:39:38]
Well, I knew—
[00:39:38]

T.A. Rosolowski, PhD
[00:39:38]
(overlapping dialogue; inaudible) or—
[00:39:38]

Catherine D. DeAngelis, MD
[00:39:38]
—the law, I knew the law, and I knew that there were physician's assistants. The—what's his name? I'm blocking his name, I'll think of it in a minute. The person who started the PA program, he had come back from the service, and he wanted the nurses to take this course, and they threw him out too, so he said, "Screw you." He says, "I'll get other people, not nurses, and I'll train them. We're going to have a course in blah, blah, blah, blah," and so… But with me because I was a nurse and because I—there's some kind of I don't know, I knew that I was within the law. They were working—nurses worked with doctors all the time and—you know. And then what I started to do is because the nurses then ,they took a real load of patients in the outpatient department, and of course there was always either me or there were two other doctors who precepted them. And so I made an arrangement with the pharmacist, which was on the same floor as this clinic that they could sign but only for certain—there were basic antibiotics and some other respiratory kinds of things, nothing—mostly antibiotics, okay, and skin stuff in that.

[00:41:24]

It was very funny because about a month into this, it was working beautifully because afterwards, I would go or whoever was covering would go there and would see them and then would countersign for them. And I was covering the clinic and—but they were really busy, so I took a patient, and I saw the kid. It was not something but he needed antibiotics, so I wrote the prescription, and the woman—the mother went over to the pharmacy, and there was a young pharmacist there, okay. And the mother came back, and she says, "Dr. D., they won't fill this prescription because it has to be signed by a nurse practitioner." (laughs) And I said, "What?" and the others were standing around me, and they howled. So I went over to the pharmacy, and I said, "Young man, I'm Dr. DeAngelis, this is a program." He said, "Oh, you're Dr. DeAngelis?" I said, "Yeah." He said, "Well, yeah, you're going to countersign the nurse practitioners when you're gone." I said, "No, that's—I don't need a nurse practitioner, a nurse practitioner didn't see this patient, I did." And then the head pharmacist came over and said, "What's going on?" I

mean it was so funny.
[00:42:55]

T.A. Rosolowski, PhD
[00:42:56]
That really is—so it's culture change in action, right?
[00:42:59]

Catherine D. DeAngelis, MD
[00:43:00]
Right, it's amazing, it's amazing.
[00:43:01]

T.A. Rosolowski, PhD
[00:43:02]
(laughs) That's a great story, yeah.
[00:43:04]

Catherine D. DeAngelis, MD
[00:43:04]
But he is right. See, one of the people who took the program was someone who was a teacher. She taught nursing at I forget which hospital, but she took this course, and I said—[Dolores Jackson?] was her name—I said, "D, I—" when I—I knew that after the second year, I was bored. I knew what I wanted to do, and I said, "How would you like to be the director of this program?" And she said, "You're kidding," I said, "No" and so she took it, and she directed it and all—every one of those nurses, actually almost all of them went on and got their bachelor's degree. Even though most of them were not bachelor's see to start out, but they went on for it. There were a couple who had their bachelor's degree, but those got their master's degree, and every one of them continued to work. Some of them are still working.
[00:44:16]

Interview Session: 2
Interview Date: December 29, 2020

Chapter 8
Time for a Change, a Detour, and A Return to Hopkins

Dr. DeAngelis begins by explaining why it's unusual for people in medical school to take a public health perspective. She notes that her training in nursing taught her to take that perspective. She tells a story that demonstrates how gender assumptions cause patients to associate actual care with nurses, not doctors [00:46:29 — 00:49:54].

Dr. DeAngelis then explains that after two years at Columbia, she needed a new challenge and wanted to return to Hopkins to build a program for comprehensive pediatric care. She comments on how physicians in other specialties are unaware of what general pediatrics does and its value. She describes how she took a position at University of Wisconsin and build a successful program that attracted a thousand patients to the program in two months. She recounts how a disappointing interview at Hopkins turned into job offer and her return to that institution.

T.A. Rosolowski, PhD
[00:44:17]
Yeah. Let me ask you. I've talked to other women for this interview program and also in my work with MD Anderson who had an interest in public health issues, and they've all said that that is real—it's unusual for people going in it through a traditional academic medicine pathway to broaden their perspective in that way, and you're nodding. So what is your take on why that's unusual for folks who are going through medical school?
[00:44:53]

Catherine D. DeAngelis, MD
[00:44:54]
It's not anymore.
[00:44:54]

T.A. Rosolowski, PhD
[00:44:55]
Right, but at the time—
[00:44:56]

Catherine D. DeAngelis, MD
[00:44:57] Not anymore but at the time—well because traditionally, it's one doctor, one patient, and you don't think about, hey, this may be good for the one patient. But if every one patient was treated like this, we'd run out of money for three-quarters of the population, so you have to think more broadly and that—and that's the perspective, and you have to think like prevention. Prevention is better than treatment, see, because if you can present—prevent the problem—the thing is nobody gets excited because if somebody comes in and gets a—got vaccinated, except now with the COVID vaccine, okay. But you get vaccinated against DPT and pertussis and

diphtheria and tetanus and measles, mumps, rubella, hepatitis, the whole thing, nobody gets excited about that, but if you've got a patient who came in with measles, everybody will get excited, you see? And that's not the way you should think. You have to think—
[00:46:15]

T.A. Rosolowski, PhD
[00:46:15]
Now—
[00:46:15]

Catherine D. DeAngelis, MD
[00:46:15]
—prevention.
[00:46:16]

T.A. Rosolowski, PhD
[00:46:17]
—what is it that you think gave you that perspective, that impulse to always look more broadly at us—at the patient in their context?
[00:46:29]

Catherine D. DeAngelis, MD
[00:46:29]
Nursing. My background in nursing, I wouldn't trade for anything. I mean I've told you about the encounter when I was a medical student and was covering the male unit in the VA hospital, and I went on rounds one morning, and I'm in rounds, and I hear this ruckus. We hear this ruckus down the hall because these are—these were wards, these were not private rooms, and they were like eight-bed wards. And we heard this ruckus coming from down the hall, and it was a patient arguing with the head nurse and another nurse, and he kept saying, "I'm not going till I could say goodbye to my nurse," and she was saying, "This is your nurse." "No, she's not my nurse" and so we were being interrupted by this and the person who was on—who was attending, I said, "Sir, may I be excused? I think I know what's going on down there," and he said, "Yeah, go." He said, "Get them quiet." So I went down, and I just walk up to him, and he goes, "There's my nurse!" and he comes over to me and he hugs me, and he said, "I just want to thank you so much." And the head nurse said, "She's not a nurse, she's a student doctor." He said, "Look, she talked me like a nurse, she treated me like a nurse, she touched me like an use, she's my nurse." And I said to them, and I said, "Ma'am, I am a trained nurse, I'm also in medicine. I'm a medical student, but I am a trained nurse," and she looked at me, and she had this broad smile, and the guy was so happy he said, "Now, I can leave" and then I went back to rounds. But right there, it's a different perspective. In medicine, you're not taught about prevention, you're taught about curing illnesses, and that's as it should, but now, we're much more into the

prevention.
[00:48:53]

[00:48:53]

T.A. Rosolowski, PhD
[00:48:53]
Mm-hmm, well, and what you're talking about I mean with that particular patient was responding to was also a kind of additional humanity in the interaction with him than—
[00:49:04]

Catherine D. DeAngelis, MD
[00:49:04]
Well, he—
[00:49:04]

T.A. Rosolowski, PhD
[00:49:04]
—perhaps—
[00:49:05]

Catherine D. DeAngelis, MD
[00:49:05]
—he—
[00:49:05]

T.A. Rosolowski, PhD
[00:49:05]
—you just bring.
[00:49:05]

Catherine D. DeAngelis, MD
[00:49:06] It was interesting because a bunch of my classmates asked me if I would teach them how to deal with the patient in bed, how do you help them move, what would you—you know, we'd play different scenarios, and I did that. It's just a different approach. Part of it is maybe being a woman, but men, I know men, of course I mean, who are just as gentle. They have to be given permission to do it.
[00:49:46]

T.A. Rosolowski, PhD
[00:49:47]

Mm-hmm and maybe women do it more easily just that—
[00:49:51]

[00:49:51]

Catherine D. DeAngelis, MD
[00:49:52]
Just because that's—it comes natural to us.
[00:49:54]

T.A. Rosolowski, PhD
[00:49:55]
Right, right, interesting. Now, why were you bored after two—
[00:50:00]

Catherine D. DeAngelis, MD
[00:50:00]
Why was I bored? Well, because I knew what I wanted to do. I knew that I wanted to go to Hopkins. I wanted to bring general pediatrics, that whole concept. I wanted to bring it to Hopkins. I didn't want Hopkins to be only a subspecialty place, and I'm going to tell you something, I learned something. Yesterday—I'm on the promotions committee for pediatrics—and one of the new tracks we have for promotion is you become a professor of clinical pediatrics, not a clinical professor—you are a professor but of clinical pediatrics. And one of the things is you've got to show excellence. You've got to be among the top 25 percent in your field, okay. So one of the people who happened to have been one year behind me in training at Hopkins said, "I don't understand it. How can you ever determine that a general pediatrician is the best? What kind of criteria?" And I mean I was floored, and I said, "[redacted] you were trained in a place when we didn't have general pediatrics here, so you really don't understand." I said, "You know there are all kinds of ways, people—we send patients to you for second opinions. People in the area who could have any doctor come to you because they want you to take care of their kids. You are noted for being an excellent diagnostician not in any specialty but in—you're presented with a case that's not obvious, you make the diagnosis." And she was—she—I knew she couldn't quite get it, and that's the problem. If you don't understand the worthiness of general pediatrics. I mean you look at it now, everybody needs a general physician, but who are the worst paid? The general physicians.
[00:52:36]

T.A. Rosolowski, PhD
[00:52:36]
Right. And it seems like there's—I mean there's a hierarchy of the specialties and so you're looked down on certain specialties. Some are more worthy than others and—
[00:52:47]

Catherine D. DeAngelis, MD
[00:52:48]
Yeah.
[00:52:48]

T.A. Rosolowski, PhD
[00:52:49]
See, because I kind of encoded in that comment of hers is how—why would you even bother to establish their worth. (laughs)
[00:52:55]

Catherine D. DeAngelis, MD
[00:52:56]
Well this is the point. It's not outhouse medicine, it is real medicine, it is you're the doctor, you figure out what's wrong with this patient. You don't have somebody walk into you that's obviously a diabetic or obviously, God bless them, have cancer, or—you know? You just have patients come to you. So—
[00:53:24]

T.A. Rosolowski, PhD
[00:53:25]
It's interesting that you know—
[00:53:26]

Catherine D. DeAngelis, MD
[00:53:26]
So the board was—I wanted to prove that this was a program that could be initiated and could thrive because I wanted to go back to Hopkins, but I knew I had to prove to myself it could be done. So I picked up the phone, and I called Bob Cooke, and I said, "All right, now I'm going to—" I said, "You were right, I've done what I can here at Columbia." He said, "I know what you've done there." He said, "I've been talking to Dick Behrman all along." He said, "Now you're ready to come here?" I said, "Not, (laughs) not as the dean, no." He said, "No, we would like you to come here as a consultant because we are in competition with outstanding pediatric groups, and we barely have enough patients in our general clinic, and it's hard for our residents to see enough patients. Would you come and help us?" I said, "Well, yeah, as a consultant, I'll come."

[00:54:53]

So I spent two days touring the place, listening to all that stuff, and I said, "Ah, this is easy." So I outlined to them on the blackboard what they needed to do. And the chief of peds—I can just

see him with his pipe—he's smoking, and he says, "It'll never happen, can't be done," and some of the other doctors were shaking their head. I said, "Oh yes, it could be done, absolutely this can be done. It has to be done or you're going to lose your accreditation." "Well, we don't want to tick off the private practice doctors here," and I said, "Yeah, and the private practice doctors don't want to lose the residents, do they?" and they said, "Well yeah." I said that "This is the way to solve their problem." And you know, (laughs) I said—they said, "Well, where are we going to get the patients?" I said, "Any patient they don't want, we'll take." I said, "Don't you have graduate students here?" "Well, yeah." "Who takes care of their kids?" "Well, the doctors in town," and I said, "Aren't these graduate students from all over the world?" They said, "Well, yeah," and I said, "And this is pure white Wisconsin," now I said that in a private group now I—and I said, "Guess what, this can be done." So [Bill Sieger?], who was the chair, looks at me, and he says, "Well, come put your money where your mouth is." I mean he played me, and I knew I was being played, but I thought, why not, why not Wisconsin? So I went to Wisconsin, and I started the program, and it was a success like you can't believe. And we had a thousand patients within two months.
[00:56:58]

T.A. Rosolowski, PhD
[00:56:59]
Oh wow, that's amazing.
[00:57:00]

Catherine D. DeAngelis, MD
[00:57:00]
Because I went up to where the graduate student at the—it was a place called Eagle Heights. There were 700 or—650 or 700 families up there, and each had a couple of kids, and it was—so we set up a clinic in what was—well, it was a basketball court, but they had a co-op store for—with stuff from all over the world and different kinds of spices and that. And we took a couple of rooms, and it was interesting because you'd walk in there and the aromas were fantastic, all the spices and then of course the alcohol from the—(laughs) So it was wonderful and then after three years there, I thought it was time that I could come to Hopkins because they were looking for someone to run the outpatient. And so, at that point, I was—I wanted to go back to the East Coast anyway, and Rochester wanted me to go there and run their program. Now Rochester already had a very good general pediatric program. It was pretty well established, but they wanted me to come and to run the whole—that whole program. And so when I went for an interview there—Jim and I, at that point, were commuting back and forth talking to each other in that, and he said that—he said, "Why don't you come and look at this job?" And I said, "Well, okay, when I'm—the next time I'm going to go for an interview at Rochester, I will be interviewed there." Well, I was interviewed by the outpatient chief resident. The chair of pediatrics who was no longer Bob Cooke obviously, he's a wonderful gentleman, but he was an internist actually. Don't ask how—
[00:59:26]

T.A. Rosolowski, PhD
[00:59:27]
This was at Hopkins or at—
[00:59:28]

Catherine D. DeAngelis, MD
[00:59:28] This is at Hopkins. Now, I had just come from being interviewed at Rochester by the department chair, all the directors of the programs and was offered an incredible salary and all kinds of resources. And I said, "I need—I just need—I need a weekend to think about it," and they said, "Okay." So I came back and Jim—and I was interviewed at Hopkins, and it was a disgrace. So I said to Jim, "I'm going to Rochester, this is—"
[01:00:18]

T.A. Rosolowski, PhD
[01:00:18]
What happened at that interview at Hopkins?
[01:00:21]

Catherine D. DeAngelis, MD
[01:00:22]
Well, I was interviewed by the outpatient chief resident and by the department chair who hadn't a clue what I was talking about, but he's a wonderful gentleman. He's just a terrific guy. But he just thought, this is Hopkins, why would you want to go anywhere else, okay. So he said, "Yes, we'd like you to come here and blah, blah, blah." "Well, Okay, fine."
[01:00:51]

T.A. Rosolowski, PhD
[01:00:52]
Did they talk resources at all or—?
[01:00:54]

Catherine D. DeAngelis, MD
[01:00:55]
No they said, "You come and we'll talk about what you know—"
[01:00:52]

T.A. Rosolowski, PhD
[01:00:58]
Hmm, interesting.
[01:00:59]

Catherine D. DeAngelis, MD
[01:00:59]
"—you come to work—"
[01:00:59]

T.A. Rosolowski, PhD
[01:00:59]
Yeah, so it was just—
[01:01:00]

Catherine D. DeAngelis, MD
[01:01:00]
"—and you'll report to Bob Drachman who was running the outpatient department, and—" but it was a disgrace. So I said to Jim, "That's it, I'm going back to Wisconsin, I'm going to take the job at Rochester."
[01:01:22]

T.A. Rosolowski, PhD
[01:01:23]
You think it was because you were a woman they did that?
[01:01:26]

Catherine D. DeAngelis, MD
[01:01:28]
No. No, I don't think so. But what happened was Jim said, "Well, will you come back next week?" He said, "Next Saturday," he said—he was then offered a job at Hopkins, he said, "And they're going to have a reception for me, would you please come?" and I said, "Well, yeah, I could do that, I'll come back." And so I came back, and at that party on a Saturday night, it was one week later—I told the people at Rochester that I needed a week or so to think about it not a day. But I—because I was going to look at another place, but anyway.

[01:02:19]

The chair of peds, John Littlefield came up to me, and he said, "I can't believe that you're going to take a job at Rochester over Hopkins?" And I've had a glass of wine at that point, and I said, "Dr. Littlefield, with all due respect," I said, "when I compared the way I was interviewed and how valued I felt and what they offered me, and then I came to Hopkins, and you had the nerve to set me up with the outpatient chief resident who I like very much, he's a friend of mine in fact, no division chiefs, and you who—you were very polite and kind, but let me tell you who interviewed me at Rochester," and I gave him all that stuff, and I said, "This is what they offered me. Now what would you take?" He said, "Well, is—" He said, "We—" He said, "I didn't know. I was—" I said, "Obviously you didn't." I said, "I want to come here and establish a

program. I don't want to come here as outpatient chief; I want to establish a program." And he said, "Is there any chance we can talk more about this?" I said, "Well, yeah, but I'm going to have to give Rochester something." He said, "Can we have breakfast tomorrow morning at my house, and I'll get Dr. Drachman out there too," and I said, "Of course." So we're pulling into his house and Jim, I—Jim said, "Well, what do you think?" I said, "There's probably one chance in 10,000 that they'll come up with what I want." And so we met, and I said—they—he said, "What do you want to come here?" and Drachman was there too. I said, "I want my own program. I want my salary and the salary of one other person. And I want 12 of the first-year residents—there were 18, I want 12, one a month, and then I'm going to set up these clinics and that, and we're going to take the patients from the ER when they see them, and we'll get them in this clinic." And Drachman who—he didn't know anything, and God love him. And I said, "But Dr. Drachman runs the program, I do not want to report to Dr. Drachman," I said, "Bob I love you very much"—I knew him from when I was a resident—"but I'm not going to report to anybody but the department chair because I want a program, and I'm going to do something, and I'm going to start my own division, and you're going to be proud of it." He said, "Wonderful," and the rest is history.
[01:05:35]

T.A. Rosolowski, PhD
[01:05:35]
Oh, oh. That's a good story. Would you mind if we leave it here today? We've done an hour and I like to—
[01:05:43]

Catherine D. DeAngelis, MD
[01:05:43]
Oh, yeah, yeah, okay.
[01:05:44]

T.A. Rosolowski, PhD
[01:05:45]
—an hour increment, no, no, so they do the hour increment, so I can check the recording and make sure we're—
[01:05:49]

Catherine D. DeAngelis, MD
[01:05:49]
Sure, sure.

T.A. Rosolowski, PhD
[01:05:50]

Yeah, all right, well, that's a really amazing story and—
[01:05:54]

Catherine D. DeAngelis, MD
[01:05:54]
You know, I'm sorry I get carried away because—
[01:05:57]

T.A. Rosolowski, PhD
[01:05:57]
No, no that's fine. It's—yeah, it's my job to keep track of the details, so… (laughs) Are we good for—we're good for this time again tomorrow?
[01:06:06]

Catherine D. DeAngelis, MD
[01:06:08]
Tomorrow is?
[01:06:12]

T.A. Rosolowski, PhD
[01:06:12]
Wednesday.
[01:06:13]

Catherine D. DeAngelis, MD
[01:06:15]
Well, what, let me just—
[01:06:16]

T.A. Rosolowski, PhD
[01:06:16]
Okay, well while you—
[01:06:17]

Catherine D. DeAngelis, MD
[01:06:17]
—(overlapping dialogue; inaudible) here, let me see.
[01:06:20]

T.A. Rosolowski, PhD
[01:06:20]
Yeah, let me—while you're checking, let me just say I'm turning of the recorder at 13 minutes

after 2:00.

Catherine D. DeAngelis, MD

Interview Session Number 3: January 6, 2021

Chapter 0-C
Interview Identifier

Catherine D. DeAngelis, MD
[00:00:00]
We were—
[00:00:00]

T.A. Rosolowski, PhD
[00:00:00]
So—
[00:00:00]

Catherine D. DeAngelis, MD
[00:00:01]
—at Hopkins, huh?
[00:00:01]

T.A. Rosolowski, PhD
[00:00:01]
Okay, hang on one sec. All right, so we're back recording, and let me just say for the record, it is January 6, 2021, and we're resuming our conversation in session three, Dr. DeAngelis and I. So thank you again, thank you for rescheduling. (laughs)
[00:00:18]

Catherine D. DeAngelis, MD
[00:00:20]
My pleasure.
[00:00:21]

Interview Session: 3
Interview Date: January 6, 2021

Chapter 9
Back at Johns Hopkins as an Associate Professor

Dr. DeAngelis describes setting up a program similar to the one she developed at the University of Wisconsin School of Medicine to train nurses and eventually physicians in general pediatric care. She describes her influence on training and care in general through by bringing the new approach of following a panel of patients. She shares an anecdote to demonstrate the value of general pediatrics [00:06:12+ to 00:10:17]. She also explains how she started and developed her program at Johns Hopkins to demonstrate its value, eventually establishing a pediatric ER in the late seventies [00:10:19 — [00:15:10].

Dr. DeAngelis also talks about starting a program for fellows following babies born of HIV-positive mothers, taking over the college health service, and offering pre-natal care to teenagers. She discusses the medical and financial advantages of offering comprehensive pediatric care.

T.A. Rosolowski, PhD
[00:00:22]
So, yeah, when we ended up last time, you had just finished talking about that problematic interview session and what then drew you back and decide to take a position at Hopkins. So tell me about being a new faculty member and what were your impressions—
[00:00:39]

Catherine D. DeAngelis, MD
[00:00:39]
At Hopkins?
[00:00:40]

T.A. Rosolowski, PhD
[00:00:41]
Yeah, coming back to the institution and really the situation for women there.
[00:00:45]

Catherine D. DeAngelis, MD
[00:00:48]
Well, it's interesting, there weren't very many women leaders, but there were some wonderful women in—especially in pediatrics and a couple in internal medicine, almost none in surgery or anything else. But there were probably I think—I can't remember exactly—maybe a dozen to 15 professors and—but I went there first as a—as an associate professor and—
[00:01:28]

T.A. Rosolowski, PhD
[00:01:28]
I'm going to ask you, did the women who were on faculty, did you guys think of yourself as a group? Did you kind of support—
[00:01:35]

[00:01:35]

Catherine D. DeAngelis, MD
[00:01:35]
No. No, there was nothing like that in 1978 when I went back, nothing like that. And so in pediatrics, there were a fair number of women, and I was really busy because I was setting up something from scratch, and you remember Hopkins is a subspecialty place. To them, general pediatrics and academic general pediatrics was—what is that? And it was interesting because the faculty even in peds who were my former teachers, really, the leaders, and they're very respectful except as—one of them said to me, "Look," he said, "I don't understand what you're trying to do, but as long as you don't take up space or any of our resources, go ahead." The other—
[00:02:44]

T.A. Rosolowski, PhD
[00:02:44]
And what was your reaction to that? (laughs)
[00:02:45]

Catherine D. DeAngelis, MD
[00:02:46]
No, I liked the man, and I just figured his head was in the '50s, and that was fine with me. I just—I remembered how—what a good teacher he was and what a good doctor he was, so I didn't—you know?
[00:03:04]

T.A. Rosolowski, PhD
[00:03:04]
Mm-hmm.
[00:03:05]

Catherine D. DeAngelis, MD
[00:03:08]
Choose your battles, and that wasn't what I was going to do. I wasn't going to disrespect him not at that point. And so I just set my mind to writing grants and setting up this program, and it was interesting because if you remember the things that I wanted was I wanted one intern a

month. That meant I have 12 of the 18, okay, and that they'd stay one month with me and that we would then start a program where they would pick up patients from the clinic or from the emergency room and then they'd start their own panel of patients, which was unheard of, okay. You follow, you—
[00:04:02]

T.A. Rosolowski, PhD
[00:04:03]
Why was that kind of the controversial thing? What was new about that?
[00:04:08]

Catherine D. DeAngelis, MD
[00:04:09]
Well because that—there was inpatient and outpatient, and there was no following a panel of patients then. This is 1978, okay, and we were one of the earlier programs that had such a program like that and among the major medical schools, medical institutions. So—
[00:04:35]

T.A. Rosolowski, PhD
[00:04:36]
I'm sorry to keep interrupting you, but at the time, what did you foresee as the advantage for having panels of patients like that?
[00:04:42]

Catherine D. DeAngelis, MD
[00:04:43]
Well, first of all, if you don't follow patients, how are you going to know what—you know, if you're a pediatrician, you should be following patients. You should follow them over time and you (inaudible) them, so you don't have to start from scratch with every visit. And some of these people were going to go into private practice. As it turned out, some of them did. I mean most of Hopkins residents did subspeciality training and—but they had their own panel of patients but in their subspecialties. But they're pediatricians, so you have to know basically what do these kids need. And the other advantage was you learned growth and development and some of the behavioral issues from the various ages, and you picked up social problems and stuff like that. And because we—the emergency room was—there was no faculty member assigned to the emergency room, it was the outpatient chief resident, and if they needed a physician's input, they'd call a specialist down, you know?

[00:06:12]

And so after a while—because we were open in the morning from—we started our clinics at 8:00, and we went to four or five o'clock. And the—after a while, it was interesting to see that

when the residents came through our clinic and they saw what we taught them—because if there was a downtime or even like at lunch when there was no patients scheduled, I had probably a thousand slides—you've got to remember, this is 1978—of every kind of rash or problem, and we'd have fun. [ ] I'd be teaching them or showing them different rashes and—or different types of problems, and I'd present the problem to them, and we'd learn that way from slides. And word got around, hey, this is pretty good stuff.

And the other thing was when any patient from our clinic was admitted, I was the attending and I went. I can remember this one kid was admitted. It was followed by one of the residents, which meant that I was attending, and the resident called me and said, "You know, I think this kid has a hot appendix, but I'm not sure, but we're going—I think he needs to be admitted. And so we're going to admit him, but the chief resident won't call the attending and won't call the surgeon until the morning." And this was like 2:00 in the morning, and I said, "Wait a minute," and I got in my car, and I drove in. And I went to the unit, and I said, "I want the surgical resident now," and the resident came down, and I said, "Look, I examined the kid, and it was clear, the kid had a hot appendix." It was retrocecal, and there's a special way you examine the kid to find that out. And I said to him, "This child has a hot appendix and I want him in the OR now!" And—but I said, "Well, wait a minute, this is a clinic patient," I said, "This patient is followed in our clinic. He is my private patient, I'm a faculty member, and where is your faculty member?" He said, "Well, I'm not going to call him until morning." I said, "Look, I'm a faculty member, I'm here." I said, "Either you call your surgeon or I'm going to pick up the phone and call him." Of course, I knew how the surgeon was, and he said, "You're the attending, you're on the faculty?" I said, "Yes, I am." I said, "Do you want me to call Dr. So-and-So?" He says, "Well, no, ma'am, I'll call him." He called him, and he told him who I was in that. The surgeon came in and they—the kid did have a hot appendix; he was fine. But the word got around then, hey, when you admit a patient from there, Dr. D or—after a year I got some other people who joined the faculty with me, I got some money from grants and stuff. And the word got around, this is serious business, and we didn't just do outpatient, we did general pediatrics. Our patient was admitted, we were the attending and—
[00:10:13]

T.A. Rosolowski, PhD
[00:10:13]
So you really changed the culture at that point.
[00:10:16]

Catherine D. DeAngelis, MD
[00:10:16]
Absolutely.
[00:10:17]

[00:10:18]

T.A. Rosolowski, PhD
[00:10:18]
Yeah, that's amazing.
[00:10:19]

Catherine D. DeAngelis, MD
[00:10:19]
Totally, totally. General academic, pediatrics which today is one of the biggest—you know. Is—when I went to the dean's office in 1990, we had—we were bringing in more grants, more money in grants than any other division. And I mean we had just taken over because after a while, we needed more space and so I convinced them. I said, "Look, during the day, in—on the whole first floor, which was all emergency, well," I said, "You Guys don't see that many patients during the day, you don't need the whole floor, you're only using half. Give us this half, you take that half, we'll be gone by five o'clock, that's when you really start." I said, "And in return, I will be faculty member for you, I'll come over." And when I taught at noon or downtime, I had my slides, so they were learning, and gradually we took over the emergency room. Then, what happened was I wanted—the kids who were admitted at night came in through the main ER, and I said, "This is just wrong, this is just absolutely wrong." I said, "We need to have the coverage at night from our ER for kids." And so what I did was I invited the man in charge of that and his wife to dinner on a Saturday night, and after dinner, I said to him, I said, "[Ed?], I would like to show you something at the hospital. Is it all right if Jim takes your wife, [Mary?], home?" And she didn't mind, she said, "That's fine," and he said, "Yeah, okay, I'll go." I said, "Okay come on." I said, "I'll drive you home or I'll drive you back to my place and you can drive home because Jim will—okay." So I took him into the adult ER. Now, you've got to understand what the main ER was at night on a Saturday night, and it was now about ten o'clock, it's like the East Baltimore Rod & Gun Club, okay.
[00:13:12]

T.A. Rosolowski, PhD
[00:13:12]
Yeah. (laughs)
[00:13:12]

Catherine D. DeAngelis, MD
[00:13:13]
And we walked in, and it was chaos like it was. One person was drunk and had vomited on the floor, and there was a kid brought in over in the corner and the kid was hysterical. And I said, "Ed, that kid over there could be your grandson. Would you want your grandson to be that kid in this ER, in this? And that kid is sick." He said, "All right, all right." And so we arranged that we would see—all the emergency room would come to us not downstairs. And—
[00:14:02]

[00:14:03]

T.A. Rosolowski, PhD
[00:14:02]
So how did the resourcing work with that because I can imagine there were a lot of logistics to work out?
[00:14:10]

Catherine D. DeAngelis, MD
[00:14:10]
I'm sorry, I lost you there for a while. How—
[00:14:12]

T.A. Rosolowski, PhD
[00:14:12]
Yeah, we're getting a little bit—
[00:14:13]

Catherine D. DeAngelis, MD
[00:14:13]
How did the what?
[00:14:13]

T.A. Rosolowski, PhD
[00:14:14]
—of interruption. How did the resourcing work for that? Because I imagine that would be a real concern.
[00:14:20]

Catherine D. DeAngelis, MD
[00:14:21]
No, well no, it wasn't. We had people covering, it's just that, we weren't seeing the ones brought into the ER. We were seeing kids who were walk-ins and stuff like that. It wasn't costing anybody anything. It was just reutilization of space and an understanding that kids are not adults, and they need—
[00:14:45]

T.A. Rosolowski, PhD
[00:14:46]
So did—
[00:14:46]

Catherine D. DeAngelis, MD
[00:14:47]
—their own environment.
[00:14:47]

T.A. Rosolowski, PhD
[00:14:48]
Did you have eventually have like a formal auxiliary pediatric ER?
[00:14:53]

Catherine D. DeAngelis, MD
[00:14:54]
Yeah.
[00:14:54]

T.A. Rosolowski, PhD
[00:14:54]
That was eventually—
[00:14:55]

Catherine D. DeAngelis, MD
[00:14:55]
It wasn't auxiliary; it was a pediatric ER.
[00:14:57]

T.A. Rosolowski, PhD
[00:14:58]
Yeah, okay.
[00:14:59]

Catherine D. DeAngelis, MD
[00:14:59]
And I pretty much took it over.
[00:15:02]

[00:15:02]

T.A. Rosolowski, PhD
[00:15:02]
Wow, that's amazing. And so what year was that that happened?
[00:15:05]

Catherine D. DeAngelis, MD
[00:15:06]
Oh, that was about—let's see it was '78. That was probably '79 maybe.
[00:15:10]

T.A. Rosolowski, PhD
[00:15:12]
Okay, interesting.
[00:15:13]

Catherine D. DeAngelis, MD
[00:15:13]
Something like '79 or '80. Yeah, and then we had these kids—I start—I had a program and I had money for residents, for fellows rather. And one of the fellows got interested in these babies that were being born from HIV-positive mothers, and we started a clinic called the intensive primary care for these babies, which developed into its own program. And the person when she graduated from her—from the residency or from the fellowship, excuse me, with me, I hired her on the faculty. We got enough money, and she ran that clinic, and she just retired this year—
[00:16:08]

T.A. Rosolowski, PhD
[00:16:09]
So what was—
[00:16:09]

Catherine D. DeAngelis, MD
[00:16:10]
—in fact just—
[00:16:09]

T.A. Rosolowski, PhD
[00:16:10]
How was Hopkins? Because I m I mean in conversations I've had with people who've had—were professionals during that time, have talked about the fear about treating AIDS patients, all of that. What was Hopkins like at that time for it?
[00:16:29]

[00:16:29]

Catherine D. DeAngelis, MD
[00:16:29]

Well, in pediatrics, we—that wasn't an issue for us. We knew—
[00:16:34]

T.A. Rosolowski, PhD
[00:16:35]
[This was just?]—
[00:16:34]

Catherine D. DeAngelis, MD
[00:16:35]
—to be careful, we knew to be careful with needles, we knew to be careful with gloves and stuff like that.
[00:16:41]

T.A. Rosolowski, PhD
[00:16:42]
So you didn't have faculty members refusing to treat—
[00:16:45]

Catherine D. DeAngelis, MD
[00:16:45]
No.
[00:16:45]

T.A. Rosolowski, PhD
[00:16:46]
—patients?
[00:16:46]

Catherine D. DeAngelis, MD
[00:16:46]
Not pediatrics.
[00:16:47]

[00:16:47]

T.A. Rosolowski, PhD
[00:16:47]
Wow, that's—
[00:16:47]

Catherine D. DeAngelis, MD
[00:16:47]
No.
[00:16:48]

T.A. Rosolowski, PhD
[00:16:47]
—great, that's amazing.
[00:16:48]

Catherine D. DeAngelis, MD
[00:16:49]
And then, there were other things. I went with my husband who's a psychiatrist, I went to a—it was a Christmas party at the home of the woman who ran the college health service. Well, she was having some trouble she said. You know, she's a psychiatrist, and she said she was having trouble finding people who would cover the college health service. And I said, "How about if I take over? You're paying them, how about paying me, one faculty person, and I'll take over there?" and so we took over the college health service, (laughs) which was fine. And it was—just added to it to our adolescent. We started the thing, we had the young adults—we had the infants and kids and then we had the adults, so I said, "Okay, we have an adult clinic, and—" I'm sorry, adolescent clinic, and we had the other clinic.

[00:17:57]

And then we were seeing young kids, babies themselves, 14- and 15-year-olds who were pregnant. We had a kid come in, she was 13 or 14, came in with abdominal pain, I examined her, she was pregnant. She had no clue. Her grandmother took her in. In fact, she was holding a doll. So anyway, I talked to one of the ob-gyn women and said to her, "Look, you're delivering these mothers," and she said, "Yeah, we have a heck of a time with them because they won't come back to the clinic. I can't get them to take the—give them pills" and whatever she did. And I said, "Well, how about we start a mother-child clinic—a mother-infant clinic? They'll take their babies in, but if they come in with a baby, we'll see the baby, you can see the mother for the first post delivery, then we could take over. They're teenagers, that's what we'll do." And so we started a teenage mother, mother-child clinic. I mean we just kept—you see a need so you see—so we—
[00:19:36]

T.A. Rosolowski, PhD
[00:19:36]
Well, so it's really comprehensive care. I mean it's really interesting. Just out of curiosity, what percentage of those young, young girls who were getting pregnant were—was it a result of some

kind of sexual abuse in the family?
[00:19:55]

Catherine D. DeAngelis, MD
[00:19:56]
Well, most of it wasn't that. Most of it was just—and a lot of them got the recidivism rate, the repeat pregnancies. What we did when we started this mother-child clinic, we cut the number of repeat clinics by 50 percent just because we got the mothers to come in to take the pills. We examined them, we would do anything—I would not put in an IUD because I'm Catholic, and I wouldn't put in an IUD, so... But somebody, the ob-gyn would do that. So it was interesting that by just having a comprehensive, ongoing continuity of care, you could cut out all kinds of things. And we had early, early intervention, early diagnosis of kids with diabetes, early diagnosis of a lot of stuff, preventive stuff, the vaccinations were up-to-date. And I mean after the first year when we went into the second year, all 18 of the incoming interns wanted to have their month with us. And the second-year residents, the eight that were—we had—the six of them who had not had the rotation with us insist that they would use their one elective month just to be with us. So the second year, we had 18 and—see, we had 24, we 2 a month.
[00:22:02]

T.A. Rosolowski, PhD
[00:22:03]
Wow, that's amazing, yeah.
[00:22:03]

Catherine D. DeAngelis, MD
[00:22:04]
And I just said, "Look, you'll come because you know this is worthwhile and you'll learn a lot."
[00:22:11]

Chapter 10
Marriage and a Battle with a Health System

Dr. DeAngelis talks about her marriage to psychiatrist, James Harris, MD in 1979 and notes that this partnership added to her medical practice. She offers advice to today's women regarding marriage and family and describes how a good working team can help women out [00:25:00]- [00:27:10].

Dr. DeAngelis goes on to describe a battle with a new healthcare system that began signing up patients in a way that disadvantaged children's health [00:27:46]. She then talks about how her track record of successes enabled her to expand her program by becoming the residency director prior to becoming a dean.

T.A. Rosolowski, PhD
[00:22:11]
Mm-hmm. Now if—I want you to talk more about how that evolved and kind of changed the culture at Hopkins, but I don't want to neglect the fact that in 1979, you also got married.
[00:22:25]

Catherine D. DeAngelis, MD
[00:22:25]
Yup.
[00:22:25]

T.A. Rosolowski, PhD
[00:22:25]
and so I want—
[00:22:26]

Catherine D. DeAngelis, MD
[00:22:28]
The only time I ever took time away from the clinic was the two weeks that I went on my honeymoon, and I had someone else take over. And that was 1979 and by then, I had hired—I hired the two people who came with me from Wisconsin. One came as a fellow because I had money for a fellow and I had money for a faculty. So one was a faculty and one was the fellow (laughs) and so they took over the clinic the two weeks I was away, that was it, but the first year, I was not away at all.
[00:23:11]

T.A. Rosolowski, PhD
[00:23:12]
Yeah, now tell me your husband's name and tell me—first tell me your husband's name.
[00:23:16]

Catherine D. DeAngelis, MD
[00:23:17]
Jim Harris, James Harris, and tell you what?
[00:23:20]

T.A. Rosolowski, PhD
[00:23:21]
Tell me—and tell me how did marriage and family affect your career? How did that change things?
[00:23:30]

[00:23:30]

Catherine D. DeAngelis, MD
[00:23:30]
Wonderful because other what happened was we'd get called in the middle of the night and with some of the patients, they'd ask for a—we called—we lived on Tuscany Road, and they'd call it a Total Tuscany Consult because they called 2:00 in the morning, they'd get me and my husband. (laughs) Almost all the calls came to me, but there were some times when I said, "Look, this is a behavioral thing, let's let the mom talk to Jim, please." So it was funny. We were very happy. It just made it easier for both of us.
[00:24:16]

T.A. Rosolowski, PhD
[00:24:17]
Mm-hmm, that's very—
[00:24:17]

Catherine D. DeAngelis, MD
[00:24:18]
It was—
[00:24:18]

T.A. Rosolowski, PhD
[00:24:18]
And I mean that—
[00:24:18]

Catherine D. DeAngelis, MD
[00:24:18]
—very nice.
[00:24:20]

T.A. Rosolowski, PhD
[00:24:20]
—that the marriage, family—
[00:24:22]

Catherine D. DeAngelis, MD
[00:24:22]
Yeah, I wish every woman could find a man like my Jim.
[00:24:29]

T.A. Rosolowski, PhD
[00:24:29] Mm-hmm, now—
[00:24:29]

Catherine D. DeAngelis, MD
[00:24:30]
We waited a while, I mean we did. We weren't young when we were married but it—it's wonderful. I mean every morning now, we can say, you know, how lucky we are?
[00:24:46]

T.A. Rosolowski, PhD
[00:24:45]
Well, especially people locked down, it's nice to like the person you're locked down with, right?
[00:24:50]

Catherine D. DeAngelis, MD
[00:24:51]
Oh, and not only like—we got to like each other a lot more. (laughs)
[00:24:54]

T.A. Rosolowski, PhD
[00:24:54]
That's cool, yeah, for sure.
[00:24:56]

Catherine D. DeAngelis, MD
[00:24:57]
Yeah, we take care of each other, that's nice.
[00:24:59]

T.A. Rosolowski, PhD
[00:25:00]
That's great. Now, what advice to women now would you provide when women are struggling with issues of family and whether to marry or not marry?
[00:25:10]

[00:25:10]

Catherine D. DeAngelis, MD
[00:25:10]
Well, I say, there's no reason why shouldn't get married, and there's no reason why shouldn't have children. I mean (inaudible) say, what's the right time? You decide. For some people, you should have a baby right away, especially if you're older when you get married, you should try and have a child right away, and you just work around it, you know? And now, it's getting easier because there are things like shared residencies, there are other things like half-time residencies where you only work half time, but you work two years to get one year of credit. There's all kinds of things like that. And a lot of women, they work up until the time when they deliver. We had one woman who came into the residency when I was a resident, I was a senior resident, and she came in as a first year, and she had just delivered. (laughs) It was very, very interesting because he's now—well, he's a PhD, and I had his first birthday party. And we used to take turns covering her, so she could go home to breastfeed, you know? You just—if you really respect each other and you try to help each other, you can work out anything.
[00:27:10]

T.A. Rosolowski, PhD
[00:27:11]
So you are pretty good team.
[00:27:12]

Catherine D. DeAngelis, MD
[00:27:12]
I mean I saw—
[00:27:12]

T.A. Rosolowski, PhD
[00:27:15]

You had a—
[00:27:16]

Catherine D. DeAngelis, MD
[00:27:16]
Well, I had a wonderful team.
[00:27:17]

T.A. Rosolowski, PhD
[00:27:18]
Yeah and so they—because I think it's hard when you have to rely on institutional policies to dictate what people do, but the people themselves are kind of unwilling to do it.
[00:27:30]

Catherine D. DeAngelis, MD
[00:27:30]
Yeah, well we sort of made our own policies because nobody paid any attention to us until they realized, oh my God, what's going on there?
[00:27:39]

T.A. Rosolowski, PhD
[00:27:40]
Yeah. So when did that happen when you realize, oh, what's going on there?
[00:27:45]

Catherine D. DeAngelis, MD
[00:27:46]
Just gradually. You know, that's the way you want it, you want it that way. And I remember that that's the time when The Johns Hopkins Health System was starting up. And what they would do is they would go around, and they paid people to enroll patients. Well, they'd go into a house, and they would enroll. If there were like two children, they'd enroll the healthy one, but the one who had problems, they leave to show up at our place, which we were happy to do it. But then what they would do instead of having coverage at night, they just send them to us and so I started billing them. And when they got up to the point where they owed us a million dollars, I said, "We're not going to take you anymore" unless—now if the patient came in and it was an emergency, we'd never turn them away. So what did I start to do? I personally triaged. When a patient from the health system came in and it wasn't an emergency, we triaged them back to see their primary care person (inaudible) health system in the morning. Well, Dr. Heyssel who was the president of the hospital had a fit, and he and I got into a real argument. And fortunately at that point, I just stuck to my guns and said, "You're not going to use us and then you look real good because you're saving money. And then you're going to turn around and you're going to tell me that we're losing money and therefore we can't have resources." I

said, "I won't do that, I will fight you every inch of the way and I—" you know, I'm fighting with the president of the hospital. But fortunately—
[00:29:58]

T.A. Rosolowski, PhD
[00:29:58]
How did that work out?
[00:29:59]

Catherine D. DeAngelis, MD
[00:29:59]
Yeah, well it worked out, it was fine, we worked it out. But you can't back down on something that you know is right, and you can't let people walk all over you. You never put a patient at risk ever, but there are limitations to what you will accept.
[00:30:25]

T.A. Rosolowski, PhD
[00:30:26]
Mm-hmm. So how did this track record help you expand or do more with the—with pediatrics?
[00:30:35]

Catherine D. DeAngelis, MD
[00:30:36]
Well, after a while, in—I guess it was the—I had been there about four or five years and then I—no, about four years. I think it was 1982 I guess it was. I was asked [by the chair] if I would be willing to take over being the residency director because the residents would come to me with all kinds of things, and the residency director was leaving and going to another institution. So I said, "Okay, but I want to be paid the same rate as him." I found my salary went up about 25 percent. (laughs) And Dr. Littlefield agreed, he said, "Yes, of course, that's fair." But when you're residency director, you get a lot more say in what's going on, and I moved my main office up in the same place as the chair of the department and then [I asked?] if I would be the deputy chair of the department. And the whole thing started to evolve, and the next thing I know in 1990, I was asked to come over and be the dean—be the—
[00:32:16]

T.A. Rosolowski, PhD
[00:32:16]
Associate—
[00:32:17]

Catherine D. DeAngelis, MD
[00:32:17]

—vice dean. Well, (inaudible) it's the associate dean and then became the vice dean, and it just evolved. I mean I didn't set out to do any of that stuff. I just thought to let the wind take me.

[00:32:31]

T.A. Rosolowski, PhD
[00:32:32]
Mm-hmm, now tell me—
[00:32:32]

Catherine D. DeAngelis, MD
[00:32:32]
Did you ever wonder, where does the wind come from and where does it go?
[00:32:40]

T.A. Rosolowski, PhD
[00:32:41]
Well, it's funny you're saying that because we're just having a wicked windstorm here.
[00:32:44]

Catherine D. DeAngelis, MD
[00:32:45]
Oh yeah—
[00:32:45]

T.A. Rosolowski, PhD
[00:32:46]
That noise you heard was [a screen?] blowing out of the window. (laughter)
[00:32:47]

[00:32:49]

Catherine D. DeAngelis, MD
[00:32:49]
Oh dear. (laughs) Well, it's pretty windy here. I went for my walk this morning, it was pretty windy and cold.
[00:32:56]

Interview Session: 3
Interview Date: January 6, 2021

Chapter 11
Areas of Impact at Hopkins and Moving Into a Dean's Office

Dr. DeAngelis states that, at Johns Hopkins, she had the greatest impact on equity for women. She talks about her study (1988 or 1989) of salary and promotion differences between men and women and the mentoring program she started to help women with promotion [00:33:19-00:40:04]. Dr. DeAngelis then talks about her promotion to Associate Dean of Academic Affairs and Vice Dean of Faculty [00:40:48 — 00:45:55]. She tells the story of dealing with a faculty member known for sexual harassment and how she helped change the culture, including for gay and lesbian faculty [00:45:55 — 00:55:33].

T.A. Rosolowski, PhD
[00:32:56]
It feels good, but it's crazy. Well, I was going to ask you, so you said in each of these instances where you moved up, you had kind of more say. What were some of the things that you were able to set in place during that time that you felt—you look back on that and you feel it really made a difference in Hopkins?
[00:33:19]

Catherine D. DeAngelis, MD
[00:33:19]
Well, the main thing was what I was able to do with women because I was—before I came to the dean's office, Frank Oski was then the new pediatric chair, and the faculty council was really the chairs of every department. But internal medicine and pediatrics each had two representatives because we had such large faculty—faculty numbers and so I was the only woman except for the secretary. And it was interesting because in—where—when was it about—1988 or '89, the dean, then Dean Ross, Dick Ross, called me to his office one day, and he said, "Look, I've been told by the president of the university that School of Public Health people did a study, and our women are way underpaid." He said, "I don't know that that's true, but I'm supposed to fix it," and I said, "Where is their study?" He said, "Well, yeah," he said, "here's the study that was done." And I quickly looked through it, and I said, "Well, this study is flawed." I said, "It was done by someone who doesn't understand the school of medicine because they just considered—they didn't make any allowances for time in rank. I mean obviously if you've been a professor for a long time, your salary is higher and if you're a professor, you'll make more than assistant professor or an associate professor. And there were more men professors than there were women, and there were more men in the higher ranks who were higher paid, there were more men who were surgeons." I said, "None of this makes any sense." I said, "But I'm going to—" He said, "Well, could you set up the study and do it?" I said, "I can, but," I said, "while their methodology is not right, I'm pretty sure that we're going to come out with the same answer that women aren't paid as equitably with men."

[00:36:18]

And I said, "So I will only do it, I need three things: One, I need access to everybody's salary, and now you know, I would never divulge any of that." I said, "The second thing is you have to know that if we find a discrepancy, will you tell me that you will fix it?" and he said, "Okay, those two things are fine with me." I said, "Okay." I said, "The third thing is I want to meet with every department chair because I'm going to set up this study, but in order to have the chairs of all the departments accept it, I want to go and meet with each one of them individually, show them the study, and say, 'What am I missing?'" He said, "Okay." So he did that, I met with all the chairs separately. Almost no one had any—major anything to change the study, so I did the study, I had access to everybody's salary, and sure enough women were not paid equitably with men. The other thing I discovered —and I wanted to see it at the same time—was ranks. Women were not promoted anywhere near at the same rate as men. So the first—and the other thing I said is "I will repeat this every year. I will look at salaries every year to make sure that we maintain this equitability." I actually found there was one man who wasn't paid equitably, so we fixed the salary too. And it would—it took like two years to make the balance right, and it cost the dean about $2 million, but he kept his word. He was a wonderful man. And I saw this problem with rank, so I decided that would form a women's group so I got all the women professors. Because when I became a professor, which was year later, I got all the women professors and we—what we agreed to do was each of us would take women—two associate professor women and mentor them. Also, that I said "I would conduct meetings that the faculty, the women faculty can attend, and we can talk about how do you get promoted, what do you need to do." And so we set up that program, and we were able to make gigantic changes. I mean at that point, I think as I said, there were 15 or 20 of us. Now I think we're at three—we're just under 300.
[00:39:29]

T.A. Rosolowski, PhD
[00:39:30]
Wow, no I'm sure I was—scanning your CV to look for dates, but I'm not finding them as quickly as I should. So—
[00:39:37]

Catherine D. DeAngelis, MD
[00:39:37]
What?
[00:39:37]

T.A. Rosolowski, PhD
[00:39:38]
So when did—were you asked to undertake this study? What was—?
[00:39:43]

[00:39:43]

Catherine D. DeAngelis, MD
[00:39:44]
It was about 1988 or ’89, something like that and then in—
[00:39:49]

T.A. Rosolowski, PhD
[00:39:50]
And you started the women’s group what year?
[00:39:53]

Catherine D. DeAngelis, MD
[00:39:54]
Probably, the year—it’s probably 1990, ’89, ’90 something like that.
[00:40:04]

T.A. Rosolowski, PhD
[00:40:04]
Mm-hmm. And so what evolved from all of that? I mean you said you were able to make really big changes, what was the—?
[00:40:12]

Catherine D. DeAngelis, MD
[00:40:13]
Well if you look now, I mean there’s—(laughs) You know, in 199—I was asked—I was going to leave, and I was going to take the job in Texas as a dean and—(laughs) to join Jack—what was his name—Jack [Stobo], I’m blocking on his name now, but he was the vice chancellor there at—was it—Galveston I think.
[00:40:46]

T.A. Rosolowski, PhD
[00:40:46]
Oh, UTMB? Hmm,—
[00:40:47]

Catherine D. DeAngelis, MD
[00:40:48]
Yeah. No, and he won, and I was going to go there to be the dean. But what happened was there was a new dean, and that’s Mike Johns, became the new dean, and I went over. I made an appointment to see him to tell him I was leaving. He had asked his secretary to make an

appointment because he wanted to ask me to come over and be the associate dean. Well, we both met and I was—I said, "Well, I called this meeting," and he said, "No, I called this meeting." (laughs) He said, "Wait a minute," and his secretary, he called her, and she's a wonderful—administrative assistant, Kathy Long. And she said, "Well, you both wanted to meet, so we have one meeting." (laughter)

[00:41:41]

Anyway, I said, "I'd have to think about it." I said, "You know, I—I'm not sure I want to be an associate dean here, and I could be a dean there, and let me think about it." So it was the weekend, and this was a Friday, so Saturday morning, I'm sitting working on something, and my husband comes out, and we had like a patio. I was sitting there, and he has the phone on his hand, and he says, "Cathy, President Richardson"—who was relatively new president—"wants to talk to you." I said, "Get out of here, somebody's playing a joke." He said, "Well, I don't know, take the phone." So I took the phone, and I said, "Okay, who is this playing a joke?" He said, "Well, this is Bill Richardson." I said, "Dr. Richardson?" (laughs) He said, "Yes." I said, "This is no joke?" He said, "No, no." He said, "I wanted to talk to you," and I said, "Sure, sir, about what?" And he said, "Well, I think it's really important for you to take this position as associate dean of academic affairs," and I said, "But why?" He said, "How many strong women leadership people do we have?" and I said, "Well." He said, "Right now if I were to ask anybody, who's the strongest woman leader now, faculty member?" He said, "It's you." He said, "And so it's important for us to have you." He said, "I know, look I know you've been offered deanships and you know you will continue be offered deanships." He said, "So you could leave, but just I want you to really think about this. Just think about it even if you're only there for two or three years, you'll make a big difference and then you can go and be dean some place." So I said, "Oh, well, okay, let—" I said, "Yeah, I'll think about it," but I couldn't believe he called me. But I figured okay, I mean if he thinks that's important, then maybe it is. And Jim—
[00:44:27]

T.A. Rosolowski, PhD
[00:44:27]
But what went through your head as you were kind of thinking that over, you know?
[00:44:32]

[00:44:33]

Catherine D. DeAngelis, MD
[00:44:33]
Well, I loved Hopkins. I've always loved Hopkins and I just thought I was stuck where I was. I couldn't go any more in peds, I had turned down chairs, and I didn't want to be a chair of the department. I mean I was beyond that, and I knew that. So I thought—I didn't think there was

anything else for me, you know? I couldn't go any further. I had done as much as I could and then when he called, I thought, well, you love this place, Jim won't have to move and start over, he had, he was wonderful. So I said, "Okay," and I liked Mike Johns. He was on the faculty; he was the chair of otolaryngology, head, and neck surgery. So I went over and I (inaudible) and then I became the vice dean. And after three months, (laughs) I was asked if I would also take over and be the vice dean of faculty because [Margolis?] who was—he hated it, and faculty were coming to me anyway.

[00:45:55]

And it's interesting that I've been in the dean's office probably four or five weeks, and one of the things is I'm a eucharistic minister, so I used to go to mass at seven o'clock every morning, and at 7:30, I'd go over to—mass is over, and I'd go over to my office. Well, the chapel is right across this—the hallway from the cafeteria and so people knew that if they wanted to talk to me, all they'd have to do is wait about 7:30 and ask to walk with me over to my office across the street, (laughs) and so many, many mornings, I'd have somebody do that. Well, one morning, one of the faculty, a guy, told me that—about this faculty member, who was a hotshot in the hospital, brought in a lot of money, but that he was not very nice with women. And he was—he had Roman fingers and you know what I mean. And I said, "Well, my goodness," I said, "this—have one of these women come and talk to me," and he said, "Well, they're afraid to." I said, "Well, I can't do anything unless someone comes and makes a complaint." He said, "All right, let me see what I can do." Well, nothing happened for a couple of days and then another gentleman came and told me the same thing, and I said, "Look, this is driving me crazy because this should not be tolerated. I don't care if the guy brings in a million dollars a day, who cares? That will not be tolerated here." I said, "But I can't do anything without an official complaint." I said, "Look can't you guys find a woman, a professor—a woman professor or a senior woman who will come and make the complaint to me, somebody who knows me, and they know they can trust me. I would never break the confidence of anybody, and if I can't do anything about it, I'm certainly not going to compromise anybody," and that's what happened. One of the senior women took one of the junior women who had been, you know, who's very sexually harassed and we got rid of the guy.
[00:48:53]

T.A. Rosolowski, PhD
[00:48:54]
Wow. Wow.
[00:48:56]

Catherine D. DeAngelis, MD
[00:48:56]
Ten days later, he was out. I talked to Mike Jones about it, the dean, and he said, "Take care of

it."
[00:49:04]

T.A. Rosolowski, PhD
[00:49:05]
Wow.
[00:49:04]

Catherine D. DeAngelis, MD
[00:49:05]
Because he had a daughter who was in medical school then and he's a decent man, he would never tolerate that. So I had the guy, I gave him a chance to resign. I said—
[00:49:18]

T.A. Rosolowski, PhD
[00:49:18]
What effect did that have?
[00:49:19]

Catherine D. DeAngelis, MD
[00:49:20]
(laughs) It was interesting because then, I mean these two guys and a number of people said, "Well, you sure passed that test. We never—" He said, "You know we actually had money going on whether or not you'd be able to do anything." (laughs) I said, "Well, I hope who bet against me lost a lot of money." (laughs). They didn't, got a Coke or something, you know?
[00:49:50]

T.A. Rosolowski, PhD
[00:49:49]
Sure, sure.
[00:49:50]

Catherine D. DeAngelis, MD
[00:49:50]
Yeah, but look, I mean you have to stand by what you believe in, and you cannot make promises, and you cannot ask people to do things if you're not going to follow through so—
[00:50:09]

[00:50:09]

T.A. Rosolowski, PhD
[00:50:09]

Did that change the climate, I mean, to demonstrate that there were consequences even for a very high-profile person?
[00:50:15]

Catherine D. DeAngelis, MD
[00:50:15]
Oh, you bet, you bet. Now going forward, there was a claim made against another faculty member who was a very important guy by—but the complaint was made against him and so I said, I would investigate it. As it turned out, I talked to the woman, and it was not a legitimate complaint. But what happened was her—she had a very jealous husband, and the person who was accused of harassing her asked her to dance. They were at a faculty thing, people around, and everybody was dancing with everybody, and her husband went crazy and so she lied to him and then he lodged the complaint, so it works both ways.
[00:51:22]

T.A. Rosolowski, PhD
[00:51:22]
Yeah, absolutely, and you have to be—
[00:51:23]

Catherine D. DeAngelis, MD
[00:51:23]
And then she was okay because I said to her, "Look, do you understand that you will ruin a person's career? I mean you know he didn't do it." She said, "Well, I never said anything about rape or anything." I said, "You don't understand sexual harassment. His career is finished." So anyway, she—I got her and her husband together, and we talked about the thing, and everything was okay.
[00:51:53]

T.A. Rosolowski, PhD
[00:51:54]
Mm-hmm, mm-hmm, so did the institution back you up with that first faculty member? You know, did that change like sexual harassment training or other kinds of policies? What happened—
[00:52:09]

Catherine D. DeAngelis, MD
[00:52:09]
Oh, I think over the years if you see it now, they're—just it won't—it's not tolerated, period. It's not tolerated. You can't get away with that kind of stuff. I mean another thing, the gay and lesbians, okay. I was in my office, I had been the vice dean for probably—well I guess I was still senior associate dean at that point, and I got a call one day from someone who asked if he

could come and meet with me with some people, and he said, "But—" You see my office was on the first floor, so if you walked into the Ross Building, I opened up the windows and everything, because I loved that I could see people going by. And he said, "But will you close the curtains, and can we meet very early?" and I said, "Sure." I said, "How many?" He said, "There'll be like six of us." I said, "Okay." So I said, "We'll meet at 7:00, is that all right?" I said, "I will miss mass, and okay." He said, "Well, that would be great." "Okay." So they come in, I knew what it was. As soon as I saw them, well I knew what it was, but I had some muffins and coffee and so we sat down, and I said, "Okay, gentlemen, before we start, I want to tell you, I didn't know you guys were bigots," and they looked at me, and they said, "What?" I said, "Where are the lesbians?" And the five of them just looked at the one guy who set up the meeting, and he said, "I told you she's okay."
[00:54:01]

T.A. Rosolowski, PhD
[00:54:02]
Ah, that's good. (laughs)
[00:54:04]

Catherine D. DeAngelis, MD
[00:54:04]
So we met, we talked, and we set up a gay and lesbian day. This was way back now before it was the fancy titles and everything now.
[00:54:15]

T.A. Rosolowski, PhD
[00:54:16]
About what year was that?
[00:54:17]

Catherine D. DeAngelis, MD
[00:54:19]
Nineteen ninety-one maybe, '92? Yeah. Yeah, yeah. So we had a gay and lesbian day where we had presentations and that. And that young faculty member, became associate dean for students, he just retired.
[00:54:49]

T.A. Rosolowski, PhD
[00:54:50]
Oh wow, that's interesting, yeah, yeah.
[00:54:52]

Catherine D. DeAngelis, MD
[00:54:52]
Yeah, it's nice.
[00:54:53]

T.A. Rosolowski, PhD
[00:54:54]
Yeah, for sure. They can cause (overlapping dialogue; inaudible).
[00:54:57]

Catherine D. DeAngelis, MD
[00:54:57]
I mean, you know, you can—it's very interesting to me how it doesn't take a lot. It just takes someone to take the lead and you know, so what do you—I mean there were times when people would—they'd be threatening and stuff like that, and I said, "[Are you going to?] fire me? Go ahead, fire me. I can always work as a pediatrician. I could get a lot of jobs—"
[00:55:33]

T.A. Rosolowski, PhD
[00:55:33] r
Mm-hmm, what were—
[00:55:35]

Catherine D. DeAngelis, MD
[00:55:35]
—"fire me."
[00:55:35]

T.A. Rosolowski, PhD
[00:55:35]
—they were—what were some—
[00:55:36]

Catherine D. DeAngelis, MD
[00:55:36]
Well, of course no, but—
[00:55:37]

T.A. Rosolowski, PhD
[00:55:37]
—they—
[00:55:37]

Catherine D. DeAngelis, MD
[00:55:37]
—would.
[00:55:38]

T.A. Rosolowski, PhD
[00:55:39]
What were things that they were threatening you about? You know, what were those kind of lightning—
[00:55:42]

Catherine D. DeAngelis, MD
[00:55:42]
Well no, no, I mean verbally, I'd think to myself, what are you going to do, fire me?
[00:55:49]

T.A. Rosolowski, PhD
[00:55:50]
Oh okay, I see what you're saying, yeah, because I mean—
[00:55:52]

Catherine D. DeAngelis, MD
[00:55:53]
Yeah, I mean—
[00:55:52]

T.A. Rosolowski, PhD
[00:55:52]
—you're taking on some very controversial things.
[00:55:54]

Catherine D. DeAngelis, MD
[00:55:55]
—you know, I mean you asked me to be in this position, I didn't ask you. And if I see something wrong, I'm going to—if I can do something about it, I will no matter what level I'm at.
[00:56:07]

Interview Session: 3
Interview Date: January 6, 2021

Chapter 12
A Break from Johns Hopkins and a New Challenge at *JAMA*

Dr. DeAngelis begins this chapter by explaining her pragmatic reasons for taking the position as deanship [00:56:46], so she could take care of what needed doing. She then explains why she left Johns Hopkins to become editor-in-chief of *JAMA*. She shares an anecdote that demonstrates how she deals with administration so a job can get done [00:56:46 to end of session+].

T.A. Rosolowski, PhD
[00:56:08]
Now, when you were kind of deciding that you'd gone as far as you could go at Hopkins back in the '80s and everything and were thinking about leaving the institution, was it because your interests were kind of shifting focus to more of these equity issues, kind of more policy and—
[00:56:30]

Catherine D. DeAngelis, MD
[00:56:30]
Well, no. Again—
[00:56:39]

T.A. Rosolowski, PhD
[00:56:38]
So how—
[00:56:39]

Catherine D. DeAngelis, MD
[00:56:39]
—it was—
[00:56:39]

T.A. Rosolowski, PhD
[00:56:39]
—answer how you'd like about that. When did that become a primary focus for you?
[00:56:43]

[00:56:43]

Catherine D. DeAngelis, MD
[00:56:46]
Well, I don't think it ever did. It's not primary focus, it's just a focus when it was one of the things that needed to be taken care of, I mean. And it's—the story in 19—in the year 1999, I've

been in the dean's office for 10 years at that point. I was the vice dean, and everything was settled, and we had a lot of good stuff going, and that's when I decided maybe now I'll take the deanship. And I—certainly I've been offered deanships all the time, but I decided to take one, and I went to a meeting.

At that point, I was the editor of what's now *JAMA Pediatrics* and so we had a meeting because they had fired the editor in chief of *JAMA*. And so we had a meeting, our annual meeting, and we were all there, and they were talking about—they set up a search committee. And they wanted—they were looking, they were—the search committee was to name a new editor and so we're sitting around, and it was just the executive committee of the board, which was all the editors of all the different—there was *JAMA*, and there were I think at that point, I don't know, eight or nine specialty Archives we called them then. And so we said, "Look, what you have to do is you can't have the editor reporting to the AMA board because those—the board members are all private practitioners. They don't know a P-wave from a P value. They don't know about research and so there has to be a journal oversight committee of some kind. Without that, who's going to take the job as editor? You'd have to be a fool, because all you're doing is you're sitting under the thumbs of people who don't know what they're talking about. And there has to be editorial freedom or you don't have a real journal."

[00:59:52]

So we're sitting around, and we're talking and that was the proposal. So at the meeting, the chair of the search committee said that he had proposed that and that the board refused to do it. So I said, "Okay," I mean they're all guys, okay, me, as usual. I said, "I'll tell you what, I move that if they—the board doesn't do this, we all resign. Let them find"—oh, it was 11, there were 10—" Let them find 11 editors." Now, you got to understand that *JAMA and the Archives Journals* were cash cows for the AMA, they brought in a lot of money, okay. And everybody said, "Good idea." "All in favor?" "Aye." "Good, okay." I said, "Well, the meeting is over." We got up and walked out.

Now, I was followed out by the then new vice—he was the vice chairman of—or the vice president, excuse me, of business affairs at the AMA. He was the guy who had—he had just retired from working for United Airlines. He was the one who developed e-ticketing. I mean he was just a spectacular guy and a really nice guy. So he follows me on, he says, "Dr. DeAngelis, you can't do that," and I said, "[redacted], we just did." I said, "You don't understand. We're editors, we don't make any money with this kind of stuff." I said, "We get paid, what, $10,000 a year, and we divide it up among the—all the people who assist us." I said, "At the end of the year, if I can get a thousand dollars or so, I don't do this for money. It's ridiculous, this is not why we do it, we do it because we believe in editorial freedom and that what we put out is the truth, and we will not be told by people who have no say in any of this kind of stuff that what we can and can't publish. It's simple." He said, "Oh my goodness," so we left, this was a Wednesday.

On Thursday, we all got an email. All the editors got an email from the chair of the search committee who was editor of neurology, *JAMA Archives of Neurology* and he said, "The board decided that we can have a journal oversight committee." "Oh, yay," happy everybody's happy. Friday, I get a phone call from the chair of the search committee. He says, "Cathy, we want you to be the new editor." I said, "Are you out of your mind? I don't want to be an editor. I'm going to be a dean." They said, "No, no, no, no, no, who else is going to make this happen?" I said, "Look guys, I don't want to be editor." I said, "You know, I did this part time for peds, yeah, I could do that, that's fun, but I'm going to go and be a dean." He said, "Look, promise me you'll think about it over the weekend and call me Monday." I said, "Well, okay, out of respect for you, I'll do that." So Saturday, my husband and I walked around. There's a reservoir just north of the Johns Hopkins University. So we're walking around, and we get about a halfway there, and my husband says, "How many deans are there in the United States?" I said, "I think it was a hundred and twenty-five." He says, "And how many editors of *JAMA* are there?" I said, "One." He said, "Where do you think you can have the most effect and most influence on medicine?" and I called him a bad name. (laughter) And so Monday morning I called and said, "Okay, I'll go and I'll talk to the president and the—actually the CEO, the chief executive officer of the AMA," and the rest is history.
[01:04:25]

T.A. Rosolowski, PhD
[01:04:25]
Yeah. Well—
[01:04:27]

Catherine D. DeAngelis, MD
[01:04:27]
So—
[01:04:27]

T.A. Rosolowski, PhD
[01:04:28]
(overlapping dialogue; inaudible)
[01:04:28]

[01:04:28]

Catherine D. DeAngelis, MD
[01:04:29]
Who knows?
[01:04:29]

T.A. Rosolowski, PhD
[01:04:30]
I know. Well, listen it's—we've been recording for about an hour. Why don't we leave it there? We always seem to do that: we get an hour and then we're like in the next part of the story. So—
[01:04:41]

Catherine D. DeAngelis, MD
[01:04:42]
Okay.
[01:04:42]

T.A. Rosolowski, PhD
[01:04:43]
—set up a time for next week and—
[01:04:45]

Catherine D. DeAngelis, MD
[01:04:46]
Okay, now next week, I'm going to be in Baltimore, so that doesn't matter. Let's see. Let me have—I've got my calendar—
[01:04:54]

T.A. Rosolowski, PhD
[01:04:55]
Tuesday is—
[01:04:56]

Catherine D. DeAngelis, MD
[01:04:57]
Say what day—
[01:04:56]

T.A. Rosolowski, PhD
[01:04:57]
—Tuesday is probably a good day.
[01:04:59]

Catherine D. DeAngelis, MD
[01:05:00]
Tuesday?
[01:05:00]

T.A. Rosolowski, PhD
[01:05:01]
Tuesday like two o'clock or three—two—three o'clock—
[01:05:04]

Catherine D. DeAngelis, MD
[01:05:04]
—three o'clock my time on the twelfth?
[01:05:07]

T.A. Rosolowski, PhD
[01:05:07]
Three o'clock on the twelfth, yeah, and I'll double-check—
[01:05:09]

Catherine D. DeAngelis, MD
[01:05:10]
Let me check here. Let's see the twelfth, let me see. So (inaudible), Zoom 3:00 to 4:00, Ed, yup, I got you in.
[01:05:27]

T.A. Rosolowski, PhD
[01:05:28]
Excellent, great, and I'll make a note for my—
[01:05:30]

Catherine D. DeAngelis, MD
[01:05:30]
Okay.
[01:05:30]

T.A. Rosolowski, PhD
[01:05:32]
Great, terrific. Well, thanks so much.
[01:05:34]

[01:05:34]

Catherine D. DeAngelis, MD
[01:05:35]

All right.
[01:05:35]

T.A. Rosolowski, PhD
[01:05:36]
Exciting story.
[01:05:36]

Catherine D. DeAngelis, MD
[01:05:36]
Thank you, I hope your arm—does heat help it?
[01:05:42]

T.A. Rosolowski, PhD
[01:05:42]
Yeah, it does a little. I mean it's amazing, I've never had this reaction to a vaccine before, so I hope it's—
[01:05:48]

Catherine D. DeAngelis, MD
[01:05:48]
Hey,—
[01:05:49]

T.A. Rosolowski, PhD
[01:05:49]
—do its job.
[01:05:49]

Catherine D. DeAngelis, MD
[01:05:50]
—you know, you must have got a good vaccine because it's—
[01:05:52]

T.A. Rosolowski, PhD
[01:05:53]
Yes. (laughter) I figured it's doing its job.
[01:05:55]

Catherine D. DeAngelis, MD
[01:05:56]

Yeah there you go.
[01:05:56]

T.A. Rosolowski, PhD
[01:05:57]
All right. Well, I will—
[01:05:58]

Catherine D. DeAngelis, MD
[01:05:58]
Okay. Do you know which one you got? Did you get the Pfizer?
[01:06:00]

T.A. Rosolowski, PhD
[01:06:01]
I got the Pfizer, yeah.
[01:06:02]

Catherine D. DeAngelis, MD
[01:06:03]
Oh, good.
[01:06:02]

T.A. Rosolowski, PhD
[01:06:02]
They're doing both Moderna and Pfizer right now, but I got the Pfizer vaccine, yeah.
[01:06:06]

Catherine D. DeAngelis, MD
[01:06:07]
Okay, wonderful. You take care now.
[01:06:08]

T.A. Rosolowski, PhD
[01:06:09]
You too. Look forward to talking to you next week, right.
[01:06:11]

Catherine D. DeAngelis, MD
[01:06:11]
Okay, bye-bye.
[01:06:12]

Interview Session: 3
Interview Date: January 6, 2021

T.A. Rosolowski, PhD
[01:06:13]
—DeAngelis.
[01:06:13]

Interview Session: 5
Interview Date: February 4, 2021

Catherine D. DeAngelis, MD

Interview Session Number 4: January 12, 2021

Chapter 0-D
Interview Identifier

Catherine D. DeAngelis, MD
[00:00:00]
Another interesting interview but go ahead. (laughter)

T.A. Rosolowski, PhD
[00:00:03]
Oh yeah. Let me—oops, hang on, oops. Yes, so we are recording. That's strange, the little thing didn't come up automatically, yeah interesting. Anyway, so they [Zoom] must have changed the way the settings work. At any rate, let me say for the record that it is 2:15 in the afternoon on the 12th of January, 2021, and we are doing our fourth session together. I'm Tacey Ann Rosolowski, and I'm talking with Catherine DeAngelis today.

Chapter 13
Implementing a Vision for *JAMA*

Dr. DeAngelis recalls her interview for the position of editor-in-chief at *JAMA* [00:01:51], then talks about the "wonderful group" of people she worked with. She explains some logistics of their work and notes the increase in submissions they reviewed over the course of her 11-year tenure. She also explains what it meant to step away from roles at Johns Hopkins and the effect of a long-distance marriage during this time.

Dr. DeAngelis then talks about transforming *JAMA* into a real academic journal [00:06:27]. She goes on to note how she implemented ideas of equity in publishing and in clinical trials via her role [00:09:09]. She speaks about gender bias in publishing women authors [00:14:13], then talks about using podcasts ideas she implemented to draw attention to the journal [00:19:02].

T.A. Rosolowski, PhD
[00:00:03]+
And we ended our session last week with you saying, "And so I was editor in chief of *JAMA* and the rest is history." So I want to hear all about that. (laughter) I mean that's the—
[00:00:56]

Catherine D. DeAngelis, MD
[00:00:56]
We have eleven-and-a-half year history there.
[00:00:59]

T.A. Rosolowski, PhD
[00:00:59]
This is—
[00:00:59]

Catherine D. DeAngelis, MD
[00:00:59]
First of all, I told you about how I got to be the editor.
[00:01:03]

T.A. Rosolowski, PhD
[00:01:03]
You did, you did. That was—
[00:01:05]

Catherine D. DeAngelis, MD
[00:01:05]
Okay. So now I walk in and I interviewed. My first day, I'm thinking, you know, I'm coming

from Hopkins and I'm so used to being surrounded by people who are just absolutely phenomenal, what am I walking into? Well, what I was walking into was a group of fantastic, wonderful people, very bright, very dedicated, just wonderful people. So—
[00:01:46]

T.A. Rosolowski, PhD
[00:01:46]
Were they all MDs like yourself? I mean what was the breakdown?
[00:01:50]

Catherine D. DeAngelis, MD
[00:01:51]
Let's see. There were—well, no, the editors were all MDs, but there are a lot of other people. I mean there were like a hundred and some people altogether and—because remember, there were now—there was *JAMA* and then there were 10 *Archives Journals.* And all the editors, as I said, I had some full-time editors that were—those were the people that I worked with at the building where the *JAMA* office was. But there were 10 or 11 other offices where the editors were all over the place. I mean they were—and over the years there, I had to name new editors of different ones. But people I worked with on a day-to-day basis are the ones that were just fantastic. Well, one of them was a nurse, one is a nurse, another one—no actually another one actually she—yeah, she's a deputy editor. The others were manuscript editors, and they were not, they had master's degrees mostly, but they were manuscript editors, they were fantastic. And the woman in charge, she had a master's degree too. All the editors who were full time except for the nurse, and she was great because she sort of put it all together like nurses do. (laughs) And so it was just beautiful because we would have these meetings. Twice a week, we would meet and go over manuscripts. We received—well when I went there, we were getting about 3500 manuscripts a year, and within two years I think it was, we were getting 6000.
[00:04:19]

[00:04:21]

T.A. Rosolowski, PhD
[00:04:20]
Now let me ask you before we get too deeply into the weeds with this, a couple of things: First of all, what was the status, your status I Hopkins once you took on this role?
[00:04:35]

Catherine D. DeAngelis, MD
[00:04:36]
I was a professor, I was, and when I left it was just beautiful. I mean they—when I left Hopkins, they had a little—well, it was supposed to be a little reception but, well, about a hundred people who showed up. And at one point, the—this was very touching for me because it was in the evening like about six, seven o'clock, and at one point, one of the people who was maintenance people came out and asked if I would just step away for just a few minutes, go into the kitchen,

which I did. And there were about 30 or 40 maintenance, housekeeping, diet kitchen, they were there, and they wanted to say goodbye too, and some of them had saved—stayed from the day shift just to do that, and that was just so beautiful for me.
[00:05:44]

T.A. Rosolowski, PhD
[00:05:44]
Yeah, that's really—
[00:05:45]

Catherine D. DeAngelis, MD
[00:05:45]
—well and—
[00:05:46]

T.A. Rosolowski, PhD
[00:05:46]
—really lovely. Now—
[00:05:47]

[00:05:47]

Catherine D. DeAngelis, MD
[00:05:47]
So that that's why leaving, and then I was leaving my husband. We planned that we were going to have this marriage where we would—one or the other would visit. Either I'd come to Baltimore or he'd come to Chicago. That lasted about five months before he took a leave of absence—no, I guess it lasted four months. He took a leave of absence and then he came to live with me because we didn't do well not being together. It was—
[00:06:25]

T.A. Rosolowski, PhD
[00:06:25]
Long distance—
[00:06:26]

Catherine D. DeAngelis, MD
[00:06:27]
—so hard.
[00:06:27]

T.A. Rosolowski, PhD
[00:06:27]
—is tough, yeah. Now, let me ask you when you took on the *JAMA* role, what did you—how did you think of your mission in that role? What was it that you wanted to accomplish, your vision?
[00:06:43]

Catherine D. DeAngelis, MD
[00:06:43]
I wanted to make this a real academic journal so that—I mean everybody grew up, including me, with *New England Journal of Medicine*. That still remains the number one journal because it always has been the academic journal. But I wanted to get us so that, okay, we can be number two, but we wouldn't be that far behind, and that we would vie with the *New England Journal* for key papers; and we were able to do it. Because mostly what I wanted to do was to—in many cases, I would call. I asked all the editors or anybody if they knew of an important research project that was going on to let me know and who was the principal investigator, and I would call them and solicit, you know, give us a chance. And there are people that I knew that were doing important research, and so I'd call them because I knew them, and I said, "Just give us a chance, just send this and give me a chance." After a while our impact factor, which I think is terrible, but that's what people go by. Our impact factor when I walked in the door was 11 ½; when I walked out the door it was 31. And if you go up half a point a year, it was supposedly wonderful, but it just started to increase like crazy, and we were getting some really terrific papers. We were—
[00:08:50]

[00:08:50]

T.A. Rosolowski, PhD
[00:08:49]
Now did—
[00:08:50]

Catherine D. DeAngelis, MD
[00:08:51]
We were doing—
[00:08:51]

T.A. Rosolowski, PhD
[00:08:51]
Was it—
[00:08:52]

Catherine D. DeAngelis, MD
[00:08:53]

—we'd go to the different meetings and then we would do podcasts and stuff like that. We were doing all kinds of things.
[00:09:08]

T.A. Rosolowski, PhD
[00:09:09]
Now did you—you brought your equity mindset, gender equity mindset to this role as well. I mean tell me how you acted on that.
[00:09:19]

[00:09:19]

Catherine D. DeAngelis, MD
[00:09:20]
Okay. So I did two things: Number one with the equity when we'd get these clinical trials, now the clinical trial is—that's the epitome of research. Everything else just shows association, but clinical trials show that something is directly related. So when I would get a paper, I'd look at it, and they'd mix everything, and I'd say, "No, I want you to separate out the women and the men." And very often, there would be not enough women in the thing for them to be able to look at them in the same way as far as what were the traits and what was the outcome. And so the message got out that I really wanted them to enlist as many women as men and not just say… because we began to show that the outcomes were different in women than men. And so, they got the message, and then other journals kind of flowed through.

I think one of the biggest things that helped us with women was that I convinced the women's health study —that was the big study about the use of estrogen and progesterone, the birth control pill or the pill that you would—how much would you take when you went through menopause. And Jeff Drazen, the editor of *New England Journal of Medicine* —who's a really terrific guy, we became very good friends—that was his paper. Everybody knew that was going to *New England Journal*, but I called the principal investigator and worked with her and said, "Give us a chance," and we published that paper. Oh my goodness, (laughs) but it helped a lot. You know, there was a lot of coverage of that. Some people said, "Oh no, that isn't right, this one is right." But what happened was many other studies came from that study, it was stimulated by that, and we got—certainly got our share of those too, so…

[00:12:04]

And the other thing I did at least whenever I could, I tried to put at least a paper about children. We had a pediatric *Archives of Pediatrics & Adolescent Medicine*, which I had been the editor of before *JAMA*. But we would publish—we published a fair number of them, almost every issue, not quite but almost every issue. But it also stimulated people to send their journal—send their article to us. And then if we wouldn't publish it, we could then offer the author to send all the material that they put together for us to send it right over to the editor of the specialty journal like pediatrics or cardiology or neurology. And we couldn't guarantee that it would be published

there, but the fact that we would send it on. Now, we didn't send all of them on because some of them I didn't think were—I thought there were other places where it could be published, not in our archives. But what it did was help the impact factor of the specialty journals, the *Archives* journals. And because they would submit their best articles to us and then if we didn't publish them, almost always they'd say, "Yeah, go ahead" because they'd save a lot of time so that helped too.
[00:14:04]

T.A. Rosolowski, PhD
[00:14:05]
What was your approach to women authors, representation among the authors?
[00:14:13]

Catherine D. DeAngelis, MD
[00:14:13]
Well, this was the thing. I mean it—we knew that there were articles that were—if women were the chief author on it that they were reviewed differently, but that didn't happen with us. In fact, we encouraged the women to submit to us, I mean their good articles and but—
[00:14:48]

T.A. Rosolowski, PhD
[00:14:49]
What did other—you said they were reviewed differently, what were the kinds of parameters—
[00:14:54]

Catherine D. DeAngelis, MD
[00:14:54]
Well I mean it's interesting that I actually tested this. I never published it, but I would send out—this is before not as the editor but I did this before. I'd send an article to somebody, and I'd put a man's name first, it's the same article, and I'd put the woman's name, and [often?] I'd send them out to different people, and inevitably the guy's name on the paper came out much higher than the woman's name on the paper, and I said, "That's not acceptable." And so we never did that, and we encouraged the women to submit and to put their names first or last. The senior author is usually the last author, so… But you could only so much, and I also used that as a means to—oh, other thing I did to stimulate getting articles, I did a special issue. We did theme issues two or three times a year and then we'd have a special meeting where we would present some of the papers from that, and we'd invite the newspapers. We'd had them, okay. So I did one fairly early on, a special theme issue on women, and it was funny because we—that stimulated a lot of good paper that they were papers about women, and, what, a lot of them had the author was also a woman, but it did have to be, just the article had to be about women. So it was interesting because in a podcast, I would every week,—and I'll tell you this story about podcasts in a minute. But every week, I would do a podcast about what was coming in that week's issue, just briefly go over some of the key factors about the key issues in different things.

And so this issue with the women, I said to the men, "Well, we—" I said in the podcast, "Okay this week's issue is a special themes issue on women. And our—the news the media meeting that we'll have about this will take place—" and I think it was in the Waldorf Astoria in New York because we tried to do them in New York because [there was a lot of media in New York]. And then but in joking I said, "Now, don't worry guys because we're going to do a special theme issue on men, and I'm thinking about having the media meeting at Hooters." Well it was amazing the feedback I got about that.
[00:18:35]

T.A. Rosolowski, PhD
[00:18:35]
I bet. Dr. DeAngelis, let me pause just for one second—
[00:18:39]

T.A. Rosolowski, PhD
[00:18:41]
Okay, all right, sorry about that—
[00:18:42]

Catherine D. DeAngelis, MD
[00:18:43]
I could hear anything. I was going to say there's nothing on.
[00:18:44]

T.A. Rosolowski, PhD
[00:18:45]
Yeah, no, it's—I could definitely hear it, so—
[00:18:48]

Catherine D. DeAngelis, MD
[00:18:48]
Okay, I'm sorry.
[00:18:49]

T.A. Rosolowski, PhD
[00:18:49]
That's okay. You know, I know it's quite amazing how sensitive the recorders are these days, amazing. So, you were going to say a little more about the podcast?
[00:19:02]

Catherine D. DeAngelis, MD
[00:19:02]
Okay. About, I don't know, three, four years into it, *New England Journal*—now you got to remember that *New England Journal* is owned by the Massachusetts Medical Society, it's a very

good society, okay. But *JAMA* it was owned by the American Medical Association much larger, okay. So, journals are cash cows, they make a lot of money, and *New England Journal of Medicine* makes a lot of money and so did *JAMA*. But what the difference was with *New England Journal of Medicine*, essentially 90-plus percent of what they made went back into making the journal better. They could spend on all kinds of things that they could do. That was not true for *JAMA*. Our money went to the AMA, and they used it to fund all kinds of things, and we just got a certain amount, and that certainly was nowhere near what *JAMA*—what *New England Journal* got.

So, a few years in, one of the things that *The New England Journal of Medicine* did was they hired professional people to do a podcast and so they were pretty well received. People liked tune in or while they're running or driving, you could hear, you could get a lot of information. So I didn't have any money in my budget to hire somebody to do that. I mean that was pretty expensive thing. So, I talked to our people, and I said, "Look, I'd love to do this, but we don't have the money," and they said, "Well, why don't *you* do it?" I said, "Me?" and they said, "Yeah, you do it, and we'll set it up here, we'll set—we have the mechanism where we can set it up, but you do it." I said, "Well, I'll try it. Let's see what happens." So, I started, and you know, I have a weird sense of humor in case you did not notice, but I'd start out with, "Hello out there, this is Cathy DeAngelis, the editor—in-chief of *JAMA* blah, blah, blah." Now, it went over really big because I'd throw in zingers all the time, you know, I'd throw in a funny liner here or there. And well one day, probably after I had done three or four of them, I'm walking at the O'Hare Airport because there was a lot of travel involved, and somebody came up to me and said, "Hello out there," (laughs) and it happened frequently thereafter. I mean they'd recognize me and say, "Hello out there." (laughs) They liked it, they really liked it. So we did it, and it didn't cost us anything.
[00:22:27]

T.A. Rosolowski, PhD
[00:22:28]
Right, and the podcast, that helped drive the profile of the journal as well.
[00:22:32]

[00:22:32]

Catherine D. DeAngelis, MD
[00:22:32]
Oh sure, oh sure, yeah. They continue the podcast now with—well, they have much more sophisticated thing because they—I never had a publisher. I mean they I should say I had about five publishers, they kept changing, and none of them were interested in anything except making money so that it could go for the—
[00:22:59]

T.A. Rosolowski, PhD
[00:22:59]

For the AMA—
[00:23:00]

Catherine D. DeAngelis, MD
[00:23:00]
—for the AMA. After I left, they hired a real publisher who was wonderful. In fact, he was a former publisher—assistant publisher for *The New England Journal of Medicine*, and he came in and things were different, which is good, that's the way it should be. I thought that was wonderful. But you work, you do the best you can with what you have.
[00:23:25]

Chapter 14
Facing Challenges as an Editor-In-Chief

Dr. DeAngelis talks about tough moments: dealing with the board of trustees, with dishonest authors, and an extremely difficult EVP who attempted to take credit for bringing *JAMA* to financial health. She also discusses her accomplishments during her 11 years of service to the journal [00:29:46]. She then explains why she left the role [00:31:44] and summarizes additional accomplishments, such as joining *JAMA* with its archives [00:31:44], a move that involved strategizing against publishing politics.

T.A. Rosolowski, PhD
[00:23:26]
Mm-hmm, what were some really, really challenging scenarios that you had to take on during that editor in chief role?
[00:23:34]

Catherine D. DeAngelis, MD
[00:23:36]
Well, there was always this issue with the board of trustees. I mean they were really decent, nice people, but they were private practice and so for the most part, hadn't a clue about academia or about academic freedom or editorial freedom. And one of the things that was very important to me —and the deal I made with this CEO when I came in—was that I reported to a journal oversight committee, not to the board, and that they then would translate to the board and to the CEO. Well, the original CEO left, and the person who came in wasn't—I mean he was in all for himself, and he also was nowhere as smart or as accomplished as the original one. So, what would happen is that I'd publish something, and someone said, "Well, you know, that's not—that's not our policy or that's not what the AMA wants." Well, I said, "That's fine." And they wanted us to publish some of their stuff, like they wanted us to publish something from the president and then—and I said, "We are not the newsletter for the AMA. We—"
[00:25:25]

T.A. Rosolowski, PhD
[00:25:25]
Yeah, or the editing press—
[00:25:26]

Catherine D. DeAngelis, MD
[00:25:26]
"—are an editorially independent journal." Well, they wanted—they didn't like that. They wanted to have a say in what we published, and so we got into this back and forth, and I refused to do that. I said, "My contract says editorial freedom. The journal oversight is who I report to, etc., etc." And you're bound to get into some kinds of messes because there was a

misunderstanding that occurred between my deputy editor and one of the authors who was dishonest as the day is long, and they got into this mess. And there was—supposedly they were going to—they said all kinds of terrible things about me because I protected them as I should because the buck stopped with me. And it got pretty rough, and we had to get the journal oversight committee involved to investigate this supposed thing. And everything came out okay, but it was not easy, and that EVP, CEO was not very helpful. And it's things like that, but it's interesting when I left, they let him go, but he was—anyway it doesn't matter. He tried to make me go so that he could have whatever. And of course that didn't work out, because I worked with the board, and they knew there was all kinds of issues. But the person who came in who is now the EVP, the executive vice president or the chief operating officer—chief executive officer—is someone who I wish we had worked together. And he has said, he wishes that we had worked together, because it would have been a lot smoother sailing. But, hey, you do the best you can with what you have. And—
[00:28:10]

T.A. Rosolowski, PhD
[00:28:10]
And it sounds like you were able to sail through that or navigate through it—
[00:28:14]

Catherine D. DeAngelis, MD
[00:28:15]
Was navigate. It wasn't—it was tough sailing—
[00:28:17]

T.A. Rosolowski, PhD
[00:28:16]
It wasn't—
[00:28:16]

[00:28:17]

Catherine D. DeAngelis, MD
[00:28:16]
—it was tacking, you know?
[00:28:18]

T.A. Rosolowski, PhD
[00:28:19]
That's why, yeah, I changed my wording there to—(laughs)
[00:28:22]

Catherine D. DeAngelis, MD
[00:28:23]

Yeah,—
[00:28:23]

T.A. Rosolowski, PhD
[00:28:24]
But it sounds like—
[00:28:23]

Catherine D. DeAngelis, MD
[00:28:23]
—yeah, I mean it—
[00:28:24]

T.A. Rosolowski, PhD
[00:28:24]
—you were able to do it without—
[00:28:25]

Catherine D. DeAngelis, MD
[00:28:25]
But, you know, it's interesting, I really believe that—well, I certainly believe in God. And I think that given time, as I think we're seeing now in our country, things work out. And so right now, or—well we both left at the same time, but I went on the to continue to be a faculty member at Hopkins and became a distinguished service professor, which is the highest ranking you could achieve and not too many people achieve it, and I'm still very active. He is in private practice because nobody will hire him.
[00:29:14]

T.A. Rosolowski, PhD
[00:29:15]
Oh, wow, yeah, yeah.
[00:29:16]

Catherine D. DeAngelis, MD
[00:29:16]
Yeah, because the truth was out. I mean he took credit for, "Oh, look, I made the AMA financially healthy," and no, it was a woman who did it actually. Denise—
[00:29:29]

T.A. Rosolowski, PhD
[00:29:29]
Oh gosh.
[00:29:29]

Catherine D. DeAngelis, MD
[00:29:30]
—Hagerty. Although somebody said to me, "You know that guy Dennis Hagerty is really a sharp financial person." I said, "Yeah, she is, but her name is Denise, not Dennis." She's a wonderful woman.
[00:29:45]

T.A. Rosolowski, PhD
[00:29:46]
So as you look back over your entire tenure with *JAMA,* what are some of the additional accomplishments that you feel you were really able to make? I mean you mentioned the high impact factor and several other things, maintaining the intellectual and editorial freedom of the journal. What were some other things that you felt you were really able to accomplish?
[00:30:13]

Catherine D. DeAngelis, MD
[00:30:13]
Well, I think we established ourselves as being a really high-powered journal and an academic journal, and things that came out of *JAMA* were considered to be pretty top-notch. And so, the top three journals were all—are *New England Journal, JAMA,* and *Lancet,* but *Lancet* is based in Britain and so to get to that level was wonderful. So—
[00:30:55]

[00:30:55]

T.A. Rosolowski, PhD
[00:30:55]
What did that do for the AMA to have the journal—?
[00:30:59]

Catherine D. DeAngelis, MD
[00:30:59]
Oh, it did a lot, because it was the journal of the American Medical Association so that's what *JAMA* is. It's their journal but—they own it but they have—they don't have anything to do with the content—
[00:31:20]

T.A. Rosolowski, PhD
[00:31:20]
Mm-hmm, that's interesting.
[00:31:22]

Catherine D. DeAngelis, MD
[00:31:22]

—which is very important. We're not the notebook for the AMA. We're their academic journal as are all the other journals, the specialty journals.
[00:31:39]

T.A. Rosolowski, PhD
[00:31:41]
Why did you decide to leave that position?
[00:31:44]

Catherine D. DeAngelis, MD
[00:31:44]
Well, I originally went in to—I was going to stay 10 years, and that would've meant that I finished in 2010. But I decided I wanted to stay a couple of years to sort of make that transition. And the other thing is that the EVP, the bad guy, (laughs) tried to get rid of me. He was trying, and I figured, oh yeah. So I said, "I wasn't going to leave on his grounds, I would leave on mine." And so, the board said to him he couldn't do that, and so what I did though—but I didn't want to stay much longer because I had taken the journal as far as I could, and I knew the next editor could take it the next levels. I mean there were things I wanted to make. I wanted to have *JAMA* cardiology, *JAMA* neurology. But the best I could do is I joined —that was the other big thing I did. It wasn't *JAMA*, and then the archives over here. It was *JAMA and* the *Archives*. I changed the logo to *JAMA and Archives*. We were one family, but we were not *JAMA Neurology*, *JAMA* this, *JAMA* that. And I knew that—
[00:33:17]

T.A. Rosolowski, PhD
[00:33:18]
I'm sorry, what was the significance of that? Why was that so important?
[00:33:22]

Catherine D. DeAngelis, MD
[00:33:22]
Well, because we—to have a family of journals means that you're covering all kinds of grounds, and as I said before, you could submit something to *JAMA* in cardiology, but it wouldn't quite make it for us or we didn't have room or we already published something like that but you—then you would go to you know, *JAMA Cardiology* or whatever or *JAMA Neurology* or whatever. And there was a strength in that. But I knew—
[00:34:01]

T.A. Rosolowski, PhD
[00:34:01]
And a sort of—it sounds like a shared quality as well.
[00:34:04]

Catherine D. DeAngelis, MD
[00:34:05]
Well, it was, and we were a family of journals, and I'm into families. I think they're—(laughter) I think that's a very, very strong thing to have is family. And when I—I knew that if we went to *JAMA Neurology*, *JAMA Psychiatry* that when you change the name, your impact factor goes to zero, so you have to start all over. So, this would be a two-, three-, four-year venture, and I wasn't going to stay that long. About two year—it would be three- or four-year venture, and I didn't want to stay that long at that point. I mean I wanted to go back to—to come back to Hopkins. And so, I made a deal with them that I'd stay for—I'd have a two-year contract, but that I'd leave after a year and a half. That's why I served as 11 ½ years. I'd leave after and just do—I mean they continued to pay me, and I have all—everything, but I wouldn't be present there. I didn't want to stand in the ways of the new editor, but I'd do whatever the AMA wanted me to, which I knew not much, wasn't anything really, but it meant that they paid me. So, I sort of had a six-month sabbatical at the end. (laughs)
[00:35:42]

T.A. Rosolowski, PhD
[00:35:42]
Well yeah.
[00:35:43]

Chapter 15
A Memoir and a New Writing Project

Dr. DeAngelis explains that when she left her position at *JAMA*, discussions with her mentees led her to write her memoir, which she still uses for mentoring purposes [00:35:50 — 38:20]. She explains what she learned from this project [00:38:42], then segues to a new writing project undertaken during the Covid year, 2020 [00:40:00] that has enabled her address life questions and learn a lot about herself. She reveals lessons learned in a very personal discussion during the final half of the interview session (beginning: [00:46:25]).

[Note: The Interview Subject states on record she would prefer not to make the conversation about her book public. She later decided to leave the full discussion of her novel in this interview transcript and the related video/audio.]

Catherine D. DeAngelis, MD
[00:35:44]
I went right back to Hopkins, and so...
[00:35:46]

T.A. Rosolowski, PhD
[00:35:47]
So tell me about going back to Hopkins.
[00:35:49]

Catherine D. DeAngelis, MD
[00:35:50]
Well, the first thing I wanted, I wanted to pick up something with professionalism and—but I wanted—my [mentees] were after me to write a lot of the stories about that I used to help them. Because I continued mentoring people all the time I was at *JAMA*, and they kept after me. They said, "Why don't you write the memoir and write—or no, why don't you write these stories and so that they can be shared?" [redacted] So I said I'm going to write, I'm going to write these stories [but not while still on the JAMA pay roll]. So, I started to write these stories [after I officially left JAMA in January, 2012. I finished it over the next three years, and it was published in 2016]. Well, as I started to write the stories, I thought, these stories out of context of where they fit in my life and how I came up with these, they were stories about things that I had done, and why I had done them, you know. Administratively and that stuff. So, I said I've got to put this in context, so I ended up writing my memoir. [redacted] And because I then wanted that journal, that book —my memoirs--, because I wanted it to come out fast—I'm going through the process now, which I'll come back to in a minute, but it takes a long time to find an agent and then publish. I've published 14 books, but 13 of them are academics, so you deal directly with the editor and publisher, but that's not how novels are handled. You have to find an

agent before you go to a publisher, and that takes a long time, and I didn't want a long time. I wanted to have the book so that I can use it for mentoring. So I self-published it, and it did very well. It's still selling, it's bizarre, but I use it for mentoring, I still use it for mentoring so—
[00:38:20]

T.A. Rosolowski, PhD
[00:38:20]
Let me ask you what was the process of writing like? Did you learn some things as you were thinking about your past experiences and putting them in context in that way?
[00:38:32]

Catherine D. DeAngelis, MD
[00:38:32]
Oh yeah, oh yes. I mean you've read it now, haven't you—
[00:38:36]

T.A. Rosolowski, PhD
[00:38:36]
Yeah, I have.
[00:38:36]

Catherine D. DeAngelis, MD
[00:38:37]
—(overlapping dialogue; inaudible) or whatever?
[00:38:38]

T.A. Rosolowski, PhD
[00:38:39]
What are some—
[00:38:39]

Catherine D. DeAngelis, MD
[00:38:39]
And—
[00:38:39]

T.A. Rosolowski, PhD
[00:38:39]
—realizations that you came to?
[00:38:41]

Catherine D. DeAngelis, MD
[00:38:42]

Well, a lot of them are when I put at the end of the thing, there's life lessons learned, I think—it allowed me to think about my life and what I had learned. And it's very interesting because when you write, first of all, you expose yourself. I mean you say things that maybe it would be that—you know, they're private things. But if you really want to help people, then you're going to have to expose that, you have to put it in context. So that's what I learned. But it's interesting if you want to jump forward now. I mean I've spent this COVID issue. My husband and I in actually the end of June went up to our house. We have a family house in Northeastern Pennsylvania on the Delaware River, very rural. It's like safe, you know?
[00:39:59]

T.A. Rosolowski, PhD
[00:39:59]
Mm-hmm.
[00:40:00]

Catherine D. DeAngelis, MD
[00:40:00]
There's nothing there but beauty, nature, right on the Delaware River, it's great. But I said, "You know, I always have to have a project, and since I could no longer go into the hospital every day because of COVID," I said, "You know I've always wanted to write a mystery, a murder mystery," so I said, "I'm going to write a murder mystery." That's all I had in my head. I had no idea about what. And so I—the—in—throughout June, I started at I guess the end of May, beginning of June, I sort of went through different things in my head about, okay, yeah, this will take a place in a hospital, now I've got to think about this. But when I got up to Pennsylvania the end of June, every day, I'd take a three-mile walk on the road along the river, and it's beautiful nature. There's like not much there but nature. And I just—it was so astounding because it gave me time to think about my own life, and I think when you do that, you go through this existential question or struggle, which I was going through, and I'd come back and I'd say, "Well you know, you've got to write," and I'd sit down, and I'd start to write. I had no idea about what I was going to write until I sat down and started to write and then I'd go for a walk the next day, come back, and I'd start to write. And suddenly—well not suddenly, I wrote a novel, and I truly believe —oh, it taught me a lot about myself. It taught a lot about life.
[00:42:05]

T.A. Rosolowski, PhD
[00:42:06]
What were some of the lessons learned?
[00:42:08]

Catherine D. DeAngelis, MD
[00:42:10]
Oh, you're—
[00:42:11]

T.A. Rosolowski, PhD
[00:42:12]
If you want to share them?
[00:42:13]

Catherine D. DeAngelis, MD
[00:42:13]
Are you a Christian? You're a Christian, right?
[00:42:15]

T.A. Rosolowski, PhD
[00:42:15]
I am not.
[00:42:15]

Catherine D. DeAngelis, MD
[00:42:16]
You're not?
[00:42:17]

T.A. Rosolowski, PhD
[00:42:18]
No.
[00:42:18]

Catherine D. DeAngelis, MD
[00:42:18]
Are you Jewish?
[00:42:19]

T.A. Rosolowski, PhD
[00:42:19]
No, but I'm very open to hearing spirit—
[00:42:22]

Catherine D. DeAngelis, MD
[00:42:22]
You're open to—? Okay, I'm sorry I had to—I shouldn't have asked that; it's none of my business. But it's a story about a woman physician who's a former nun, who left the convent, actually got married, but her husband was killed after only less than two years in a freak accident. And she went to medical school and became the chief medical officer in a Catholic hospital, and she discovers that the death of two patients that didn't sit right with her, etc., etc. But in the meantime, she's going through an existential crisis much as I was, but I wasn't—I wouldn't say I was going through a crisis, I was going through a struggle. And so, I found

myself her character, I was writing my own stuff into it. And in trying to write that part—the book has two parallel plots: One is the murder mystery, the other is the existential struggle, and they go—they weave in and out with each other until the end when they come together for a resolution.
[00:43:53]

T.A. Rosolowski, PhD
[00:43:54]
Do you mind sketching what that existential struggle was for you?
[00:43:59]

Catherine D. DeAngelis, MD
[00:44:00]
I can't do it because then I'd tell you all about the book.
[00:44:02]

T.A. Rosolowski, PhD
[00:44:02]
Okay, fair enough, fair enough—
[00:44:05]

Catherine D. DeAngelis, MD
[00:44:05]
I'd be happy to send you a copy of the book. Right now, one of the things I've learned—I wrote the book, it's done, well it—
[00:44:14]

T.A. Rosolowski, PhD
[00:44:14]
Well, congratulations.
[00:44:15]

Catherine D. DeAngelis, MD
[00:44:15]
—it's done.
[00:44:15]

T.A. Rosolowski, PhD
[00:44:15]
That's very—that's great, that's a great achievement.
[00:44:18]

Catherine D. DeAngelis, MD
[00:44:18]

Well, yeah, and I'm happy with it, and I learned so much that I came to grips with my own existential struggle. Like what's my role in life, why am I here, have I really done what I'm supposed to have done, you know? And in fact, writing the book was an incredible struggle because at times—it's a good thing I'm married to a psychiatrist because I said to him, "There were times when I thought I was dealing with the parallel universe." Because this family that I was writing about, and this hospital, and the whole scenario, there were times when I couldn't write it because it was so strong. And there were other times, even now, I mean I could picture every character in this book, I'd picture the hospital, I know the house where they lived, I know the place, I know everything about it. It's like I know there's a parallel… I wonder if there's a place, a parallel universe. But I read a lot, I read a lot of Nietzsche and Kierkegaard and [Tullidge?], and well, just a lot of—and then I made it sort of like—do you like Flannery O'Connor?
[00:45:53]

T.A. Rosolowski, PhD
[00:45:53]
Mm-hmm, I do.
[00:45:54]

Catherine D. DeAngelis, MD
[00:45:55]
Okay, well, she's the most beautiful existential writer. That's what she was writing about. So, I said my book is sort of Flannery O'Connor meets Harlan Coben. Harlan Coben is a mystery writer. Do you ever read any of his mysteries?
[00:46:15]

T.A. Rosolowski, PhD
[00:46:15]
I may have—I don't—I'm sure I have, I recognize the name.
[00:46:18]

Catherine D. DeAngelis, MD
[00:46:19]
Yeah, but he's a mystery writer, you know, and that. And so—
[00:46:24]

T.A. Rosolowski, PhD
[00:46:25]
Did you come to a decision about your own sense of purpose, you know, the why, the big why questions?
[00:46:30]

Catherine D. DeAngelis, MD
[00:46:31]

Yes, of course. That's what writing the book did and an understanding of my faith and—
[00:46:40]

T.A. Rosolowski, PhD
[00:46:40]
Can you talk about that at all?
[00:46:42]

Catherine D. DeAngelis, MD
[00:46:43]
Well, the whole thing is: she's struggling. She believes strongly in justice and—which I do, but you know, how do you truly get justice? And I mean, is any—is murder in this particular case—because she finds out that the murderer is someone that she respects and admires very much and is a very decent man. And he murdered quickly these two patients for good reasons, very good reasons. These men were terrible, with very little redeeming grace about either of them. And so when she finally—there's a chaplain of the hospital who becomes a good friend of hers. I mean he's older than her mother, but he's like 80 and she's 48, so... But he becomes part of the family because she lives with her mother now because her dad died and her husband's gone. And it's interesting because she's interested in truth and then justice, so the truth for her was she knows that these two patients died, and it doesn't sit right with her. She does this because she becomes the chief medical officer, and in trying to put together data and so she could understand everything about the hospital, she finds these two deaths that somehow were not—they seemed weird to her even though both had autopsies and they were signed off as they couldn't find anything abnormal about them because of the clever way this guy—who was a maintenance man. (laughs) And I'm giving away the plot, so I hope this doesn't come out before my book does. (laughs)
[00:49:26]

T.A. Rosolowski, PhD
[00:49:27]
(overlapping dialogue; inaudible) (laughs)
[00:49:28]

Catherine D. DeAngelis, MD
[00:49:29]
Okay. Anyway, she realizes because he confesses to her—he writes a letter and he confesses to her. And so she decides, can murder or any really terrible sin be forgiven? And then she realizes that no matter what sin, she realizes who and what Jesus is and why he suffered this incredibly horrible death to make up for any sin we have. So that there is no sin that if you truly are sorry for it and ask for forgiveness, it's always there because it's paid for, the justice is Jesus's blood and his life. And if you're not Christian, then you probably don't quite understand what I'm saying but—
[00:50:50]

T.A. Rosolowski, PhD
[00:50:50]
Well intellectually, I certainly can. No, I don't have—
[00:50:53]

Catherine D. DeAngelis, MD
[00:50:53]
Yeah.
[00:50:53]

T.A. Rosolowski, PhD
[00:50:53]
—(overlapping dialogue; inaudible) yeah.
[00:50:54]

Catherine D. DeAngelis, MD
[00:50:54]
Yeah, well that have been—do you like Flannery O'Connor, you know she's struggling with that.
[00:51:01]

T.A. Rosolowski, PhD
[00:51:02]
But these are serious questions about fundamental issues for all people, the nature of—
[00:51:09]

Catherine D. DeAngelis, MD
[00:51:09]
Exactly.
[00:51:09]

T.A. Rosolowski, PhD
[00:51:09]
—of forgiveness, the nature of—
[00:51:11]

Catherine D. DeAngelis, MD
[00:51:11]
Oh yeah, oh yeah, the book—
[00:51:12]

T.A. Rosolowski, PhD
[00:51:12]

Why is—why was that question so important to you right now that you wanted to take it on?
[00:51:22]

Catherine D. DeAngelis, MD
[00:51:23]
I have no idea, I have no idea why I wrote that.
[00:51:30]

T.A. Rosolowski, PhD
[00:51:30]
Hmm, interesting.
[00:51:31]

Catherine D. DeAngelis, MD
[00:51:31]
I have no idea where it came from—
[00:51:32]

T.A. Rosolowski, PhD
[00:51:33]
Something inside you was percolating on that.
[00:51:35]

Catherine D. DeAngelis, MD
[00:51:36]
I guess, and it just came, and that's why I really want to have this published because I've had three people read it, three totally different people. One is someone who edits a lot of books, one is someone who was the editor for Simon & Schuster for their chemistry. He was a pure basic science person, never read a murder, never read a mystery in his life, okay. And the other was a wonderful priest friend of mine who works out of the Vatican. But I went to him with a question and then he wanted to read the book, so I send it to him. All three of them said, "You have to publish this." We'll see.
[00:52:30]

T.A. Rosolowski, PhD
[00:52:30]
Yeah, no, I think that's great.
[00:52:32]

Catherine D. DeAngelis, MD
[00:52:32]
And there's even—you see the reason I asked if you were Jewish because one of the characters that's a minor, a very minor role, but is a rabbi, and he's a wonderful guy, and he's got some wonderful—there are things that come out that I didn't even know I had in me. Like at—this

rabbi says at one point, "You can approach life trying to understand it like a jigsaw puzzle. So, you can view life as all one color, or you can view life as a beautiful picture with the sky and trees and bars and flowers and people. Now, which jigsaw puzzle do you think you want to work with?" Now, where did that come from in my head? I don't know, but it made perfect sense to me. [00:53:33]

[00:53:33]

T.A. Rosolowski, PhD
[00:53:37]
It's an amazing process to have gone through, you know?
[00:53:39]

Catherine D. DeAngelis, MD
[00:53:39]
Oh, you should know, and now I'm going nuts trying to find an agent because if I wanted to be republished, I at least have to try. I mean I can get it published, but we'll see.
[00:53:55]

T.A. Rosolowski, PhD
[00:53:56]
Mm-hmm. Well, that's an amazing process, and I hope that works out. I'm really glad you told about it because I mean that was a real—that's real vulnerability embarking on something like that. It's like going into terra incognita, you know? (laughs) And—
[00:54:15]

Catherine D. DeAngelis, MD
[00:54:15]
You know, there's—when the character, the woman doctor, a former nun, when she talks about her husband, she talks about two—there are two favorite things that—the two favorite songs, the music, and I can't listen to them now because they're two of mine. One is the "Sergio Leone Suite" from *Once Upon a Time in America*. Have you ever heard it?
[00:54:50]

T.A. Rosolowski, PhD
[00:54:50]
Yeah, yeah, oh yeah, great movie.
[00:54:52]

Catherine D. DeAngelis, MD
[00:54:52]
Yeah? Well, the movie, I don't—I've never even seen the movie but the—do you have Amazon? Do you have Alexa? Ask her to play "Sergio Leone Suite" by Yo-Yo Ma.
[00:55:13]

T.A. Rosolowski, PhD
[00:55:13]
Okay, mm-hmm.
[00:55:14]

Catherine D. DeAngelis, MD
[00:55:15]
The person who wrote it was Ennio Morricone, and I cannot listen to that without getting chocked up, so I try not to listen to it.
[00:55:27]

T.A. Rosolowski, PhD
[00:55:28]
Right, right, what's the other—
[00:55:29]

Catherine D. DeAngelis, MD
[00:55:29]
But it's—
[00:55:29]

T.A. Rosolowski, PhD
[00:55:29]
—other piece?
[00:55:29]

Catherine D. DeAngelis, MD
[00:55:29]
—so beautiful.
[00:55:30]

T.A. Rosolowski, PhD
[00:55:31]
What's the other piece of music?
[00:55:33]

Catherine D. DeAngelis, MD
[00:55:34]
Well the "Time to Say Goodbye" with—oh God, what's his name, I'm blocking. The Italian singer, the tenor.
[00:55:49]

T.A. Rosolowski, PhD
[00:55:50]
Pavarotti?
[00:55:51]

Catherine D. DeAngelis, MD
[00:55:51]
No, no, no, no, no, no. He sings this with a woman [Andrea Boccelli], (hums).
[00:56:06]

T.A. Rosolowski, PhD
[00:56:06]
I don't recognize, think of it.
[00:56:09]

Catherine D. DeAngelis, MD
[00:56:09]
Yeah, I'll think of it, and I'll let you know.
[00:56:13]

T.A. Rosolowski, PhD
[00:56:13]
We can end this.
[00:56:13]

Catherine D. DeAngelis, MD
[00:56:13]
Yeah.
[00:56:14]

T.A. Rosolowski, PhD
[00:56:15]
Well, shall we leave it there for today?
[00:56:17]

Catherine D. DeAngelis, MD
[00:56:18]
Okay.
[00:56:18]

T.A. Rosolowski, PhD
[00:56:19]
Pick up the next part of the story, the post sabbatical?
[00:56:25]

Catherine D. DeAngelis, MD
[00:56:25]
Okay.
[00:56:24]

T.A. Rosolowski, PhD
[00:56:24]
I'm really glad you told that story. It's a nice window into how you see—how you're seeing yourself now. It's a really good one.
[00:56:33]

Catherine D. DeAngelis, MD
[00:56:33]
Okay, wonderful.
[00:56:35]

T.A. Rosolowski, PhD
[00:56:36]
Yeah. Well, thank you—
[00:56:36]

Catherine D. DeAngelis, MD
[00:56:36]
You take care and take care of yourself, all right.
[00:56:39]

T.A. Rosolowski, PhD
[00:56:40]
Thank you, you too, you too, and for the record I'm turning off the recorder at 3:12 my time, 4:12 Dr. DeAngelis's time, and we'll make a time for next week.
[00:56:50]

Catherine D. DeAngelis, MD
[00:56:51]
Okay.
[00:56:51]

T.A. Rosolowski, PhD
[00:56:52]
Thank you, great.
[00:56:53]

Interview Session: 5
Interview Date: February 4, 2021

Catherine D. DeAngelis, MD
[00:56:53]
You take care, bye-bye.
[00:56:53]

T.A. Rosolowski, PhD
[00:56:53]
Bye-bye.
[00:56:53]

Catherine D. DeAngelis, MD

Interview Session Number 5: February 4, 2021

Chapter 0-E
Interview Identifier

T.A. Rosolowski, PhD
[00:00:00]
And let's see, we are now recording. So let me just say for the record. It is 2:38 my time in Houston, 3:38 Dr. DeAngelis's time in Pennsylvania, and we are here for our fifth session to chat about the events after you left your role as editor in chief of *JAMA* and returned to Hopkins. So please let me know, what were kind of the most important things that you felt you took part in during that time?
[00:00:37]

Catherine D. DeAngelis, MD
[00:00:39]
During the time after leaving *JAMA*?
[00:00:41]

T.A. Rosolowski, PhD
[00:00:41]
Yeah.
[00:00:42]

[00:00:42]

Catherine D. DeAngelis, MD
[00:00:42]
Yeah, well I—that I'm still taking part in.
[00:00:45]

T.A. Rosolowski, PhD
[00:00:46]
Yeah.
[00:00:45]

Chapter 16
Mentoring and Other Support Needed to Promote Equity

Dr. DeAngelis discusses her increased work in mentoring after she finished her memoir. She explains why mentoring is how she wishes to spend her time now [00:02:58]. She explains that she never had a mentor and details the benefits a mentor can bring to a young professional.

She observes that the need for mentoring has not changed over the years [00:06:05], and goes on to talk about how the problems are still the same. She talks about the advice she gives to men regarding participation in the household [00:07:57]; the advice to women regarding negotiations [00:11:51] and [00:24:10]; to men about creating equity with women [00:12:21]. She talks about her optimistic view of gender equity and an award for mentoring she established at Johns Hopkins [00:14:00]. She discusses what is needed now to advance gender equity and the individuals who can lead the way [00:16:45]. She discusses different types of collaboration [00:22:07] and discusses the importance of loving your work and rewarding and recognizing people to sustain their engagement with their work [00:27:30].

Catherine D. DeAngelis, MD
[00:00:46]
Yeah. Mostly, I came back, and after writing, I spent a good deal of time, the first 6 to 12 months, writing the memoir book, which we talked about. But then after that, I—especially after that, I really got into doing a lot more mentoring and writing. And what I did also —the American Academy of Pediatrics has an online bulletin in which—it's for seniors, for the senior pediatricians. It's a quarterly journal, I guess, an online journal and somebody had sent me something from that. I didn't—I wasn't aware that that existed, but one of my colleagues sent it to me and said, "You know you might be able to help out with this, why maybe you might write for them or something." So, I contacted the editor, just a wonderful woman, Lucy Crain from California, and I just emailed her and said, "You know if you could use some help, I'd be happy to help you." Two days later, she sent me the thing, and I was now an associate editor. (laughs)
[00:02:17]

T.A. Rosolowski, PhD
[00:02:17]
Be careful what you wish for, right? (laughs)
[00:02:19]

Catherine D. DeAngelis, MD
[00:02:20]
Yeah. Well, and I did that for a couple of years. In fact, I just stopped doing it because she was finished. Her time was up as editor, and I thought that was a good time to stop, because now I'm really spending a lot of time working on my novel and having—thank God, having the time that I can spend mentoring faculty and some residents and a couple of students and—
[00:02:50]

T.A. Rosolowski, PhD
[00:02:50]
Now let me ask you, why did you feel that mentoring was the place where you really wanted to focus attention at this time?
[00:02:57]

Catherine D. DeAngelis, MD
[00:02:58]
Because you know I—I've had so much experience, and I've been so lucky, and there were so many things that I wanted to pass on to others, and so I used my memoir book, which I wrote, for the people I was mentoring. I think that had—I never had a mentor and well back then, there just weren't that many women, and even the men, they were so busy with other kinds of things. And I thought having a mentor is so great because it's someone with whom you can interact, someone who can help you get on and stay on the right track, someone who could help you write your papers, do your research, and can open doors for you. Now, all they can do is open the door; once the mentee walks through that door, then it's up to them. But even then, they could come back to the mentor and say, "You know, this occurred to me today, or this incident happened to me, and I'm wondering if I can pass it by you?" And I do that several times a week now. Somebody will call me or send me an email and then we set up a time to call, a couple of times I Zoom like with you, and I just try to help people. Now, once this COVID thing is over, I will go back to what I used to do, and that is I would have breakfast or lunch with them or occasionally meet in my office, but mostly I said, "Look, I'm Italian, we do nice things over food," so I needed—
[00:05:10]

T.A. Rosolowski, PhD
[00:05:10]
Well, and it creates more of a rapport and sort of casual—
[00:05:14]

Catherine D. DeAngelis, MD
[00:05:15]
Exactly, I mean, you know, Italians do a lot of stuff over food, and I grew up with that. And I found that if you're sharing food with something—with somebody, there's something to that that binds you, and it's nice. It's a nice way to deal with people. So I miss that and I can't wait that—to be able to get back to doing that again. And that might have—
[00:05:48]

T.A. Rosolowski, PhD
[00:05:48]
What's the—
[00:05:48]

Catherine D. DeAngelis, MD
[00:05:48]
—occur—
[00:05:48]

T.A. Rosolowski, PhD
[00:05:50]
Well, I was just going to ask you, have you noticed over the years that, like (inaudible) generations need for mentoring has changed or the areas in which they need mentoring has changed in any way?
[00:06:04]

Catherine D. DeAngelis, MD
[00:06:05]
Actually, no. Actually, it's the same, and well, most of the people I mentor are women, and I mean that's always been the case. And it's very interesting to me that the problems and the issues and the questions remain pretty much the same.
[00:06:25]

T.A. Rosolowski, PhD
[00:06:25]
What are some of those primary questions?
[00:06:27]

Catherine D. DeAngelis, MD
[00:06:28]
Oh, some of them are how to handle situations in which there's no equity. They think they've been treated differently than the guys, or I help them with their salaries when they negotiate. A lot of the questions have to do with negotiations. The other thing is they talk to me about when is the best time to have a child. (laughs) There's no ideal time. It's you just decide you have a child, and you have a baby and then you just work around it and then I deal with them in working around the issues. I always said it would be so nice if there was an off-track that you can have your career and then you go off for a while and kind of parallel. You keep in touch, but you spend most of your time raising your child and then come back on. That's sometimes not completely possible, but there are times when you can do that, and there are other times when you say, "Hey, look, you know," if they're—if my mentee is not yet married, I said, "make sure you find a guy who will share those responsibilities with you, so you could both have your careers." And—
[00:07:57]

T.A. Rosolowski, PhD
[00:07:57]
What advice would you give to men? I mean if a man said, "I'd like you to mentor me and teach

me how to help with the equity situation," what would you say?
[00:08:07]

Catherine D. DeAngelis, MD
[00:08:07]
Well, I do that. I have done, I do that, and I said, "Look guys, you know, there are a couple of things that I think most men miss out on, and that's the joy of helping to raise a child from a baby." And I don't know if I've told you this, but the advice I give to the fathers of the pediatricians of—acting as a pediatrician when I dealt with fathers. A lot of the newborns that I dealt with were the house staff or the faculties' kids, and one of the things I insisted, I said, "I will not agree to be your pediatrician unless, one, I want the father here too as often as possible." And I tried to get most of the mothers that I cared for to breastfeed, and the vast majority of them did. And I said to the fathers, "I want you to feed the baby at least once a day if at all possible, but a minimum of every other day," and they said, "Well, yeah, that's okay." Either with pumped breastmilk or if they were on a formula that they could do that. But I said, "You have to feed them in a special way, and that is I want you to go—to have the baby only in a diaper, and you take off your shirt so that the baby's right next to you, and you cuddle them the same way the mother would if she was breastfeeding." And it was interesting to me that the surgeons (laughs) said to me, "You want me to do that?" I said, "Yeah, and if you don't want to do that, then you find a different pediatrician." And you know, they said, "You're not going to tell anybody." I said, "Who am I going to tell?" But it's interesting that to this day, I now have people call me or see me, and they either tell me that their sons are doing it, or the sons of these surgeons especially tell me that they're doing it and how much they enjoyed it. And I mean—
[00:10:43]

T.A. Rosolowski, PhD
[00:10:44]
Well, that's lovely—
[00:10:44]

Catherine D. DeAngelis, MD
[00:10:44]
—it's a very special feeling. And you know the baby gets to have a different kind of feeling towards the father who does that.
[00:10:56]

T.A. Rosolowski, PhD
[00:10:56]
Yeah, no doubt.
[00:10:57]

Catherine D. DeAngelis, MD
[00:10:57]
—so… And I also tell them, "Look, there's nothing wrong with the—and there's everything

right about if you're a cook, it's wonderful," and you would be surprised how many men like to cook. And if you don't cook, then you clean up, and you help with the chores, and you do some of the shopping, and you do some of the—if you can, getting the kid around to the games and stuff like that, and men do that a lot more now. And I think the call schedule for residents is a lot different now than it was back even 20 years ago so that you're not working every other night, every other weekend, so you have some time—more time to spend with your family.
[00:11:48]

T.A. Rosolowski, PhD
[00:11:49]
What—
[00:11:49]

Catherine D. DeAngelis, MD
[00:11:49]
So—
[00:11:49]

T.A. Rosolowski, PhD
[00:11:49]
—do you tell them—I'm sorry, go ahead.
[00:11:51]

Catherine D. DeAngelis, MD
[00:11:51]
No, but on the same time—at the same time, I also deal with them about negotiations, and it's easier for guys. They have expectations, and they have these negotiation skills that is almost sometimes I think it's ingrained in the Y chromosome. But you have to deal with most women and teach them how to do that.
[00:12:20]

T.A. Rosolowski, PhD
[00:12:21]
Mm-hmm, what do you tell the men about dealing with women in the workplace or how they—how to change their mindset about that?
[00:12:29]

Catherine D. DeAngelis, MD
[00:12:30]
Well I said, "If you're—" most of them are married to professional women, and I said, "You treat the people, the women you work with as you would want everybody to treat your wife and—or your daughter when you have a daughter, and you'll learn a lot from women." I said, "Women and men are different, but we learn from each other," and it's amazing how that seems

to be a lot easier to deal with now than it was 20 years ago.
[00:13:11]

T.A. Rosolowski, PhD
[00:13:12]
Really? Why do you think—
[00:13:12]

Catherine D. DeAngelis, MD
[00:13:12]
And—
[00:13:12]

T.A. Rosolowski, PhD
[00:13:12]
—that is? Why do you think that is?
[00:13:15]

Catherine D. DeAngelis, MD
[00:13:15]
Well, I think most of the people I mentor are physicians and so most of them grew up with women in medical school, in college and medical school, in residency, so they have learned to be partners with women right from the beginning. I mean when there were only seven or eight women in a class of a hundred and twenty, (laughs) it was quite different, and it's nice now because it's about fifty-fifty.
[00:13:52]

T.A. Rosolowski, PhD
[00:13:52]
So you—it sounds like you have a pretty optimistic view of gender equity kind of going forward?
[00:13:59]

Catherine D. DeAngelis, MD
[00:14:00]
I do. I do and it's—we're not—listen, I wouldn't be mentoring still if I—if it was perfect, okay. There's still a lot to be done, and I should tell you this that one of the most wonderful things that happened to me was that the dean at Hopkins set up a special award for mentors.
[00:14:29]

T.A. Rosolowski, PhD
[00:14:29]
Oh, that's lovely.
[00:14:30]

Catherine D. DeAngelis, MD
[00:14:30]
People would nominate whoever the mentor of the year would be and then what happens was that you'd have—the one that was chosen by a committee to be the mentor of the year would have someone who he or she chose to come and speak. And then they would have a five o'clock conference in which the person chosen to speak and to talk a little bit about the mentor would give a talk and then the mentor would give like a 10-minute talk and then they'd have a dinner for 20, 30 people and stuff. And that happened to me and Rick Besser, you know, who Rick Besser is?
[00:15:32]

T.A. Rosolowski, PhD
[00:15:32]
I don't.
[00:15:33]

Catherine D. DeAngelis, MD
[00:15:33]
You don't watch TV?
[00:15:34]

T.A. Rosolowski, PhD
[00:15:35]
I don't very much.
[00:15:36]

Catherine D. DeAngelis, MD
[00:15:36]
Okay. Well, he's—he used to be the medical announcer for NBC and then he went on to be the president of the Robert Wood Johnson Foundation. But he's on television at least two or three times a week about the COVID because he was the associate director or the interim director of the CDC going back like maybe 20 years ago. And so you watch CNN, he's on all the time.
[00:16:15]

T.A. Rosolowski, PhD
[00:16:16]
I don't watch CNN, no. (laughs)
[00:16:18]

Catherine D. DeAngelis, MD
[00:16:19]
You don't watch? I don't know what you—
[00:16:20]

T.A. Rosolowski, PhD
[00:16:20]
I mostly get my news through print. (laughs)
[00:16:24]

Catherine D. DeAngelis, MD
[00:16:24]
Ah, okay, yeah. Well, yeah, he's on TV, he's a medical announcer. He's like Sanjay Gupta and those people.
[00:16:32]

T.A. Rosolowski, PhD
[00:16:34]
Now what would you say—what do you feel really needs to happen to make real progress in gender equity?
[00:16:45]

Catherine D. DeAngelis, MD
[00:16:45]
Hmm. I just think people—more women need to be in leadership roles, and that's why I spend so much of my time mentoring women to be leaders. I mean my whole book was about equity in medicine and leadership, and I teach women to be leaders.
[00:17:13]

T.A. Rosolowski, PhD
[00:17:13]
Mm-hmm, what are some of the first qualities you look for in a person that you want to mentor in that direction?
[00:17:18]

Catherine D. DeAngelis, MD
[00:17:22]
Well, dedication and a passion for what they do. And I think there are basically three types of individuals generally. There are the innovators, the implementers, and the maintainers, and the leaders veer more towards being an innovator or an implementer and less towards being a maintainer. And so you teach them how to use those skills, and I think as more and more women get in leadership roles, you see things changing. I mean you even see politics. Suddenly, we've got women who—more than just Nancy Pelosi or Hillary Clinton, you have other women who are in politics and are leaders. Of course you've got—
[00:18:22]

T.A. Rosolowski, PhD
[00:18:22]
What is—
[00:18:22]

Catherine D. DeAngelis, MD
[00:18:23]
—some (inaudible) too but—(laughs)
[00:18:26]

T.A. Rosolowski, PhD
[00:18:26]
Oh yes. What do you feel women bring that's—how do they bring a different perspective, how would you characterize that?
[00:18:36]

Catherine D. DeAngelis, MD
[00:18:38]
Well, I think women approach problems differently than men. They—I think they're just naturally softer, more gentle, but firm. I mean they have the skills of a mother, you know? I mean there's a gentleness to nurturing a child in love and kindness, but there's also a firm disciplinary side to it. And I think when women are in leadership roles, they—I don't want to say are kinder because men leaders generally are very kind, but I think it's easier for women . Remember the five *t's* of a leader and so the tenderness is easier for women, the thick skin is not so easy for women, it's easier for men. But I think you work as teams and it just—I think the kids growing up now see more women in leadership roles and women doing everything. They're in all fields and as more—
[00:20:20]

T.A. Rosolowski, PhD
[00:20:20]
You know,—
[00:20:20]

Catherine D. DeAngelis, MD
[00:20:20]
—become leaders, it gets easier.
[00:20:24]

T.A. Rosolowski, PhD
[00:20:25]
Yeah. One thing I've noticed in talking with people, women tend to be collaborative, you know, they're—I mean as it's been described to me and as I've experienced. And one of the things that's been interesting is that there's sort of a conceptual map if you will between people who

have a sort of old model of what leadership should look like, the authoritarian, give the order from the top versus women who are more collaborative and actually are leadership people but they—they are more group people. And it's like the folks who have the traditional model can't see the leadership.
[00:21:07]

Catherine D. DeAngelis, MD
[00:21:07]
I've lost you.
[00:21:07]

T.A. Rosolowski, PhD
[00:21:09]
Yeah, we—
[00:21:09]

Catherine D. DeAngelis, MD
[00:21:10]
I've lost you.
[00:21:10]

T.A. Rosolowski, PhD
[00:21:11]
I'm not sure I understand.
[00:21:11]

Catherine D. DeAngelis, MD
[00:21:12]
Okay, now—
[00:21:13]

T.A. Rosolowski, PhD
[00:21:13]
Oops, oops.
[00:21:13]

Catherine D. DeAngelis, MD
[00:21:13]
—I got you.
[00:21:14]

[00:21:14]

T.A. Rosolowski, PhD
[00:21:14]
Can you hear me? Okay, good.
[00:21:15]

Catherine D. DeAngelis, MD
[00:21:15]
I lost you for a while.
[00:21:16]

T.A. Rosolowski, PhD
[00:21:17]
Yeah, okay.
[00:21:17]

Catherine D. DeAngelis, MD
[00:21:17]
I didn't know what you were saying.
[00:21:18]

T.A. Rosolowski, PhD
[00:21:19]
Yeah. Yeah, you're fine on my end, but I guess we've got a little bit of a problem on going the other way. So what I was saying is that it's like there's a gap in understanding between people who have more of a traditional idea of what leadership looks like, the top-down authoritarian model. And it's like they look at a woman who may be doing great, but they don't see leadership because it doesn't look like the leadership that they're accustomed to. Have you noticed that? I mean I've seen situations where women who are really great at a collaborative leadership model actually don't get recognized or rewarded. And I'm wondering if you see that as a factor in organizations at all that that organizations have to catch up?
[00:22:07]

Catherine D. DeAngelis, MD
[00:22:07]
Yeah. Well, there is collaboration and there is—and this is one of the things I try to teach women. Don't let anybody take advantage of you, and if you're going to be collaborative, it means collaboration, and if you work together, then you are rewarded equally together. And if that's not going to happen, then you just don't—you're not a good leader if you don't allow yourself and allow others to know that to you equity means that you are rewarded the same as men. And it's very interesting to me that—I think as men grow up with mothers who have been in professional roles or in the work settings, they see women differently. I mean I told you that story about the two little boys who grew up in the—and the one saying, "Mommy, did you know boys can be doctors?" (laughter)
[00:23:44]

T.A. Rosolowski, PhD
[00:23:44]
Yes. Yeah.
[00:23:46]

Catherine D. DeAngelis, MD
[00:23:46]
Because all the doctors he knew were women. (laughter)
[00:23:52]

T.A. Rosolowski, PhD
[00:23:53]
That's a great story.
[00:23:54]

Catherine D. DeAngelis, MD
[00:23:54]
So it's—you know, yeah, it's coming, it's coming. (laughs)
[00:23:59]

T.A. Rosolowski, PhD
[00:24:00]
Mm-hmm, what do you—how do you coach women in negotiation for promotions and salary, all of that?
[00:24:08]

Catherine D. DeAngelis, MD
[00:24:10]
Well, I said you have to go in there, into the meeting with some data. I mean, you have to have some idea for—it's usually the salary negotiations and then time that you would spend, okay. And most of the time, women I mentor are academicians, so they need time to do their research. So it's first of all, you're going to go into this position, so you need to know either specifically (which is hard), or generally what do the people in that position get now, especially the men. If you can't find that out specifically because, you know, most people don't share their salary data. The AAMC every year publishes the mean and ranges of salaries for different positions, and so you have an idea going in. And then you also know what it is you need to be successful, and you need a certain percentage of time; and so you go in there with certain expectations. But I tell them, when you're negotiating back and forth, you ask for a little bit more than you would be happy getting, so that you can give up something. And it's just like any other negotiations. Nobody gets everything they go in with. That doesn't happen very often. But you go back and forth, and you negotiate, and you reach a happy medium. But I said if you're going to go into a job where you're—you know you're not getting paid enough or you're not getting enough time, why do you want that job? And if it's because you have to take it, well, you're going to be

miserable.
[00:26:30]

T.A. Rosolowski, PhD
[00:26:31]
Did you find the number of people who are in that situation?
[00:26:34]

Catherine D. DeAngelis, MD
[00:26:36]
That they have to take the job?
[00:26:37]

T.A. Rosolowski, PhD
[00:26:38]
Yeah, that they're—
[00:26:38]

Catherine D. DeAngelis, MD
[00:26:38]
No.
[00:26:38]

T.A. Rosolowski, PhD
[00:26:37]
—going to—oh good. That's a good—
[00:26:39]

[00:26:39]

Catherine D. DeAngelis, MD
[00:26:39]
No, I don't.
[00:26:41]

T.A. Rosolowski, PhD
[00:26:40]
That's a good—
[00:26:40]

Catherine D. DeAngelis, MD
[00:26:40]
I don't because I just say to them, "Look, for what you want to do, you explore it this way and that way, and that's where a mentor sometimes can make some phone calls, and that's part of

mentoring that people forget." You open doors, (laughs) and you hold—
[00:27:05]

T.A. Rosolowski, PhD
[00:27:06]
What's one of the most kind of unusual situations that you mentored a person through?
[00:27:12]

Catherine D. DeAngelis, MD
[00:27:16]
Unusual situations. Well, let me think about that. I mean they're all pretty much—they're not unusual there. They're the usual situations—
[00:27:29]

T.A. Rosolowski, PhD
[00:27:30]
Yeah, they're just all—
[00:27:30]

Catherine D. DeAngelis, MD
[00:27:30]
I can't—
[00:27:31]

T.A. Rosolowski, PhD
[00:27:30]
—pretty much the same.
[00:27:31]

Catherine D. DeAngelis, MD
[00:27:30]
—think. Yeah, I can't think of something that was really different. I think the most different negotiation was my own, which I've explained to you negotiating to work at Hopkins or negotiating to the job to be editor in chief at *JAMA,* those were exceptional. But at those points, I had had enough experience, and I felt confident enough about what I would be happy doing that—and I said to people, "Look, if you went to medical school and you're happy being a doctor, you will always have a job. And so, you might not be able to get a job or you might have to make a decision, you're going to be working mostly as a clinician and making more money because they all do than working in an academic setting because in that academic setting, you're never going to be able to do anything. And you've got to decide, what do you want, what's more important to you? Don't go into a job where you're going to be miserable."
[00:28:52]

T.A. Rosolowski, PhD
[00:28:55]
And a nurse can really take over in those situations too.
[00:28:58]

Catherine D. DeAngelis, MD
[00:28:58]
Oh man, yeah. See, the other thing is when women become leaders and when I talk to them about being a leader, if you use the old authoritarian, yeah, people will work, but they're not going to give you anything extra because if they don't—and I use the word *love* in a special way. They have to love coming to work. I mean, yeah, not every day, you know, there are days when you'd rather stay home, but they basically love their work and they love the way you treat them. They're going to give you a lot more than if they go into work and you tell them it's this, this, this, and this, and they feel like it's work and not what they—how they would rather spend that time. You're not going to get as much from them, and I found that 100 percent of the time. People want to be appreciated.
[00:30:15]

T.A. Rosolowski, PhD
[00:30:17]
And they want to give and be productive too.
[00:30:18]

Catherine D. DeAngelis, MD
[00:30:19]
Exactly, exactly.
[00:30:21]

T.A. Rosolowski, PhD
[00:30:22]
Yeah, and they need to—
[00:30:23]

Catherine D. DeAngelis, MD
[00:30:23]
—and when—
[00:30:23]

T.A. Rosolowski, PhD
[00:30:23]
—be appreciated for those efforts.
[00:30:24]

Catherine D. DeAngelis, MD
[00:30:25]
Exactly, and you need to laud them for it and reward them for them. If it's nothing more than saying, "You know, that was great, thank you." A simple thing like that, but simple thing like that I believe I said to you—I always made an effort to visit as many people for whom I was responsible at least once a day somehow. And it may have only been in the hallway, but I'd stop and say something to them.
[00:30:57]

T.A. Rosolowski, PhD
[00:30:57]
Mm-hmm just to be seen and recognized so—
[00:31:00]

Catherine D. DeAngelis, MD
[00:31:00]
Exactly, and to let them know you know, and I'm terrible with names. My God, I can't remember names, it's—I always give them people nicknames because I can't remember their names. But it's interesting since the—everybody wears a nametag, and a nametag now, it's a lot easier. But the other thing is I taught myself some mnemonics to remember people's names because people to be recognized by their name, it's more meaningful to them.
[00:31:42]

T.A. Rosolowski, PhD
[00:31:43]
Absolutely, yeah, I mean the pandemic has certainly made it more difficult to do what you're just describing, you know.
[00:31:49]

Catherine D. DeAngelis, MD
[00:31:49]
Exactly.
[00:31:50]

T.A. Rosolowski, PhD
[00:31:50]
And I mean I know for myself just in the scenario I work in, people are feeling a lack of connection with their supervisors, their department chairs, the division leadership, and it's a challenge because it does take time. And it's easier when you're all physically in the same place, and you kind of run across people in the hallway or whatever and—
[00:32:13]

Catherine D. DeAngelis, MD
[00:32:13]

But even a simple thing like a touch on the shoulder or something like that, I mean it's just amazing.
[00:32:26]

Chapter 17
Sustaining a Sense of Vocation in Medicine

In this final chapter, Dr. DeAngelis talks about activities she enjoys and her plans for the near future. She also reflects on the evolution of her spirituality [00:39:37] and the connection between a medical vocation and spirituality. She talks about how she has sustained herself during periods when her practice became difficult [00:42:16]. She also notes that she counsels other physicians going through a crisis with their sense of vocation.

T.A. Rosolowski, PhD
[00:32:27]
Yeah, absolutely. What kinds of activities have you been involved in since returning to Hopkins? Mentoring has been a big one obviously.
[00:32:35]

Catherine D. DeAngelis, MD
[00:32:36]
Oh yeah. Well, mentoring, writing, and that takes an incredible amount of time. I mean writing a novel is—it's taken up really strong proportion of my life. The other thing is I like to cook, so it's only for my husband and me, but I—you know, usually, and I miss having people over for dinner, you can't do that. But I—like the guy across the street, I'll—like tonight I'm making pasta with clam sauce or red sauce so—
[00:33:18]

T.A. Rosolowski, PhD
[00:33:19]
Yum. (laughs)
[00:33:19]

Catherine D. DeAngelis, MD
[00:33:20]
—I'll bring that—(laughs) I'll bring over a dish to him, and he's happy. He's a bachelor, you know, but he—and he cooks for himself and that, but he loves Italian food, so anytime I make anything Italian, I'd take it over to him.
[00:33:35]

T.A. Rosolowski, PhD
[00:33:36]
That's nice, yeah. Are you involved with any organizations on a continuing basis?
[00:33:41]

Catherine D. DeAngelis, MD
[00:33:43]
Well, I'm on the board of trustees, and especially at the University of Pittsburgh, I do a lot of

work with them.
[00:33:52]

T.A. Rosolowski, PhD
[00:33:52]
What do you do with them—
[00:33:52]

Catherine D. DeAngelis, MD
[00:33:53]
And I just stopped down from being a—well, we have our meetings four times a year when—I miss going there and interacting, but we're on different committees, and we react to different questions and scenarios, and we make suggestions and things. I mean that's—we're a board of trustees, that's what we do. And I also try to keep up on my medical reading, and that takes some time. And then I do at night before I go to bed, I try to read for at least a half hour. If I'm lucky, I get an hour in, and I'm reading something that I don't know how I missed it. It's called *The Shack*, did you ever read that book?
[00:34:54]

T.A. Rosolowski, PhD
[00:34:55]
No, never have.
[00:34:55]

Catherine D. DeAngelis, MD
[00:34:56]
No? Well, it's very interesting to me. It was published in 2007 and so many people have said to me you—well, my niece is the one who said to me first because she's been editing my book, just going through it and picking up. I let her—she's the one who read it because she reads a lot of mysteries, and she said, "You've got to read this." She said, "It reminds me so much of what you—you're writing," and I said, "What?" Anyway, so I'm—I just started to read it, but it turns out this book was not published with any literary agent or anything. Nobody wanted it, and it sold 25 million copies just by word of mouth.
[00:35:48]

T.A. Rosolowski, PhD
[00:35:49]
Wow.
[00:35:49]

Catherine D. DeAngelis, MD
[00:35:52]
And it's really—it's fascinating. (laughs)
[00:35:55]

T.A. Rosolowski, PhD
[00:35:56]
And so a novel by William P. Young?
[00:35:58]

Catherine D. DeAngelis, MD
[00:35:59]
Yeah.
[00:36:00]

T.A. Rosolowski, PhD
[00:36:01]
Oh, interesting, oh yeah, I can see where tragedy confronts eternity.
[00:36:05]

Catherine D. DeAngelis, MD
[00:36:05]
That's right.
[00:36:05]

T.A. Rosolowski, PhD
[00:36:06]
Yeah, I see, yeah.—
[00:36:06]

Catherine D. DeAngelis, MD
[00:36:06]
That's it.
[00:36:07]

T.A. Rosolowski, PhD
[00:36:08]
A writer and the passion of a theologian, all right, very cool, yeah.
[00:36:12]

[00:36:12]

Catherine D. DeAngelis, MD
[00:36:12]
Yeah, yeah, he was—apparently, he goes to the shack where his young daughter was six years old was taken from him while they were on a camping trip and murdered, and they found her dress full of blood. Apparently, there's this person who's been doing this, I don't know, but he's been invited to go there. And apparently, and I didn't get this any further than that, but

apparently, he meets God, but God is not in any way how—who you think he or she might be. And—
[00:36:58]

T.A. Rosolowski, PhD
[00:36:59]
Interesting.
[00:36:59]

Catherine D. DeAngelis, MD
[00:37:00]
Yeah.
[00:37:00]

T.A. Rosolowski, PhD
[00:37:00]
Yeah, very interesting.
[00:37:01]

Catherine D. DeAngelis, MD
[00:37:02]
So, but I found it fascinating, one, because I can't—well I know I didn't read it because I was in the midst of being the *JAMA* editor, and I was reading mostly medical stuff then and the—articles that were sent to me, and when I'd read at night, it was you know, Connelly or Baldacci or Harlan Coben, you know?
[00:37:29]

T.A. Rosolowski, PhD
[00:37:29]
Mm-hmm.
[00:37:29]

Catherine D. DeAngelis, MD
[00:37:30]
And so I just somehow never got to read it, so I'm reading it now. But it's just interesting to me about how much time and effort it takes not so much in writing the book but in trying to find a literary agent. And it used to be—I'm used to it, I've published 13 books, and I'm used to just dealing directly with the editor or publisher, but that's what you do with academic books. That's not what you do with—
[00:37:59]

T.A. Rosolowski, PhD
[00:38:00]

Popular market is a different—
[00:38:00]

Catherine D. DeAngelis, MD
[00:38:01]
Popular market—
[00:38:00]

T.A. Rosolowski, PhD
[00:38:01]
—thing.

Catherine D. DeAngelis, MD
[00:38:01]
—that's it. It's all—they—all they're interested in is can they sell it and make money. Okay.
[00:38:08]

T.A. Rosolowski, PhD
[00:38:09]
Unfortunately, yeah.
[00:38:10]

Catherine D. DeAngelis, MD
[00:38:10]
Yeah, but that's okay, I understand it.
[00:38:12]

[00:38:13]

T.A. Rosolowski, PhD
[00:38:13]
So what are your plans like in the near future? I mean you're going to finish up your book and market that. Are there other plans you have for professional activities?
[00:38:22]

Catherine D. DeAngelis, MD
[00:38:24]
Well, I'm going to be—I know I'll be tied up with this book at least for a year. Even if I find an agent, it takes a year to—okay. And I'll continue mentoring. And when I get back so that we can actually see each other again, I'll go back to doing a lot more mentoring and spending more time in the hospital and doing a lot more teaching. I love doing that.
[00:38:53]

T.A. Rosolowski, PhD
[00:38:54]
Yeah, well, that sounds like it's been where your heart is at for a very long time. It's kind of building that next—the next generations.
[00:39:02]

Catherine D. DeAngelis, MD
[00:39:03]
That's right, you've got to make sure that you pass on. I've been so lucky and have learned so much that I feel it would be really horrible to die not having passed on as much as I can. That's what you do, you pass it on.
[00:39:24]

T.A. Rosolowski, PhD
[00:39:28]
Is there anything else that you'd like to add about what you're contented to have accomplished or that you intend to do?
[00:39:36]

Catherine D. DeAngelis, MD
[00:39:37]
No, I think though that I—and then perhaps it's age. I think it's just life and the kinds of things I've been reading, not necessarily the mystery novels and that. I think I've become much more spiritual, and I feel much more close to nature and to God. And sometimes I fight with him or her. (laughs) which is hey—you know?
[00:40:14]

T.A. Rosolowski, PhD
[00:40:15]
Sort of any relationship or love affair, right? (laughs)
[00:40:17]

Catherine D. DeAngelis, MD
[00:40:18]
Well, it is a love affair, but if you have a relationship, I sometimes argue with my husband not for long, we just—you know? (laughs) Because he's a guy, what do you want? (laughter) and so when I'm arguing with God, he's a guy, when I'm happy, then God's a woman, and who knows? Who cares?
[00:40:42]

T.A. Rosolowski, PhD
[00:40:43]
Well that's—it's interesting because you obviously had a sense of attachment to your religion, very, very early, but it sounds like it's really grown and matured and changed over the years.

And—
[00:40:57]

Catherine D. DeAngelis, MD
[00:40:58]
That's right.
[00:40:58]

T.A. Rosolowski, PhD
[00:40:59]
—a neat place with it right now. That's—
[00:41:00]

Catherine D. DeAngelis, MD
[00:41:01]
That's it, that's absolutely it.
[00:41:04]

T.A. Rosolowski, PhD
[00:41:04]
Do you feel that—I mean I don't mean it to be a leading question, but I'm just wondering, do you think anyone who has a deep sense of vocation in the area of medicine has some sort of spiritual sense about them even if they don't call it that? Because there are a number of people who say, "No, I'm not religious." But what—what's—
[00:41:27]

Catherine D. DeAngelis, MD
[00:41:28]
They have to. They may not be religious, but they are spiritual. You cannot interact so personally with people, many of whom are having a really rough time and come to you for help, you can't possibly deal with that if you don't have a certain spirituality. And you can deny it, but I will guarantee that if it's not there, you're a lousy doctor.
[00:42:10]

T.A. Rosolowski, PhD
[00:42:11]
Yeah, they're in some—
[00:42:12]

Catherine D. DeAngelis, MD
[00:42:13]
I know I—
[00:42:13]

T.A. Rosolowski, PhD
[00:42:13]
—some shape or form.
[00:42:13]

Catherine D. DeAngelis, MD
[00:42:14]
Yeah.
[00:42:14]

T.A. Rosolowski, PhD
[00:42:16]
Yeah, yeah. Was there ever a time when you had—I mean some physicians talk about periods that they go through where they have a lot of bad outcomes, and it just overwhelms them, and they have to step away and regroup. Did you ever had a time like that where you really felt burdened by the difficulties of medicine?
[00:42:38]

Catherine D. DeAngelis, MD
[00:42:41]
No, because when I'd hit a situation when if I had—if I'd lose a patient for example, I would go for walks, and I think those were my spiritual moments. And that would give me the strength to go on and say look, "You know, you can't be a doctor and not have that happen." That's why I could never be an oncologist; I couldn't do it. I could lose so many patients but I—you know, I really admired the oncologist. Although now, there are so many cures that you look for the ones that you help and they live.
[00:43:48]

T.A. Rosolowski, PhD
[00:43:49]
Yeah. I mean even so I've worked at a cancer center and it's—it is a choice and I think—and there's no shame in people realizing even for nurses or technologists that, wow, I can't work in this environment and so they find the area where they can.
[00:44:11]

Catherine D. DeAngelis, MD
[00:44:12]
Yeah. Well, it's one thing you ask me about is there's something I teach men different then women. Yeah, I teach men that it's okay to cry that only humans cry, animals, hyenas laugh, they do everything we do, but only humans cry. And I love the Bishop Romero who said some things can only be seen through eyes that have cried. And that's a special emotion I think that God gives to humans, and think about when you've cried if you're in pain I guess, if you're hurting emotionally, if you see something beautiful. I mean just think about it when you get

teary eyed, and that tells you a lot about who you are.
[00:45:21]

T.A. Rosolowski, PhD
[00:45:22]
Mm-hmm, and who you allow yourself to be. I mean where men who know—
[00:45:26]

Catherine D. DeAngelis, MD
[00:45:27]
Well, that's it.
[00:45:27]

T.A. Rosolowski, PhD
[00:45:28]
(overlapping dialogue; inaudible) sometimes.
[00:45:28]

Catherine D. DeAngelis, MD
[00:45:29]
That's it, that.
[00:45:29]

T.A. Rosolowski, PhD
[00:45:30]
Yeah. That's really lovely. Is there anything you'd like to add at this point, Dr. DeAngelis?
[00:45:37]

Catherine D. DeAngelis, MD
[00:45:38]
No, except I want to thank you. I've looked forward to having these meetings with you. I think you're great.
[00:45:45]

T.A. Rosolowski, PhD
[00:45:46]
Oh well, thank you, it's—
[00:45:46]

Catherine D. DeAngelis, MD
[00:45:47]
And if you think of anything when you're writing this up, just give me a buzz or an email, whatever.
[00:45:55]

T.A. Rosolowski, PhD
[00:45:55]
Okay, well, it's been really a pleasure talking. We have really interesting conversations and just a neat meeting of minds.
[00:46:02]

[00:46:03]

Catherine D. DeAngelis, MD
[00:46:03]
There you go. So I wish you god speed.
[00:46:05]

T.A. Rosolowski, PhD
[00:46:06]
Thank you very much and you as well, stay warm. (laughs)
[00:46:09]

Catherine D. DeAngelis, MD
[00:46:09]
Oh, I am, see—
[00:46:10]

T.A. Rosolowski, PhD
[00:46:11]
—and enjoy making the pasta in clam sauce. I'll be thinking about that.
[00:46:14]

Catherine D. DeAngelis, MD
[00:46:15]
There you go. Take care.
[00:46:16]

T.A. Rosolowski, PhD
[00:46:17]
You too. Thank you so much.
[00:46:18]

Catherine D. DeAngelis, MD
[00:46:18]
Bye-bye.
[00:46:18]

Interview Session: 5
Interview Date: February 4, 2021

T.A. Rosolowski, PhD
[00:46:19]
Bye-bye.