Catherine D. DeAngelis, MD, MPH

Interviewed by James E. Strain, MD

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Oral history has its roots in the sharing of stories which has occurred throughout the centuries. It is a primary source of historical data, gathering information from living individuals via recorded interviews. Outstanding pediatricians and other leaders in child health care are being interviewed as part of the Oral History Project at the Pediatric History Center of the American Academy of Pediatrics. Under the direction of the Historical Archives Advisory Committee, its purpose is to record and preserve the recollections of those who have made important contributions to the advancement of the health care of children through the collection of spoken memories and personal narrations.

This volume is the written record of one oral history interview. The reader is reminded that this is a verbatim transcript of spoken rather than written prose. It is intended to supplement other available sources of information about the individuals, organizations, institutions, and events that are discussed. The use of face-to-face interviews provides a unique opportunity to capture a firsthand, eyewitness account of events in an interactive session. Its importance lies less in the recitation of facts, names, and dates than in the interpretation of these by the speaker.

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ABOUT THE INTERVIEWER

James E. Strain, MD, FAAP

Dr. James Strain graduated from Medical School at the University of Colorado following his undergraduate education at Phillips University in Enid, Oklahoma. After completing a rotating internship at Minneapolis General Hospital and a pediatric residency at Denver Children's Hospital he entered the private practice of pediatrics in Denver in 1950. He served on the pediatric clinical faculty at the University of Colorado and was appointed Clinical Professor in 1969. He was elected Chairman of the Colorado Chapter of the American Academy of Pediatrics in 1967, became Chairman of District VIII in 1975, and was elected Vice President of the American Academy of Pediatrics in 1981. He served as president in 1982-83 when the care of disabled newborns was an issue. He returned to the private practice of pediatrics in Denver following his tenure as president. In 1986 he was called to assume the position of Executive Director of the American Academy of Pediatrics where he served until his retirement in 1993. Since then he has continued to be involved in Academy activities, including serving as the Academy representative to the National Advisory Commission on Childhood Vaccines.
DR. DeANGELIS: My father could fix anything. He came back the next day. He said, “Okay, here’s your kit.” He had painted the bag black. He had cut out the red cross from the nurse’s cap and pinned it on one of his old white shirts. He said, “Put this on.” [Chuckles] “There’s your long coat. There’s your black bag. Now you’re a doctor.” [Laughter]

DR. STRAIN: That’s great, a great story.

DR. DeANGELIS: It was amazing to my father that I wanted to be a doctor. He took me down to the corner drugstore when I was about four or five. The corner drugstore had these old Parke-Davis [and Company] [now owned by Pfizer Inc] “Great Moments in Medicine” [art series]. They had a couple they kept in that window forever about Johns Hopkins [University School of Medicine]. So, I thought the only way you could become a doctor was to go to Johns Hopkins. I was in high school before I realized there were other places you could go, but it was Johns Hopkins.

DR. STRAIN: Right.

DR. DeANGELIS: But I went to nursing school because, you know, who could afford college, never mind med [medical] school. And I was a girl, and girls didn’t do that. So, I went to nursing school.

DR. STRAIN: Were you thinking about becoming a nun at one time?

DR. DeANGELIS: I was going to be a medical missionary and I was going to go to Africa. I knew I was going to work with Sister Mercy, who was a Maryknoll [Sister] nun in Rebecca Hospital in Tanganyika. I remember that. That’s what I was going to do. I was going to join the Maryknollers. I was only 17 when I graduated from high school. I was one of the youngest in my class. So, I went to nursing school because it cost nothing. And I loved it. I was fascinated by all this stuff and I read my way through the nursing school library within a couple of months. It was just interesting. We used to work from 7:00 a.m. to noon, and then from 3:00 p.m. to 7:00 p.m., or from 7:00 a.m. to 12:30 p.m. and then 3:30 p.m. to 7:00 p.m. That way the hospital would use us at the busy times. We were being taught, but we were working. And we ran the hospital. It was a 250-bed hospital.

DR. STRAIN: Where was that?

DR. DeANGELIS: Scranton State [General] Hospital [no longer in existence]. Later it was Scranton State General, but it was Scranton State
Hospital at that time. It was not a psychiatric hospital. For most people, when you say you go to a state hospital, it’s psychiatric. This was Scranton State General Hospital. They named it “General” later, but when I was there, it was Scranton State Hospital.

Two hundred and fifty beds, one resident who was the chief resident. It was all private docs [doctors], and the nurses ran the place. You had to. And I learned an awful lot about medicine. I’d go down and eat lunch, and instead of going and taking a couple hours off, I would either go to the operating room, which I loved, or the emergency room. I could always find things to do, especially when I was in my second or third year. It took 3 years to become a nurse, to get a diploma.

So anyway, I finished, and I was still only 20. My father refused to sign for me to go to the Maryknollers. He said, “You quit listening to me when you were 2 years old, but I make sense. You don’t want to go to that.” He tried to talk me out of it, but I said no. So, I went to New York with one of my classmates, and we worked at Columbia [University Medical Center]. I figured I would work there until I turned 21, then I’d join the Maryknollers.

I remember going up to Ossining [New York] on the train from New York just a few months after I got there. My birthday is in January, so it was about August or so when I went up to Ossining. It’s amazing the way life works. The normal novice mistress, the nun who was in charge of the new nuns, whom they used to call a novice mistress, wasn’t there. I don’t know why. Maybe she was ill. But the person who interviewed me was a very old nun who couldn’t believe I hadn’t gone to a Catholic school because there weren’t any, or that I didn’t go to a Catholic nursing school because it wasn’t the best hospital. I went to the best hospital. When I told her I wanted to be a doctor, she said, “Oh, no, no, no, no, we need nurses. You’re already a nurse.” I thought, “Whoa! Wait a minute.” That didn’t make me feel good. Then she said, “You haven’t done all these courses in Roman Catholic theology and religion.” I thought, “What?” She said, “We don’t want you to hold the group back, so why don’t we do this? Why don’t you take some classes at a Catholic place, work for a year, and then come back?” So, I said, “Well, okay.” I got on the train going back to New York and I felt horrible! I was thinking, “Why do I feel horrible? First of all, I don’t need these courses in religion. I mean, I was well trained by — I kid —‘the Sisters of No Mercy’ [laughs], but, okay, I can do that.”

But what was really bothering me was that she told me I couldn’t be a doctor. I didn’t want to be a nurse. I loved nursing. I loved what I had learned, but I didn’t want to be a nurse. I wanted to be a doctor. It occurred to me that I wanted to be a doctor more than I wanted to be a nun, and that I could do “missionary work” in many, many ways. And what more noble profession than medicine to serve people?
So, it was very interesting. The next time I went home to Scranton from New York for a weekend, I took the bus. I went to see my chemistry teacher, and I said to him, “Mr. [Edward] Claus, I want to go to medical school.” He said, “I’ve been waiting for this day.” I said, “What? But I’ve got to go to college first, and I don’t have any money or anything.” He said, “No, no, no, no. I want you to call your parents and tell them you’re coming with me. We’re going down to Wilkes College [designated as Wilkes University in 1990].” It was about 15 miles away. So, I went down there, and on his word — I never took a test — on his word, they accepted me to Wilkes College the coming year. I said, “Great!” You know, it was wonderful. They didn’t want to know anything. They didn’t need any of my stuff. They accepted me right there, on the spot, on his word. That’s how well respected he was.

I was so happy. I went and told my parents. My father was ecstatic. He said, “We’ll help you any way we can.” What did they have? They still didn’t have anything. I said, “Okay, this is fine.” He said, “We’re going to do this as a family, like we do everything.” I said, “Okay.” So, I went back to New York and I signed up to work 2 shifts a day. The shifts that paid the most were the 3-to-11 and the 11-to-7, so 5 days a week I worked double shifts.

DR. STRAIN: As a nurse?

DR. DeANGELIS: As a nurse. It was wonderful because I was so well trained as a nurse. I could do all this stuff. But I used to watch the doctors on rounds and I just didn’t quite understand the depth they were talking because I didn’t have any of the basic courses. I just couldn’t wait to go to college.

So, the following September, after I had saved enough money to get through the first year — because they gave me some good scholarship money, based on his word — I went to college. I worked through college. In the summers, I worked in the lab on an NIH [US National Institutes of Health] grant. There were 2 NIH grants that were not attached to a medical school. One of them was to an allergy and immunology specialist, Sheldon [G.] Cohen, a physician who was an allergist. He worked out of the VA [US Department of Veterans Affairs] hospital and out of Wilkes College. He hired me, and during the week I’d work 10 hours a week. I’d get $10.00. That was a lot of money back in 1961. He paid me $1.00 an hour, and I worked in the lab. Then in the summer I worked 40 or 50 hours a week doing experiments — basic biology on immunology.

It was wonderful. I had such a great time. I was president of the student government. It was so great. I couldn’t get enough of it. I had such a good time. I lived down there because to commute I would have missed a lot of the
on-campus activities. My parents said, “No, you’ll go down there. We’ll make it.” My father told me he’d been saving his lunch money since I was a kid. [Laughs] I got through college, mostly on scholarships, but I made money to live.

I remember my parents came down every Sunday, and they would take my dirty laundry and bring me my clean clothes. They would do my laundry to give me more time to study and work. They’d also bring a big cooler full of good food, homemade pasta and cakes. My roommates couldn’t wait. I used to refer to it, kiddingly, as the DPW truck, which was my father’s car. I called it the Dago Picnic Wagon. [Laughs] It was all Italian good food. It was wonderful.

DR. STRAIN: [Laughs]

DR. DeANGELIS: So, I graduated from college.

DR. STRAIN: In chemistry and biology?

DR. DeANGELIS: Double major, yes, biology and chemistry, right. But I had a BA [Bachelor of Arts], so it was a liberal arts degree.

DR. STRAIN: So it was not a BS [Bachelor of Science]?

DR. DeANGELIS: Yes, because I wanted to do it all. I couldn’t get enough of it, Jim. All this stuff I was learning was so amazing to me! I decided to go to University of Pittsburgh. Now, everybody from northeast Scranton goes to Philadelphia schools, and I applied to most of them, but Sheldon Cohen, who did his specialty training in Pittsburgh, said, “Go there. Just look at the place. It’s a sleeper. It’s wonderful.” And I thought, “Oh, my God, can I breathe there?” You know, the steel mills and all that stuff.

Well, one of my classmates and I went drove down there, and I fell in love with the place. One of the people who interviewed me was [Rebecca] Frances Drew [Taylor], who was phenomenal. While we were talking, she took out this very dainty little pipe with a little diamond chip in it, and she lit it. She’s smoking this dainty pipe while we’re talking, and I said, “I like this lady.” She was terrific. She was married to Hans [Hugo Bruno] Selye, the medical philosopher from Canada. She just turned me on. I looked around, and it was such a nice place, and I thought, “All right.”

I also had applied to Temple [University], Jeff [Thomas Jefferson University] and Penn [State University]. I didn’t apply to Women’s College [Pennsylvania College for Women, now Chatham University] because I said I didn’t want to go there. I wanted to go where I could learn everything, and I was not going to be identified as having to go off someplace that was a
woman’s place. Not that it was a bad school. It was a great school, but I just didn’t want to go there.

Two weeks after my interview with Pitt, they accepted me. I almost fainted. Then I was waiting to hear from the other schools. One of the politicians told my dad, “She won’t get an interview unless a politician calls and says she should have the interview.” So, my dad said to me, “Look, I’ll go in.” I said, “No, you won’t, because if you go in to a politician to ask him to write a letter for me, you’re going to owe him something. Never, ever, ever sell your vote, or whatever, to anybody for anything. I will never allow you to do it.” He said, “But it’s more important that you go to med school.” I said, “No, it isn’t. You’ve taught me all along that you don’t allow people to push you around like that, and freedom and the vote is so important. How could you possibly even think of doing it?” He said, “Because of you.” I said, “No, don’t ever do it, or I’ll be terribly upset.” That was before I was accepted to Pitt.

Well, I called him about 3 days later. “Guess what, Dad. I got in, so it doesn’t matter. The heck with the Philadelphia schools.” The only one I wanted to go to more than Pitt was Penn, but I knew that was going to be really expensive, and I knew it was a long shot, coming from a little place. I made the waiting list at Penn, and I did get accepted to Temple, but I said I wasn’t going to go.

It was very interesting, what happened to me at Jeff. I went there for the interview, and the second person who interviewed me looked at me and said, “Look, you’re wasting my time and yours.” And I asked, “Why, sir?” I was waiting to hear the usual, “You’re a woman, and you’re going to take the place of a man.” I was accustomed to all that. I knew how to answer that. But what he said to me, Jim, was, “We already have our quota of Dagos for the incoming class.”

DR. STRAIN: [Chuckles]

DR. DeANGELIS: I looked at him and said, “What did you say?” And he repeated it. I said, “You know, you’re right. I’m wasting your time and mine.”

DR. STRAIN: [Laughs]

DR. DeANGELIS: “I’m leaving.” I swore I would never go back to that school ever again and I never have. They wanted me to go on interviews as the day shift there. I wouldn’t. Now, of course, it was just that one crazy guy, but it didn’t matter.

DR. STRAIN: Yes.
DR. DeANGELIS: It didn’t matter. I’m just giving you some of these little tales, you know? Anyway, I went to Pitt and I had such a great time there. What a wonderful school! It didn’t have the reputation then that it does now. Now it’s in the top 10. It was such a great place because it was a big university and it had the feel of a small place. Everybody knew you, and they knew about you, and they cared about you. You didn’t get lost.

DR. STRAIN: Now, you interned there for years?

DR. DeANGELIS: I did one year.

DR. STRAIN: Was that a rotating internship or a pediatric internship?

DR. DeANGELIS: No, no, no, it was a pediatric internship.

DR. STRAIN: When did you decide on pediatrics?

DR. DeANGELIS: Really, all through school I wanted to be a surgeon because I loved surgery, and I was very good at surgery. I helped in surgery as a nurse. I loved surgery, but I thought, “You know, really you love kids so much, and you could do so much with kids.” Thinking about it, the only reason I didn’t want to go to peds [pediatrics] was because they expected women to go into peds. Then I thought, “Why would I let some of these thoughts change what I really want to do?” So, I decided I was going into pediatrics.

This is important for young people to know. At the end of my junior year, I spent 3 months in Africa working at a bush hospital. One of my classmates and I worked very hard in order to get to do an elective like that. I had always wanted to go to Africa and work in a bush hospital. So, I spent from mid-September to mid-December in Africa. Now, that was the time when you would normally schmooze with everybody and go for interviews and all this other stuff. Almost every place insisted on a letter from the chair of pediatrics. Well, I hadn’t done a pediatric rotation yet. I’d done all the others because I was saving the best for last. And I wanted to go to Africa.

So, when the match time came, I didn’t match. Now, the chief of pediatrics and the dean of students were waiting for me and personally handed me the envelope. The chief said, “I need to talk to you.” I said, “What?” When I opened up the envelope, I thought somebody punched me in the stomach. He said, “Look, please, please. We have a spot for you here.” I said, “What do you mean you have a spot for me here? I didn’t even apply here. You know, I wanted to go to Hopkins.”

When I went through the rotation in peds, it was all very positive. And in
fact, my senior year, I took call every third night for the pediatric surgeons. So, if you were a pediatric resident and you called for a surgical consult, you got me. Nobody complained. Although I couldn’t do surgery, I certainly could evaluate. I could sew anyone up. I could put in lines. I could do all that. I learned to do that in nursing school and then continued. So, because they were short on residents, they had asked me if I would take the call, backed up by the chief resident.

I asked them, “How can this be?” The chief said, “Please. You went away to Africa. You went on interviews too early or you went too late, so Dr. [Donald N.] Medearis [Jr.], who was then the chairman of peds recommended you. He didn’t know you.” I said, “Why didn’t he just say he didn’t know me? God knows what he must have written.” He said, “Please, please, please.” And Medearis came down and talked to me. He said, “Look, I made a big mistake. I want you here, please.” There was also a spot at LA Children’s [Children’s Hospital Los Angeles] and someplace else. He said, “Please don’t go there. Please come here. We want you very much to stay here.” I said, “I have to think about it.” And they said, “Well, you must make a decision pretty soon.”

So, I went for a walk around the block. I was feeling so hurt by what they had done that I felt like saying, “Forget it. I’ll go anyplace but here.” But then I thought about it, and I said, “Look, I want to stay here. I’m going to apply again, but I’m going to do such a good job here that I can get in another place. To move so many times would be crazy, and I really do love this place.” So anyway, I said yes. After I was there about 4 months, I went to see Dr. Medearis and said, “I want to leave.” He asked, “What do you mean, you want to leave? You’re doing such a [good job].” I said, “Yes, now I’m going to go to the place I really want. I’m going to try to go to the places I really want to go. Can I count on you to give me a decent and honest appraisal?” He said, “I’ll give you the best reference you can ever think of, but I don’t want you to leave.” I said, “I have to.”

So, I applied to Johns Hopkins [Children’s Center]. They had a primary care residency and they had the regular [pediatric residency], Harriet Lane Residency Program. Well, I thought this time I couldn’t get into the Harriet Lane, so I applied for the primary care residency. I also applied to [University of Colorado] Denver Children’s [Children’s Hospital Colorado]. I was accepted to both, but I got a call from [Robert E.] Cooke. He said, “Look, we can’t take you in the primary care.” And I said, “Okay. Well, you know.” He said, “No, no, no, I want you for the Harriet Lane.” I said, “Really?” He said, “Yes, I have a slot, and I want you there.” I said, “The next bus I can get, I’m coming!”

DR. STRAIN: Did he know you?
DR. DeANGELIS: No.

DR. STRAIN: Was it the letter from Medearis, do you think?

DR. DeANGELIS: I think there were letters from lots of people. And he called. That was Cooke’s way of doing things. He called around, and he called his buddies at Pitt, and he called other people he knew. So I went to Johns Hopkins.

DR. STRAIN: You had 2 years at Hopkins?

DR. DeANGELIS: At Hopkins. I loved it. I just loved it there. I was the only woman in my group, of course, but what else was new? It didn’t matter. I had such great fun. That was when we worked 36 hours on, 12 off. We really did it that way. That’s where I met my husband. He was a Peace Corps physician. He had graduated from University of Maryland, then went to the University of Rochester for his internship, and then went to the Peace Corps as a Peace Corps physician. It was the National Health Service [Corps] in Thailand. Then he came back, worked at LA Children’s, and then —

DR. STRAIN: Now, what was his —

DR. DeANGELIS: No, it was LA Children’s first. He was pediatrics.

DR. STRAIN: Pediatrics.

DR. DeANGELIS: Yes, and then he went to Rochester.

DR. STRAIN: Okay, so you met him at Harriet Lane.

DR. DeANGELIS: And then he came down to Hopkins for his third year. [Chuckles] I walked on the unit one day, and there he was. He was this little skinny guy talking on the telephone in some language I didn’t even recognize. I said to the nurse, “Who’s that?” She said, “This is the new resident.” And I said, “What’s he talking?” She said, “We don’t know.”

DR. STRAIN: [Chuckles]

DR. DeANGELIS: Anyway, I said, “He sure is strange. I think I like him.” [Laughter] And the rest is history.

DR. STRAIN: That’s a great story.

DR. DeANGELIS: It was wonderful. But anyway, as I was going into my senior year, I was offered a number of fellowships. Oh, in the meantime,
when I left Pitt, the surgeon Dr. [William B.] Kiesewetter suggested to me, “Why don’t you call us after you’ve been at Hopkins for at least a year?” So after I’d been at Hopkins, I called and said, “You wanted me to call.” He said, “We’d like you to come here. You always said you wanted to be a surgeon. How about pediatric surgery?” I said, “God, that would be great!” He said, “We like your background. You have the background in immunology. How about coming here and training in transplant surgery for pediatrics?”

DR. STRAIN: At Columbia?

DR. DeANGELIS: Pitt.

DR. STRAIN: Pitt, okay.

DR. DeANGELIS: Remember, the transplant center?

DR. STRAIN: Okay. Oh, yes.

DR. DeANGELIS: Yes. Well, nobody was there. No, this was 1968, 1970 — 1970.

DR. STRAIN: Yes. Who was the surgeon there who came from Colorado? He came later.

DR. DeANGELIS: Yes. Oh, gosh, I’m blocking on his name.

DR. STRAIN: I am too.

DR. DeANGELIS: The transplant surgeon.

DR. STRAIN: Yes.

DR. DeANGELIS: Yes, I’m sorry, I’m blocking his name. Give me a minute. I’ll think of it. It’s terrible, because we just celebrated at Pitt — I’m now on the board of trustees at Pitt, so that’s a long story, but anyway, I’ll think of it in a minute. Everybody knows who that is.

DR. STRAIN: [Thomas E.] Starzl.

DR. DeANGELIS: Starzl, right, right. He wasn’t there yet.

DR. STRAIN: I see. Okay.

DR. DeANGELIS: When I left Pitt, when I left the medical school and I left the residency, I was still going to go back and do pediatric surgery, but Dr.
Kiesewetter said, “Call me when you’ve been at Hopkins for a while.” I called, and he said, “We want you to do transplant surgery.” I said, “Gee, that’s great! That sounds wonderful.” That was the end of my second year.

Then when I got into my third year, it became obvious to me that for every child I could help doing a transplant, there were thousands I could help just in general pediatrics. I mean, I could handle diabetic ketoacidosis or rheumatoid arthritis, or any kind of acute thing with my eyes closed and with my hands tied behind my back. But I went to the ER [emergency room] and it was like a zoo. It was horrible. There was no real general pediatrics. Remember, Hopkins was the pediatrician for a 50-mile radius, especially a 5-mile radius. We were the pediatrician. There was no ongoing anything. That was why I had some ideas about the way that should work.

That was towards the end of the year. So I called Kiesewetter and I said, “Dr. Kiesewetter, I’m sorry, but I can’t do this.” He said, “What do you mean?” I said, “I can’t.” He asked, “What are you going to do?” I said, “General pediatrics.” He said, “Are you crazy?” I said, “Maybe, but that’s what I’m going to do.” And he said, “Not even a specialty?” I said, “I’m in a specialty, the specialty of general pediatrics. [Laughs] That’s what pediatricians do, and I want to do it. But I’ll do research in the area because I have the research background.” And the rest is history, Jim.

DR. STRAIN: You went to Columbia then.

DR. DeANGELIS: Oh, no, no. Then what happened was I realized that if I really wanted to do what I thought I wanted to do, I had this idea about the way to set up the continuity clinic. I didn’t know it was called continuity clinic. But it was the idea of being the private doc, at least teaching residents from day one to be private docs and to take on children and their families, the whole business. But I knew there were 2 things that made every world go ‘round, medicine and everyone else — economics and law. And I had no background in either.

So, I talked to some people, and they told me about the Harvard community health centers [Harvard Center for Community Health and Medical Care] and about this guy named Rashi Fein, who was a health economist. Also, I knew Bill [William J.] Curran through his writings. Remember he had the column in *The New England Journal of Medicine*?

DR. STRAIN: Yes.

DR. DeANGELIS: It was called “Law and Medicine [Law-Medicine Notes]?” I just loved his stuff. I used to read him all the time. So, I went up there to talk to them. I just had to figure out how to get enough money to pay the tuition. They said, “Wait a minute. You can get an NIH fellowship
to come here. They’ll pay your tuition and give you a stipend.” I said, “What?” They said, “Yes, you have to apply for the grant. Tell them what you want to do. It’s only a couple of pages.” So, I did it, and I got it. I got my MPH [Master of Public Health] because the only way I could get a grant was to get an MPH. I didn’t want an MPH. I already had enough degrees — like a thermometer. You know where that ends up. But anyway [chuckles], I said okay. They paid my tuition and gave me a nice stipend. This was back in 1972. It was about $500 a month, which was a lot of money then.

DR. STRAIN: Was that at Harvard [University School of Public Health]?

DR. DeANGELIS: That was at Harvard.

DR. STRAIN: That was at Harvard. You were at Cambridge [Massachusetts]?

DR. DeANGELIS: I was at Cambridge for a year and I got my MPH from Harvard. I took very few courses. I opted out and tested out of their biostatistics and epi [epidemiology] courses. Those 2 were required or you had to test out. I said, “Look, I don’t want to waste my time and effort on biostatistics and epidemiology. I have the working knowledge. I’ll take these courses, I’ll memorize all this stuff, but I will be no different in 3 or 4 years than I am now. I know how to apply that stuff and I don’t want to waste my time and energy doing that.” So, they said fine.

I audited both of Rashi Fein’s courses. I loved them. Then I went to see Bill Curran, who didn’t really teach. He taught in the law school, but it wasn’t what I wanted. So, I remember going to talk to him one lunchtime. I told him what I wanted to do and what I was interested in. He said, “This would be great, but I don’t teach anything like that.” So, I said, “Well, do you have any time you could just meet with me for perhaps a half hour a week?” He said, “My gosh, I can’t do that.” And I said, “Wait a minute. You eat lunch every day.” He said, “Yes, I take about an hour for lunch. I sort of eat and I relax and think about things.” I said, “Do you like Italian food?” [Laughs] He said, “I love Italian food.” I said, “Okay, how about we make a deal? Friday seems to be a good day.” He said, “Friday I devote to all kinds of whatever.” I said, “Okay. How about you tell me what you like. I will make you lunch on Friday, homemade Italian, whatever you want. You sit there and eat and listen to me, and talk to me about stuff. I have a bunch of questions. You just tell me where to get the answers. The next week, I’ll come with your lunch, and we’ll discuss the answers I found, and then I’m sure I’ll have more questions. We’ll do it as long as you can stand it.” [Laughs] What a great time! He loved meatball sandwiches on homemade Italian bread. [Laughs] I’d get up in the morning and go out and get fresh bread. I also made him lasagna. He was great. He was so wonderful. We actually wrote a paper together.
So anyway, I left there. I was coming up on graduation and I had to think where I was going to go and work. I looked at the Charles R. Drew [University of Medicine and Science] center in Los Angeles because I wanted to work in a poor neighborhood, and I had these ideas of what I wanted to do. I also looked at Meharry Medical College. I mean, I grew up taking care of kids, poor black kids, and I loved them.

Also, I worked in the Roxbury Comprehensive [Community] Health Center while I was getting my MPH. I also wrote a book because part of one of my courses was to develop a theoretical new course, such as developing a course for teaching physicians and nurse practitioners together. It occurred to me that I’d been using all these bits and pieces from people. Why didn’t I just write the book?

DR. STRAIN: It was on primary care.

DR. DeANGELIS: Yes, it was called Basic Pediatrics for the Primary Care Physician [later Basic Pediatrics for the Primary Health Care Provider].

DR. STRAIN: Yes.

DR. DeANGELIS: Pediatrician. I changed it. It was changed later. But anyway, it ended up that I had this manuscript. I tried it. I tested it on Priscilla Andrews’s nurse practitioners at Northeastern University. I field tested it, and they told me what was right or wrong about it, what else they needed, what they didn’t need. I modified it so that by the time I left I had a manuscript. I had everything needed to teach nurse practitioners and pediatricians together, because I had training in both.

DR. STRAIN: That was the first time nurse practitioners programs were developed with physicians. Is that right?

DR. DeANGELIS: That’s right. A year or 2 before, Henry Silver and Loretta Ford developed the program in Denver.

DR. STRAIN: Now, that was about 1970?

DR. DeANGELIS: Yes.


DR. DeANGELIS: Right. And what I did was in 1972.

DR. STRAIN: So, your idea was to train PNPs [pediatric nurse practitioners]? Was it pediatric?
DR. DeANGELIS: It was pediatric. That’s what I knew.

DR. STRAIN: Pediatric nurse practitioners with house staff.

DR. DeANGELIS: At least train pediatric nurse practitioners and do the same thing for house staff. So anyway, I field tested it. As I said, I had the manuscripts. I had what I called the preparation for a how-to book.

DR. STRAIN: The content of the book was how to do this?

DR. DeANGELIS: Exactly, how to teach them.

DR. STRAIN: Okay.

DR. DeANGELIS: Okay. It was written at the level of a nurse practitioner, but there was enough in there to be helpful to house staff.

DR. STRAIN: I got you.

DR. DeANGELIS: I was trying to find a place that would welcome the training of nurse practitioners, where I could make a contribution. And I wanted to test it. I wanted to test problems in kids and general stuff, and I wanted to do research on that. I talked to Bob Cooke, who had kept in touch with me.

DR. STRAIN: He went to Wisconsin.

DR. DeANGELIS: At that point, he had gone to Wisconsin and he’d been there a year. He called me one day and said, “I want to talk to you.” I said, “Yes.” He said, “I’d like you to come here and look at the position of dean of the School of Allied Health Sciences [University of Wisconsin-Madison School of Medicine and Public Health]. I said, “Dr. Cooke, I am just finishing my MPH. I’m only out of my residency a year.” He said, “No, no, no, come and talk to us.” I said, “Look, I won’t do that. That’s not what I want to do. I want to take care of kids.” So, he said, “Okay, well, how about coming out here and looking at our outpatient pediatrics. It’s a mess. Our problem is we’ve got excellent pediatricians on every block and we barely have enough people to teach our residents. That’s one big piece that’s missing from the training program. Would you come and look and give us some advice?” I said, “I’m going to give you advice?” He said, “No, no, please come.” So, I said, “Okay.”

So, I went out there, and it was obvious to me what they had to do. I outlined it for them. He had a whole group of people who said, “No, it can’t be done.” I said, “Of course it can be done.” Of course, he was baiting me. He said,
“You really think this can be done.” I said, “Yes.” He said, “Well, come here and do it.” And I looked at him, and I thought —

DR. STRAIN: “I got a job.”

DR. DeANGELIS: Okay? I’m sorry, I’m sorry, I’m out of sync. I went to Columbia first. That’s right, I looked at Columbia, Meharry and Charles R. Drew. They offered me a job at Columbia too. When I called Dr. Bob Cooke, I asked which of these I should do. He said, “Go to Columbia.” And I asked why. He said, “Because I know you. You’ll test all this stuff. You’ll last about 2 years, and then you’ll come and join me here.” I said, “What?” But anyway, I did.

DR. STRAIN: You were at Columbia for?

DR. DeANGELIS: I was at Columbia 2 years, and I started the nurse practitioner program there.

DR. STRAIN: 1973 to 1975?

DR. DeANGELIS: 1975, right.

DR. STRAIN: Okay. And then you went to Wisconsin.

DR. DeANGELIS: Then I went to [University of] Wisconsin[-Madison].

DR. STRAIN: And you were there 1975 to 1978.

DR. DeANGELIS: Right.

DR. STRAIN: Did you have a nurse practitioner program there?

DR. DeANGELIS: I had the nurse practitioner program I started at Columbia, which was with Columbia [University Medical Center], St. Luke’s-Roosevelt [Hospital Center] and Harlem [Hospital Center] hospitals. I said, “We have got to do this.”

DR. STRAIN: Mm-hm.

DR. DeANGELIS: In the meantime, Priscilla Andrews talked to Little, Brown and Company and said, “We have this manuscript here. Why don’t you get it and publish the book?” So, they called me and said, “We’d like to see your manuscript to see if we can publish the book.” I said, “It’s not really in the form of a book right now.” And they said, “Well, put it in the form of a book.” So, I did and sent it to them, thinking, “Forget about it.” But then I thought, “How am I going to get the money? It won’t take much,
but how am I going to get the money to train the nurse practitioners in this program?” The doctors all said of course they’d come and they’d help me teach, but the nurses all needed to have their salaries paid through the amount of time if they were involved in the course.

So anyway, I called Maggie [Margaret E.] Mahoney at the Robert Wood Johnson Foundation. Somebody had put me on to her. I told her what I was interested in, and she said, “Okay, why don’t you send me a one-page description, and one page telling me a little bit about how much money you’ll need. Two pages altogether.” So I did. She called me within a week and said, “My dear, are you a nun?” I said, “Excuse me? No, I’m not. I thought about it once, but no. Why did you say that?” Because I knew she didn’t know me. She said, “You write budgets like you’re a nun.” It came out to something like $27,304.08. You know, the pencils at 10 cents each, that kind of stuff. She said, “Look, we can’t fund this sort of thing.” I said, “Aw, gee.” She said, “No, no, no, wait. I want you to wait an hour and call these people at Columbia, The New York Community Trust. You call this number. I will have set the course for you. You’re going to have to go down tomorrow morning and meet with them. Tell them what you told me. Tell them that you need $50,000.” I said, “No, no, I need tw —” She said, “Tell them you need $50,000. That’s what you’ll need to do this program. Just go and tell them what you want to do.” I said, “Okay.” Well, what do I know, Jim?

DR. STRAIN: [Chuckles]

DR. DeANGELIS: So, I called the number, and the next morning I took the New York subway and went into this building on Fifth Avenue or wherever it was. It was just so impressive. I walked into this place and a nice woman met me. She took me into a room with about 8 or 9 people who were obviously well to do, and they introduced themselves. They were fine. They said, “Margaret Mahoney from the Johnson Foundation called and told us you have a project you’d like funded.” I said, “Sure,” and went into my routine. They said, “All right, now, would you wait outside?” I said, “Sure.” So, I waited outside, thinking, “Now what do I have to do?”

About 15 minutes later, one of the gentlemen came out and handed me a check for $50,000 made out to Babies [and Children’s] Hospital [of New York], which is where I worked. He said, “In a year, what we’ll need is a written report on what you did with this. That’s what we want from you.” I said, “Oh, thank you very much.” I had a check for $50,000.

Dick [Richard E.] Behrman was chairman at Babies Hospital at the time. I walked into his office and asked his secretary, “Is Dr. Behrman in?” She said, “Yes, he’s on the phone. Why?” I said, “I have a check here and I need to give it to him.” In the meantime, he came out. He said, “Cathy, how are you? Why do you need to see me?” I said, “I have a check here for $50,000
from The New York Community Trust for a project I want to do.” He said, “What? Did you go through the grants office on that?” I said, “Grants office? [Laughs] I don’t know about any of that stuff.” He said, “Oh, my God.” Anyway, God love him, he was so wonderful.

We used the money. At that point, Little, Brown [and Company] told me they were going to publish the book. The first thing I did was march over to the dean of the school of nursing, Mary [I.] Crawford, who was also the director of nursing for the hospital. I said to her, “Look, I have this program. I have a book to go with the course, I have the money to pay for the stuff, and I have the okay from all the people in these hospitals. But it should be combined medicine and pediatrics and nursing.” She looked at me and said, “You were a nurse, weren’t you?” I said, “Yes.” She said, “But you’re a doctor now, right?” And I said, “Yes.” She said, “Nurses don’t need doctors to train nurses. You’re a traitor.” I said, “Excuse me?” She said, “Please, the conversation is over.” I said, “Okay.”

I mean, what could I do? So, I went out and I taught it without any nurses. I taught it with doctors, and I was training nurses. Then the house staff heard about it, and they wanted to hear some of the courses. They wanted to sit in on it anyway. We gave a certificate because it was a one-year course.

DR. STRAIN: To the nurse.

DR. DeANGELIS: No, a certificate through the hospital.

DR. STRAIN: Okay.

DR. DeANGELIS: I signed it, and Dick Behrman signed it. Mary Crawford said, “This is wonderful.” She kept hearing about the course, and the next year she insisted that her name should be on it, also. I said, “Fine. I offered it to you last year. Great. This is wonderful.” It became a combined program. Because I also had an appointment in the [Mailman] School of Public Health, one of the nurses wanted to get an MPH. She was a former Maryknoll nun whom I met in Peru. I had done a stint in Peru between my residency and starting at Harvard. I had 3 months, so I went and worked in a barrio hospital there. I met her and brought her immunizations and other supplies with the “pistola de la paz” — you know, the “pistol of peace” [vaccination program].

Anyhow, I talked her into coming. She was going to go back to Hopkins to get her MPH, and I said, “Instead, come with me to Columbia. I can get you enrolled in the school of public health and get some credit for this,” which I did. Jack [John H.] Bryant was the dean there, and I talked to him. He said, “Sure, bring her along.” She stayed on for another year to get her MPH. It’s very interesting. We became very good friends. We’re still friends to
this day, very close. She is a former Maryknoll nun, had been a nun in Peru, but then decided she was going to leave, and she did receive her MPH.

We then had a program that could be combined. Some of the nurses had not yet received their bachelor’s degrees, but every one of them went to get their degree. Those who already had a bachelor’s went on to get their master’s, either in public health or in nursing — everyone in that first class. It was just amazing. The second year, I think, they all had their bachelor’s degrees and a couple went on for their master’s degrees. But then at that point I said it was time. You know, I really wanted to try out this other stuff. That’s when Cooke called me, and I told him, “I’m only just out of my residency.” But he said, “No, we want you.” Anyway, he challenged me, and I said, “Fine.” So, I ended up going to Wisconsin.

DR. STRAIN: Well, now, you developed another PNP program at Wisconsin.

DR. DeANGELIS: I went to Wisconsin. My friend Phyllis [Ann Autotte] came with me. She has her MPH and is a PNP. So, I went there. Val Prock, who was the dean of the school of nursing, wanted to meet with me. Even before I got there, she wanted to meet with me. She said, “We’d like to start a program here.” I said, “Great! Here’s the book. I’ll be happy to help you teach.” They hired Phyllis on the faculty to teach. Now it’s, oh, I don’t know, about 4 or 5 tracks. Columbia is also a 4-track system now of nurse practitioners. It’s a master’s level program.

I’ll never forget. I mean, everything just comes around. In my first issue of *JAMA [Journal of the American Medical Association]*, which, of course, I didn’t have anything to do with, there was an article about how great nurse practitioners are working with doctors. So, Mary [O’Neil] Mundinger, the dean of nursing at Columbia called.

DR. STRAIN: Mundinger?

DR. DeANGELIS: Mundinger, right. She called me and said, “I’m so happy that we got our thing published in there.” I said, “Yes!” She said, “You know, we have this nurse practitioner program.” I said, “Do you know who started that program?” She said, “No.” I said, “Do you have a fax machine?” What I did was send her a copy of my friend Phyllis’ certificate that was signed by me. She called me back and said, “Oh, my God!” [Laughter] I said, “Well, you know, you took a little acorn, and now it’s an oak tree.”

DR. STRAIN: Yes.

DR. DeANGELIS: But everything comes around.
DR. DeANGELIS: So anyway, I was at Wisconsin 3 years, and I set up a program where we had the continuity clinics. I worked with people there who were just wonderful, Memee [King] Chun and Chuck [Charles D.] Schoenwetter. They were just wonderful people, all pediatricians, so giving and generous. We set up a very good training program in general pediatrics, and people loved it so much that the family physicians wanted to know if they could rotate too. I said, “Sure, of course. Why not?”

The other thing I did was to make the connection that we were doing in hospital and outpatient. We were doing it like the real docs do. They asked, “Where are you going to get patients?” I said, “I have to think about this.” I had to find out about where different people were. So, I went to the meeting of the county pediatric society and said, “Look, we need enough patients to train docs or we can’t train them. I’m sure you all have some patients that perhaps maybe you wouldn’t want in your practice or that you would be willing to give up. Can each of you give me 10?” And they did. God bless them, they did. Well, almost all did. There were 1 or 2 who didn’t, but it was wonderful.

I thought that would get me started, but that was not going to be enough. So, one day I was driving home, and I saw 5 black people on the corner. Now, to see 5 black people in Madison, Wisconsin, is like, whoa! Where’d they come from? So, I stopped, and went up to them and introduced myself. I asked, “How are you? Where do you live?” They said, “Oh, we’re from the compound.” I asked, “The compound?” They called it Eagle Heights. I asked, “What’s Eagle Heights?” They said, “Oh, it’s the graduate student place, and there are people from all over the world up there.” Ha-ha-ha! [Laughs] So I asked, “Where do you get your health care?” They said, “The students can go to the health service.” I asked, “Where do your kids go?” They said, “When they get sick we either go to the ER, or we have a doctor here.” I said, “What would you think if we were to put a clinic up there that met maybe twice a week and you could bring your kids there for their routine care. You’d only have to come down here if it was an emergency, but you wouldn’t have to go to the emergency room, you’d come to the clinic.” They said, “Oh, that would be so great!” That clinic is still ongoing, Jim.

DR. STRAIN: Now, that’s a continuity clinic.

DR. DeANGELIS: That’s the continuing clinic.

DR. STRAIN: What we call a continuity clinic.

DR. DeANGELIS: Eagle Heights. We went up there, and it was
interesting. They gave us a room near the co-op. I loved it because you could
smell the spices and the stuff.

DR. STRAIN: [Chuckles]

DR. DeANGELIS: Well, there we were, and they gave us a beautiful room. It was in a gymnasium of some kind. I remember the first kid I admitted from there. I think it was the second or third session. I used to take 2 residents and a med student with me. We’d go up there and we’d see kids all day. I remember they brought this kid in, a little girl about 8 years old, who was obviously a sickler [a child with sickle cell anemia]. She had blown an elbow. She was in a sickle cell crisis. It was so obvious. So, I called down and told the chief resident, “I have a kid here who’s in sickle crisis.” He said, “We don’t see kids with sickle crisis.” I said, “Well, you’re about to.” [Laughs]

DR. STRAIN: Mm-hm, the only one in Wisconsin.

DR. DeANGELIS: I said, “I’m coming down now, and the kid’s going to need an IV [intravenous line]. Set up some Ringer’s [Lactated Ringer’s solution]. But I’ll be down. I’ll bring the kid in.” And he said, “Well, well, well —” I said, “I know how to handle them. Don’t worry about it. We’ll learn.” So, I brought the child in with a blown elbow, and we started an IV, drew some blood. The family was so nice. The mother was with her. The staff said, “We’re going to have to get an orthopedist.” I asked, “For what?” They said, “Because we have to tap the elbow.” I said, “I’ll show you how to tap an elbow. What are you calling an orthopedist for? Get out of here.” So, I showed them how to do it. They said, “It’s infected.” I said, “No it’s not, but we’ll send it out for culture, which is what you’re supposed to do.” So, I taught them about sickle cell disease. Of course, we had all kinds of things then. It was beautiful. The clinic is still ongoing. It’s wonderful.

So, I stayed there 3 years, and I started a fellowship. People would come from all over the state. Sometimes the kids were in really bad shape when they came down. A lot of them didn’t even think about coming down there. I thought there must be a way [to bring the service to them.] So, I met with the people from the agriculture school. Of course, they know everybody in the state. They knew everything. I used to ride around with them and talk to people in the communities. They said, “Why don’t you set up little clinics up here because there weren’t that many docs around?” I said, “Let me think about that.”

At this point I was getting pretty lonely. Wisconsin is a wonderful place, but everybody there is married.

DR. STRAIN: Well, you were married also.
DR. DeANGELIS: No, I was not.

DR. STRAIN: Oh, not at that point?

DR. DeANGELIS: Not at that point, I was not.

DR. STRAIN: Your future husband?

DR. DeANGELIS: He used to come out and see me.

DR. STRAIN: At Hopkins.

DR. DeANGELIS: Just as friends. We were just friends then.

DR. STRAIN: Okay.

DR. DeANGELIS: Okay, he was back at Hopkins at this point. He’s triple boarded [board certified] in pediatrics, adult psychoneurology, and child and adolescent psychiatry, so he stayed on at Hopkins to continue getting all this training. But I was in Wisconsin. We were dear friends, but we had no plans to get married or anything at that point. But I was really lonely in Wisconsin. All my male friends who weren’t married were gay. They were wonderful, but [chuckles] —

DR. STRAIN: What can you do?

DR. DeANGELIS: That doesn’t quite help me much.

DR. STRAIN: [Laughs]

DR. DeANGELIS: So anyway, in the meantime, the people at Hopkins called me because they needed someone to set up their outpatient department. I knew I was going to leave, so I said okay. But I also had a call from University of Rochester, from [Robert J.] Haggerty. I went to look at both jobs. Now, at Hopkins, I was interviewed by the chair of the department, John [W.] Littlefield, who’s one of the most wonderful men you’d ever want to meet.

DR. STRAIN: He was an internist.

DR. DeANGELIS: He’s an internist.

DR. STRAIN: But he was head of pediatrics.

DR. DeANGELIS: He was the chair. They hired him thinking they could
make pediatrics a part of the department of medicine. Of course, he wouldn’t allow that. But anyway, I met with him for about 15 minutes. Then I met with the chief residents and I went out to dinner with the chief residents and with the residents. I didn’t meet with any faculty or anything. They were trying to get me to come there to direct their outpatient facility.

So, then I went up to Rochester where I met with the dean and with the chairman of pediatrics. It was wonderful. I also met with a whole bunch of faculty, and we had a beautiful dinner. They talked. I mean, the job they offered me was phenomenal. I had learned that you don’t accept anything until you sleep on it. This was a Friday. I had already found my treatment at Hopkins kind of insulting, and I had turned them down, telling them, “I’m not going to come here.”

So anyway, Jim [James C. Harris], my future husband, had just finished his developmental disabilities thing. As part of his training, he had worked at The Kennedy Center, and they made him the head of that. They had a party for him at Hugo [W.] Moser’s house. He asked, “Will you come? Come spend the weekend down here.” So, I went down, and I went to the party. Well, John Littlefield was at the party, and he came up to me. We each had a glass of wine. Mine was half gone, so if I ever had any inhibitions, they were gone. He said to me, “I can’t believe you would turn down a job at Hopkins and look at Rochester.” I said, “Dr. Littlefield, I can’t believe the way you tried to recruit me. It was insulting.” He asked, “What do you mean?” God love him! I mean, he’s such a gentle, wonderful man.

I told him what happened to me at Rochester. I said, “They really want me, and they treat me with respect. If you were looking for a division chief of cardiology or neonatology or GI, would you have tried to recruit them like you recruited me?” He sort of looked at me. I said, “That’s how it is. If you want me to do what that place needs, believe me, you need me more than I need you. I’m going to Rochester, and I’m going to call them Monday and tell them I’m going.” He said, “Wait, wait, wait, wait, wait! Is there any chance we can talk about this?” I said, “Well, yes.” He said, “Will you come to my house for breakfast tomorrow?” I said, “Sure.”

So, Jim drove me out. As we were going in Jim said to me, “What do you think?” I said, “Not a chance in heck because they don’t get it. But I’ll go and meet with him because he’s a very nice man.” So, I said to Dr. Littlefield, “Look, this is what I need. I need a place to set up a clinic that we’ll call general academic pediatrics. I’ll set up the adolescent clinic when I get there, too.” He said, “Okay. What do you need to do it?” I said, “The salary’s not a problem. What you offered me is fine. But I need one intern every month.” He said, “Okay.”

We went through this thing, and he said he had to talk the person who was in
charge of it then. Afterwards, Jim went and talked to them because John called him in. John asked, “Is she serious?” Jim said, “Yes, she’s been training because she wants to come back to Hopkins. This is what she wants to do. And believe me, she’ll do it.”

In the meantime, the people at Wisconsin wanted me to stay on and set up this program for the entire medical school, not just pediatrics, but I knew I didn’t want to stay there. That was just not where I wanted to be. So anyway, John Littlefield called me and said, “Okay.” Bob [Robert] Drachman was in charge of outpatient at that point. John said, “Bob said okay. You’ll have your own clinic. You can set it up the way you want and you can have a resident [inaudible].” So, I went. And the rest is history.

DR. STRAIN: That was called the Division of Pediatric and Adolescent —

DR. DeANGELIS: General Academic Pediatrics — Division of General Pediatrics and Adolescent Medicine. Now, I was there about a year or so when it was clear that the emergency room was a mess, and so I took over that too.

DR. STRAIN: I got you.

DR. DeANGELIS: We fixed it so that [the ER] was where we were getting our continuity patients. The kids who were seen there were seen by the residents. I remember I was there about 2 months when they tried to negotiate with me to give me $5,000 more in salary if I didn’t need the resident. I said, “No way! I need the residents to build this program.”

DR. STRAIN: Sure.

DR. DeANGELIS: By the second year, all the residents wanted to do it. I only had 12 [residents], and we had 16 first-year residents. They all said if they came, that’s what they wanted. And then some of the second-year people wanted to know if they could come as a rotation for a month, the ones who didn’t choose it. So, as I said, the rest is history.

DR. STRAIN: You became then the deputy chair of pediatrics.

DR. DeANGELIS: Yes.

DR. STRAIN: And who was chairman?

DR. DeANGELIS: John Littlefield.

DR. STRAIN: Still.
DR. DeANGELIS: Yes.

DR. STRAIN: Okay.

DR. DeANGELIS: Mike [Michael A.] Simmons went to Denver, I believe, as chair of peds, and so John Littlefield called and asked me if I would be willing to be the deputy chair of the department and be in charge of the residency program. I said fine. I remember negotiating salaries. I said, “Fine, as long as I get the same salary as Mike Simmons had.” He said, “Okay.” My salary went up almost 50 percent.

DR. STRAIN: Was Mike in that position to begin with?

DR. DeANGELIS: Mike Simmons had been.

DR. STRAIN: Okay, and then Mike went to —

DR. DeANGELIS: He was head of the division of neonatology and he was the residency director.

DR. STRAIN: Now, he’d come from Colorado?

DR. DeANGELIS: He’d come from Colorado.

DR. STRAIN: And then he ended up at UNC [University of North Carolina], I think, at North Carolina.

DR. DeANGELIS: Yes, he did. He was the dean at UNC, ultimately.

DR. STRAIN: Yes. And then?

DR. DeANGELIS: So then when John stepped down, we became very close friends. When Frank [A.] Oski came, we were all excited. We were going to have a pediatrician.

DR. STRAIN: Sure.

DR. DeANGELIS: I said to Frank, “Look, you pick your own people.” He said, “Are you kidding me? You stay right where you are.” I said, “Fine.”

DR. STRAIN: Great.

DR. DeANGELIS: God, what a wonderful man!

DR. STRAIN: Oh.
DR. DeANGELIS: Oh, what a wonderful man.

DR. STRAIN: I thought so much of him.

DR. DeANGELIS: Oh, I miss him so much.

DR. STRAIN: Yes. When did you take this job, vice dean of academic affairs?

DR. DeANGELIS: In 1990, I was going to go out to UCLA [University of California, Los Angeles] to be the chair there because they had offered me the position. I had been looking at chairs for a while.

DR. STRAIN: Was that where [inaudible name] was?

DR. DeANGELIS: Yes.

DR. STRAIN: He was at Harvard, wasn’t he?

DR. DeANGELIS: At Harvard, yes. And that was the position, his position.

At that point, Mike [Michael M. E.] Johns had just been made the dean at Hopkins. This was in 1990, or something. I was on the committee and had worked with Mike because he had been chair of the otolaryngology-head and neck surgery. We were friends.

Anyway, I said to Frank, “I want to go over to the dean and tell him I’m leaving.” Frank said, “Look, I’m going to miss you, but you’ve outgrown this place. You should do this.” I had been offered a couple of chairs, but that one was good for me, you know? It was everything I wanted.

So, I went over to talk to Mike to tell him I was leaving, and he said, “Wait a minute. This is my meeting.” I said, “No, I made the appointment.” He called his secretary, and she said, “Look, you both wanted to meet with each other, so meet.” She was great. So, he said, “You can’t go.” I said, “What do you mean I can’t go?” He said, “I want you to come over here and be my senior associate dean of academic affairs.” I said, “What?” He said, “No, think about it.” I said, “Alright.” This, again, was a Friday. I said, “I’ll let you know Monday.”

Well, I went home and talked to my husband and said, “I’d love to stay here, but this is so different from — ” My husband Jim said, “No, it’s not. Think about it.” So, I thought about it. I remember Sunday morning I was writing a paper. It was after mass. My husband called me and said, “Hey, Bill [William C.] Richardson is on the phone.” I asked, “Who the heck is Bill
Richardson?” He said, “He’s the new president of the university.” I said, “What? Somebody’s playing a joke.” So, I picked up the phone, and he said, “This is Bill Richardson.” I said, “Okay, who’s playing a joke?” He said, “No, no, no. This is Bill Richardson. I know we haven’t had a chance to meet yet, but I talked to Mike Johns, who told me he offered you this job.” And I said, “Well, yes, but why are you calling?” He said, “We need you to do that.” I said, “What do you mean?”

See, I had done some work for the dean’s office, and I had done some work for the provost for women’s affairs and other things. We were changing how women were promoted. At that point, they started paying attention to looking at women’s salaries and stuff, and I had been doing all this stuff. He said, “We need you there. Don’t go away. This is a great job.” So, I thought about it, and I decided to stay. So, I stayed.


DR. DeANGELIS: To 1999.

DR. STRAIN: And then you came here.

DR. DeANGELIS: What happened here was that in 1996 George [D.] Lundberg called and offered me the editorship of Archives of Pediatrics and Adolescent Medicine. Now, I had been on the editorial board of Pediatrics. I was on the editorial board of The Journal of Pediatrics and Pediatrics. I did a lot of work with Ralph [D.] Feigin and Jerry [Jerold F. Lucey]. I mean, it was so wonderful. And they said, “No, no, no, no.” So, I said, “Okay.” Modena [H.] Wilson and Alain Joffe were the 2 people who had given me the title Division of General Academic Pediatrics and Adolescent Medicine. I asked them, “How about being my deputy editors?” They agreed to do it, so it was great. Modena did the little kids, and Alain did the big kids. I took them from Wisconsin with me. That’s the way it happened.

I was on the editorial board and I remember in 1999, in May, what happened. They had fired George because he had published this paper, which wasn’t an earth-shattering paper. I’m not even sure why he published it. But, you know, it was peer reviewed and whatever, and he published it. It had to do with college kids’ beliefs about sexual activity. What was the definition of “having sex?”

DR. STRAIN: I remember that.

DR. DeANGELIS: You remember?

DR. STRAIN: Was that JAMA or was that the Archives?
DR. DeANGE LIS: That was *JAMA*.

DR. STRAIN: I remember that.

DR. DeANGE LIS: Oh, yes.

DR. STRAIN: When was that?

DR. DeANGE LIS: It was the week that all this stuff was going on with —


DR. DeANGE LIS: So, they fired George because they said he was involved in politics, he shouldn’t have published this. Now, the real reason they fired George was not only that. There were some other things that were going on. I think it’s part of a syndrome, Jim. After you’ve been in a job too long, you begin to take yourself seriously, and then it’s time to go. I think George, who knows? George had taken a journal that was sort of nothing and built it into a good journal, but he’d been here 17 years. After 17 years, I think maybe 10 to 15 max, you know, for most people, it is time to go.

But anyhow, well, they fired him. It was crazy, because we said, “Who’s the AMA [American Medical Association] to fire an editor for something he published? You can’t get involved in editorial matters.” So anyway, we came to the editorial meeting and we called an executive session. The then senior vice president of business and publishing was a very dear man, the guy who developed e-ticketing at United. He’d retired and then he had come here. He was sitting there. I remember we had all talked to the search committee about the idea that the way to preserve *JAMA* and *Archives* was to make it an LLC, a limited liability corporation. But, of course, you couldn’t do that. Even if you could, it would take 2 years because of the bylaws of the AMA. So that was out. So, then we came up with the idea of a journal oversight committee [JOC], someone to whom the editor would report for all editorial matters. At that point, the editor — the position was called editor at that time — reported to the publisher, which is ridiculous, but that’s the way it was.

DR. STRAIN: They asked you to take it?

DR. DeANGE LIS: No, no, no, no. What happened was, we came to the meeting. Roger [N.] Rosenberg, a brilliant guy who’s the chair of neurology at [University of Texas] Southwestern [Medical Center], was, and still is, editor of *Archives of Neurology*, and Mike Johns was editor of *Archives of Otolaryngology-Head and Neck Surgery*. They were on the search committee with some other people. Roger was chair, and Mike was kind of co-chair, or maybe they were co-chairs together. I don’t know. But Roger was the one
who said, “The board won’t sign this. They don’t want a JOC.” And I thought, “This is crazy.” So, I raised my hand and said, “Okay, guys, let’s just put it on the table. If they don’t sign that, we will all resign. Let them find 11 editors, and we’re out of here.”

DR. STRAIN: [Chuckles]

DR. DeANGELIS: And everybody raised their hand. Well, I thought the poor publisher was going to die because he was senior vice president. He came out afterwards and asked, “Are, are, are you serious?” I said, “Of course I’m serious. You can’t run a journal if it doesn’t have editorial freedom. You just can’t do it. It’s not good for the journal, and it’s not good for AMA.”

DR. STRAIN: That’s right.

DR. DeANGELIS: So that was it. Two days later, Roger called us and e-mailed us and said, “The board signed.” Oh, great! All right. Now, at this point, I was looking at 2 deanships and the presidency of another place. I was getting ready to go. [Chuckles] I got this call from Roger, who said, “We want you to be the editor.” I said, “Are you out of your mind? I’m looking at deanships and the presidency of a medical university.” He said, “No, no, no, no. Who else is gonna take them on and make it stick?” I said, “Well, Roger, I have to think about this.” Again, it was a Friday.

DR. STRAIN: [Chuckles]

DR. DeANGELIS: I hate Fridays. [Laughter]

DR. STRAIN: Decision Fridays.

DR. DeANGELIS: Yes, decision Fridays. So anyway, again my husband, God love him, because I had married him in 1979 when I went back to Hopkins, said to me, “Think about this, Cathy. How many deanships are there?” I said, “A hundred and twenty-six.” He said, “How many editors are there of JAMA?” I said, “One.” He said, “Think about what you’ve done with your life and what you could bring to it. You can have a lot of fun.” I thought about it. I said, “Yeah, but I have to move to Chicago.” He said, “It’s all right. We’ll work it out.” So, I took it. [Laughs]

DR. STRAIN: And Jim got a job here in Chicago?

DR. DeANGELIS: No, no. No, no. We’re both on the faculty at Hopkins. In fact, I was on full-time faculty until 2005. I’d had a 5-year leave of absence, and it was enough. So, I officially retired from there, but I’m still on the faculty. I’m still professor there.
DR. DeANGELIS: Jim stayed. He was working. At least one of us would travel on the weekend to see each other. I said, “You know, this doesn’t work for me.” And it wasn’t working for him. I said, “You know, Jim, we’re like 2 old shoes. We don’t look so good, but we sure feel good together.” [Laughs] I had that kind of relationship with him.

DR. STRAIN: That’s hard.

DR. DeANGELIS: When we looked at his working full time, he was on call 10 months of the year and he barely had time to do his research. He was writing. He had written one book which won the Medical Book of the Year award. That’s what helped him to get promoted to professor. He was working on another book and he just couldn’t get it all together. I said, “Look, you’re working. By the time we consider the increase in taxes and what it costs us to go back and forth, it’s not worth it. It’s paltry.” And besides, money was never a big deal with us. We’re both pediatricians, and then he went into psychiatry. I mean, give me a break.

I said, “Why don’t you take a leave of absence?” So, he talked to them, and they said, “Okay, but only if you agree to come back here once a month and run this clinic, and that you teach.” He runs a clinic nobody wants to touch. Jim has been winning teaching awards forever. So, they agreed to let him do it. Jim took a leave of absence, but he still runs the clinic. It’s not for pay, but they pay his travel back and forth once a month, and they pay his malpractice insurance premiums and health insurance premium, which is fine.

DR. STRAIN: Mm-hm.

DR. DeANGELIS: So, he moved here with me. We sold our house in Baltimore and bought a condo here and a condo in Baltimore. We spend almost all our time here. He goes back. That’s where he is now. He’s in Baltimore now.

DR. STRAIN: So, he goes for 2 or 3 days?

DR. DeANGELIS: Yes. I try to go with him when I can, which is not always possible. He’ll go on a Friday or a Thursday, and I’ll go on the Friday. If I can’t make it, then he goes on Sunday and usually comes back on Wednesday. So, we’re only apart a couple of days. Once in a while, like now, there are a couple of things that came up in [Washington] DC, and then I have to go to California, so it’ll be a little longer that we don’t see each other. But the arrangement has worked beautifully.
DR. STRAIN: Oh, that’s great.

DR. DeANGELIS: Yes, it’s wonderful.

DR. STRAIN: I wondered how you worked that out.

DR. DeANGELIS: Oh, yes.

DR. STRAIN: Yes, that’s super.

DR. DeANGELIS: That’s priority. Nothing takes priority over Jim.

DR. STRAIN: I think that’s great.

DR. DeANGELIS: So anyhow, that takes us up to where we are now.

DR. STRAIN: Well, I tell you, I’ve got some things here I want to talk to you about and get your opinion about.

DR. DeANGELIS: Okay.

DR. STRAIN: And a little bit of history, too. You’re interested in women in medicine. Tell me where you are with that. Really, about 3 areas — women in academic medicine, the number of women in medical school and research on women’s issues. Those are the 3 things I want you to talk about.

DR. DeANGELIS: Okay. Women in academic medicine. It always bothers me that women have been treated differently than men. Now, I don’t say “equality” because we’re not equal to men. In many things we’re better, and in many things we’re not as good. As long as women, which is natural, are the only ones who can bear children and who really take the major responsibility of caring for children, there’s no way they can have the same kinds of careers because these careers in academic medicine are based on the lifestyle of a guy, not a woman. Now, my goal at Hopkins and since then — actually it went way before that — is to say women should be treated on an equitable basis.

Now, let me tell you a story, Jim. This happened at the University of Wisconsin. They put me on the medical school admissions committee, which meant we’d interview, and then we’d discuss the applicants. At my first meeting, they said, “Just watch and see what we do, and then after a couple of them, you’re a quick learner, you can present one of these people we gave you to look at.” So, they presented, as it turned out, about 3 women in a row. They were each presented as, what she looked like, how endowed she was, what she was wearing.
DR. STRAIN:  [Chuckles]

DR. DeANGELIS:  Okay? So, I listened to this. Then they said, “Well, Cathy, why don’t you take one?” It was a guy. I deliberately pulled a guy. I said he was a 21-year-old, you know, whatever, and I then said, “He was dressed very nicely, and he was low hung and slung to the left.”

DR. STRAIN:  [Laughs]

DR. DeANGELIS:  They said, “What?” And I looked very innocently at them and said, “Well, excuse me, isn’t that what we’re supposed to do?”

DR. STRAIN:  [Chuckles]

DR. DeANGELIS:  That was very interesting. The psychiatrist on the committee looked at me. He said, “My God, is that what we sound like?” I said, “Yes.” He said, “We have to stop it.” I said, “Yes, you’ve got to stop it, or I will not stay on this committee. But even if I leave, it’s disgusting.” Afterwards — it was funny — we were walking down the hall, and the surgeon came up to me. He asked, “Was he really?” I said, “I don’t know! I made it up.” [Laughter] Anyway, I mean, it goes way back.

At Hopkins, when I left after 9 years in the dean’s office, 75 percent of the women who had ever been promoted to professor at Hopkins were doing that in 9 years. We were more than 100 years old at that point. When I found out I was just the 12th woman ever to be promoted to professor at Hopkins, it was 94, 95 years old. The 12th woman in all the specialties, okay? I said, “This has got to stop. It’s crazy.”

Now, I can continue that. I chaired the [Josiah] Macy [Jr.] Foundation committee on women and medicine. I do it here, but I try to get women involved at the higher levels. At Hopkins, what I tried to do was to say, “Look, you don’t put one or 2 women on committees, you put at least 3 women on every major committee. Then you teach each one to take a different guy and work on him. Now you’ve got 6 votes.” You know, things like that. I made sure they were on all the special committees and made sure we tried to get women in the key positions. So that’s it for academics.

Medicine is a natural field for women. You know, when you really think about it, the first physicians really were women. They called them nurses, because it was military. It was the men who did it. But if you look at it, women are the natural caregivers. Who takes care of the family? The women in the family do it. I don’t say that it should only be women. I’d never say that. But if we don’t have and don’t utilize the capabilities of women, which are different in many ways from men, we’re throwing away 50
percent, actually 51 percent of the intellect and creativity in this country or in the world. That’s wrong! So as far as medical students go, we’re at the point now where we’re at 50:50.

DR. STRAIN: Are you pleased with that?

DR. DeANGELIS: I am delighted.

DR. STRAIN: [Laughs]

DR. DeANGELIS: Some people said, “There goes the neighborhood.” I said, “Nope, this is a much better neighborhood.” And you can see women are just making their way all the way.

Now, there are certain things you have to do for women because they’re still struggling to be at the top levels because they lose time with child-caring and childbearing. One of my favorite things is to say you have to have an on-and-off ramp. You’re on this highway. You’ve got to take the off-ramp to take care of the kids and the family, and then there should be an on-ramp that, when you’re ready, you go back on. There are ways to do that.

DR. STRAIN: You’ve advised women how to do that?

DR. DeANGELIS: Oh, yes.

DR. STRAIN: How to share the responsibilities at home?

DR. DeANGELIS: Absolutely.

DR. STRAIN: That’s possible to do?

DR. DeANGELIS: Absolutely possible. I mean, look at the successful women. Julie [A.] Freischlag, who’s the first woman chair of surgery at Hopkins, is married and has children. Her husband actually has a position that allows him to be home a lot of the time, and she shares responsibility with him. She’s phenomenal. And look at Modena Wilson. She’s got 2 boys and a husband who’s a writer, and she was with the [American] Academy [of Pediatrics] for a long time.

DR. STRAIN: Sure.

DR. DeANGELIS: She left, actually, before me at Hopkins and came to the Academy. Now she’s a senior vice president here at the AMA, and she’s phenomenal. There are lots of examples. So that’s what you have to do.

Now, as far as women in research and looking at women’s health, one of the
things I’ve really been a strong advocate for is making sure that whenever possible, when we have a study, we look at whether there is a difference between the genders in whatever the intervention or whatever is. It used to be that all studies done were mostly with men, which is not right. So, one of the things we tried to work on with Vivian [W.] Pinn and her group in Washington was to make sure that we looked at the gender differences for all the studies.

DR. STRAIN: You’ve done that here in journal articles.

DR. DeANGELIS: Absolutely.

DR. STRAIN: I noticed that.

DR. DeANGELIS: Yes. We’ve been doing that ever since I came.

DR. STRAIN: Yes. I think that’s great. What about the relationship of women in medicine and the manpower issue?

DR. DeANGELIS: You mean the workforce issue.

DR. STRAIN: The workforce.

DR. DeANGELIS: Not the manpower issue. [Laughs]

DR. STRAIN: The workforce issue is what I’m trying to say.

DR. DeANGELIS: I know, Jim, I’m teasing you.

DR. STRAIN: [Laughs] It’s got to be figured into the equation.

DR. DeANGELIS: Absolutely. People say, “Well, you know, because women will be working not at all or part-time during the child-bearing and child caring years, they don’t work as much or as long.” And all this other kind of stuff. I say, yes, but we only talk about that time in the woman’s career. What about the other end? Women live longer than men. They’re more vigorous than men, in general, in the older ages, and so they work longer then.

DR. STRAIN: Good point.

DR. DeANGELIS: So, I don’t know. I don’t know what the balance is, but I bet if you took it out and just compared the number of hours worked in the average female physician’s lifetime and the average male physician’s lifetime, it’s probably not that much different. And if it’s slightly less, well, then let men take care of the children. But even if they equally shared in the caring
of a child, men can’t bear the children, so there are 9 months there. You have to look at it differently.

DR. STRAIN: Sure. Let me ask you a little bit more about the nurse practitioner program you started and what now has grown to be, I think, a large segment of health care providers. Henry Silver and [Loretta] Ford really did a great job out there.

DR. DeANGELIS: Do you know the real history of that? The first nurse practitioners came out of a program developed by a physician, a Dr. Silver and Loretta Ford, but it wasn’t Henry and Loretta. It was, I think, at NYU [New York University]. It was a neonatal nurse practitioner program, but nobody knows about that, and it wasn’t quite the same.

DR. STRAIN: No, no, that’s right.

DR. DeANGELIS: But if you look at the record, yes.

Henry Silver and Loretta Ford were just absolutely giants.

DR. STRAIN: Yes, they really were pioneers in this.

DR. DeANGELIS: They knew how to do it.

DR. STRAIN: Now, he eventually evolved into supporting the PA program, the physician assistant program.

DR. DeANGELIS: Sure.

DR. STRAIN: What do you think about that?

DR. DeANGELIS: The PA programs?

DR. STRAIN: Yes. I think it is really exceptional, but that’s a 3-year program.

DR. DeANGELIS: Sure.

DR. STRAIN: But there are others, in other specialties.

DR. DeANGELIS: Most PAs do not do primary care. Most do more surgery and ER.

DR. STRAIN: That’s right.

DR. DeANGELIS: That kind of stuff, and they’re wonderful. I’ve worked
with PAs who are just absolutely magnificent. I think it depends on the individual, and God knows, we need them both. The only danger with either of those is that they get into things for which they’re not prepared and don’t know it, so I think both need to have a physician in the background somewhere. Almost all the nurse practitioners I know have a physician with whom they relate and can refer patients or can call up and ask questions. For the most part, they’re pretty careful about it. They’re very careful about it. And, of course, the PAs have to have the physician with them.

DR. STRAIN: Yes. I would say that the major concern the physicians in general have is the one of independent practice. What do you think about that?

DR. DeANGELIS: Right. I think the physicians who fear that have never worked with a nurse practitioner or certainly haven’t worked with the ones I’ve worked with. Well trained nurse practitioners know they do not want to be in isolation, so nurse practitioners and physicians working together is just phenomenal. We have a paucity of primary care physicians. The reason we have that is we’ve set up our profession now as almost like a trade rather than a profession. We’ve been reimbursing people not by the time and cognition, but by what they do with an instrument or what kind of surgical thing they do, something people can count. Well, that’s really thrown us. I’d spend so much time with a child and I’d make a diagnosis that required surgery. I’d prepare the child and the family for this surgery, refer the child to a good pediatric surgeon, even the best of whom would spend some time with the kid, then do the surgery. The anesthesiologist would do the anesthesiology. The kid would go out of the OR [operating room] and get discharged from the hospital, although I would go to see them there, too.

The first visit, or one visit may be with the surgeon, and then the rest, it was my thing. For the most part, I was the one then explaining all kinds of things. For my services, I either didn’t get reimbursed or I got reimbursed at a much lower level. An anesthesiologist got a few thousand dollars, much more than the hundred or so I might have gotten, and the surgeon got even more. And I said, “Wait a minute! What am I doing wrong here?” You have people coming out of medical school with incredibly high debt, and they’re asking themselves, “How am I going to pay these bills?”

And then lifestyle. We’ve got doctors into this business of the 80-hour week, as if they’re punching a time clock instead of the general idea of an 80-hour week. As I told you earlier, pediatrics was the first RRC [Residency Review Committee] to establish the 80-hour week, but it was based on a system that was reasonable and rational, and you didn’t have to worry about taking care of your patients. But if you trained somebody like that — Well, it’s lifestyle. When you talk to younger people now, the main thing they’re worried about is lifestyle.
DR. STRAIN: Absolutely.

DR. DeANGELIS: And so, they ask why should they spend 3 years in pediatrics, and then become a general pediatrician where maybe they’ll make $150,000 a year? They may start out making $70-, $80-, $90,000. Or they can go into pediatric interventional cardiology or neonatology or GI [gastroenterology], anything with an instrument, certainly not endocrinology or rheumatology, and make 2 to 3 times that. Why should they not do that? You know, it makes you wonder. And the other thing is they have more control over their time.

Emergency medicine. Twenty years ago, who even thought about it? It’s a very, very important and substantial field right now, and it’s very popular. Why? You have set hours. You’re working intensely during that time. You’re extremely well paid. But you go home, and your life’s your own. And so, you could work 3 days a week, 12 hours a day, or 3 days one week and 4 days the next week. You get yourself a pretty nice lifestyle. You have the excitement and the feeling of doing something really important and good and intense, but then you leave and your life’s your own.

The same thing with the hospitalists. I mean, when you think about it, we’ve been training physicians mostly to be hospitalists. It was all inpatient. That’s really where the emphasis was, and it’s still very much like that. So, you have a hospitalist. You come in, you work your 8, 10 or 12 hours, you get very well paid, and you leave. Well, now, wait a minute. What happened to the general pediatrician? What happened to the general internist? Why should anybody do that?

DR. STRAIN: Yes.

DR. DeANGELIS: You have to really feel it.

DR. STRAIN: That’s what I wanted to ask you. That’s another question. We’ve got a shortage of primary care docs. What can we do about that? Have you got any ideas as to how to solve that problem?

DR. DeANGELIS: Yes, I’ve got some very good ideas. We should look at the way we reimburse and respect people. There’s one thing Frank Oski taught me. I always said to him, “Look, salary and money are not important to me.” He said, “Hold it. You’re a woman, and it’s especially important to you. People will pay you what they think you’re worth. If you let them underpay you, they will under-support you and they won't treat you with the same respect.” Now, I don’t necessarily say that’s true on a dollar-per-time basis, but it seems to me that if we really want to get our profession into what it should be, and we really want to take care of people the way they should be taken care of and get into the prevention and the early intervention, we’ve
got to train and have a substantial number of primary care physicians. And if we underpay them, and therefore, under-respect them, how do we expect people to do it?

So instead of paying someone $1,000 to insert a tube somewhere, and pay the physician who does the workup and the referral, and then the follow-up $100 every time, why don’t you just even it off some? Now, I don’t pretend for one minute that it’s fair to pay them completely evenly, but it seems to me you should start reimbursing people for what they do. And knowledge and time are worth something. Just because you don’t insert a tube, or you don’t do surgery on somebody or you don’t deliver the anesthesia — as important as those things are — that doesn’t mean you’re not as good a doc and that you don’t deserve more money. We have to start a better reimbursement plan, and until we do that, we’re always going to have this problem.

We had this problem in the 1970s, and the response was to get more doctors. Well, the problem wasn’t that we didn’t have enough doctors, necessarily. It was that they were geographically, in specialty, maldistributed. We are right back where we were. So, what’s happening? We’re starting more medical schools, we’re training more doctors, but that is not going to answer the question.

DR. STRAIN: It’s not going to result in more primary care docs.

DR. DeANGELIS: Absolutely not going to result in what we want.

DR. STRAIN: Yes.

DR. DeANGELIS: We’ll have more specialists and more surgeons, not general surgeons, necessarily. It’ll be super-subspecialist surgeons, even. Joe [Josef E.] Fischer is the chair at BI [Beth Israel Deaconess Medical Center], I believe, of surgery. We published an article by him recently in *JAMA* looking at where the general surgeon is going. He argued why you would be a general surgeon when you’re up all night in the trauma center and you’re doing all these things, and then you wait for the orthopedist to come in the morning. The orthopedist waltzes in, goes over to the operating room and gets paid 5 to 10 times more than the general surgeon. When he said that, I said, “Joe, imagine if you’re a pediatrician.” He laughed and said, “Well, I’m a surgeon, and I’m only writing about surgery.” I said, “Fine.” And we published it.

But the difference is, we’re losing general surgeons. Why should they do that? If we get rid of general surgeons, if we don’t have enough, our community hospitals are going to close because they depend on the general surgeon to take care of their emergency rooms at night and to take care of emergency surgeries. You need general surgeons the same way you need
general internists and general pediatricians.

DR. STRAIN: Mm-hm.

DR. DeANGELIS: But I saw this in the 1970s with the new med schools. I could have sat for 3 different specialties, subspecialty boards, and I refused to do it. I am a general pediatrician, and very proud to be that. You know.

DR. STRAIN: Sure.

DR. DeANGELIS: That’s what we have to do. We have to start reimbursing people for their true worth.

DR. STRAIN: That brings up another thing, Cathy, I wanted to ask you about. When someone is working with a nurse practitioner, and the nurse practitioner is doing well-child checks and whatever, the question comes up, should she be paid the same amount as the doctor who would be doing it?

DR. DeANGELIS: No. No, because the training is different.

DR. STRAIN: Okay.

DR. DeANGELIS: Absolute training. She can only practice —

DR. STRAIN: But the end product could be the same.

DR. DeANGELIS: The what?

DR. STRAIN: The end product. Well-child care.

DR. DeANGELIS: On average, yes, it could be. The well-child care part could be, but the figure used to be 25 percent of well-child visits end in a diagnosis of some illness or some intervention need. Now, maybe the nurse practitioner can take care of a substantial proportion of them, but the issue is that even if it’s only 5 out of 100 who need a doctor, the doctor is there, so you work as a team. Nurse practitioners who want to do all that stuff should go to medical school. It’s very simple. But if you work with a physician, you should have a very reasonable salary for doing what you’re doing, but you’re backed up by a physician who could take care of any of the emergencies that happen. That’s what’s very important. There’s a difference. Believe me, I’ve been through both puberty rituals. I know. I know what the training of a nurse and even a nurse practitioner is, and I know what the training of a doctor or pediatrician is. It’s way different, and it’s way longer to do the one. It has nothing to do with how smart you are or how dedicated you are, it’s just that your training is different, and the time commitment to your education and training is different. Therefore, your knowledge base is
different, your experiences are different. You need both, but they should be
a team working together.

DR. STRAIN: Mm-hm. What do you know about doctor of nursing
programs?

DR. DeANGELIS: You know, I’ve talked to some of my friends who are
nurses, who are editors of, like, AJN [American Journal of Nursing] and
others who are deans, and it’s very interesting. I asked, “What is this
supposed to do?” I got different answers from different people. I said, “If
you want to be a doctor, go to medical school. There are lots of women in
medical schools now. That’s the way to do it.” I remember when I finished
nursing school, I was a senior, a 3rd-year nursing student. I was about 20
years old and I went to Atlantic City to a convention. This was a big deal.
I’ll never forget the whole experience. There was a banner up there,
“Nursing at the Crossroads: What Is Nursing?” Well, let me tell you, I still
don’t think that’s quite established. What is the basic level that makes you a
nurse? For a physician it’s easy. You have an MD. It’s a doctorate. The
basic level for a nurse can be anything from an AD [associate degree] or a
diploma to a bachelor’s or a master’s [degree].

DR. STRAIN: Or a doctorate.

DR. DeANGELIS: Or a doctorate. It could be a PhD [doctorate] in
whatever. One of my favorite people in the world at Hopkins is a nurse.
She’s dean of the school. She has a PhD in something, not nursing. But I
don’t really understand it because I get a slightly different answer from the
different people I’ve asked, so I’m not sure that the field of nursing knows
what this is supposed to be. I really don’t understand this.

DR. STRAIN: Do you get the response that they want to be teachers of
nursing?

DR. DeANGELIS: Right, so you get a PhD in nursing to be a teacher of
nursing.

DR. STRAIN: Right, and a doctor degree in nursing.

DR. DeANGELIS: Yes, it’s a PhD, a doctor of nursing. And what you do is
you teach. God knows what you do, but it’s not a clinical doctorate, and
that’s where the mix-up comes.

DR. STRAIN: And it’s not an independent practice doctorate?

DR. DeANGELIS: It’s not an independent practice, no. That they pretty
much agreed on, but I don’t think the average person knows this. I don’t
know. I asked, “What happened to the PhD doctorate or the DN [doctor of nursing]?” Or come up with whatever you want to call it, DDS, a doctor of dental surgery. Well, if you want some other kind of thing, then you have to come up with it. But I don’t get it, because they’ve had that level to the PhD.

DR. STRAIN: To the PhD program.

DR. DeANGELIS: Or the DPH [doctor of public health], if you want to do it in public health.

DR. STRAIN: Yes.

Cathy, I want to ask your opinion about several things. First, what’s your overall impression of the way we train pediatricians?

DR. DeANGELIS: It all depends. I really think you should train all pediatricians at the generalist level, which means you have to understand what being a pediatrician means. Even if you know from day one that you’re going to be a cardiology specialist for kids or GI, or whatever, you still basically have to be a pediatrician, which means you should have experiences and training in all the things a general pediatrician has. You should not be spending half your life in the NICU [neonatal intensive care unit], because the day you finish training as a pediatrician —

DR. STRAIN: They won’t let you in.

DR. DeANGELIS: They won’t let you in. You’re not qualified.

DR. STRAIN: [Laughs]

DR. DeANGELIS: I remember Henry [M.] Seidel telling me, the day before he finished training, he ran the NICU. He was in there, running the thing. The next day, he was in private practice and he couldn’t go in.

DR. STRAIN: But that’s changed.

DR. DeANGELIS: That’s not quite what he said.

DR. STRAIN: But that’s changed.

DR. DeANGELIS: Yes, it’s changed, yes.

DR. STRAIN: Over a period of time.

DR. DeANGELIS: Well, you know why it’s changed, because the RRC said it had to change.
DR. STRAIN: Sure.

DR. DeANGELIS: And the only reason they were doing it was workforce. It had nothing to do with how much knowledge. It was workforce.

DR. STRAIN: Absolutely.

DR. DeANGELIS: So, they did away with that. But you should have the right kinds of rotation so you know every aspect of what it takes to be a physician. Now, you might be able to get all that in 2 years. Then you could start your 3rd year [in a specialty], as long as you have the continuity clinic taking care of what the average pediatrician would see every day, throughout. I don’t know. It depends. It all depends on what the experiences are. So, I don’t know.

DR. STRAIN: What do you think of a 2-track system? And let me give you an example of that. The pediatrician who serves in a large city that has a medical school and residents is a very different pediatrician than the one who’s in a city of 50,000, who does all of the procedures house staff do when the doctor in the city refers him into the hospital, including stabilization of very sick children. Do you think there ought to be some difference in the way a pediatrician is trained, depending upon where he’s going?

DR. DeANGELIS: No, and I’ll tell you why. Because if you knew and you could guarantee you were never going to move from the urban environment or the country environment, the more rural or the more suburban environment, that’s fine. But we have a very mobile population, Jim. You can be called upon to take care of people in all kinds of settings. Life isn’t that set. We all change our minds. If anyone had told me I would be editor-in-chief of *JAMA* at this point in my career, I would have laughed at them. You never know.

I even look at pediatrics now. I’m a pediatrician. I’m board certified in pediatrics. I recertified 3 times now or something? Thank God I don’t have to take them anymore. [Laughter] I’m not sure I could still pass the boards in pediatrics, because most of what I do has to do with adult medicine. But I’ll tell you, years ago I used to run the diagnostic clinic at Hopkins for kids, and I still get calls from pediatricians. I say, “My God, I haven’t really taken care of kids for about 14 years now.” The caller will say, “No, no, no, just think out loud, like you used to.” And, you know, the basics are still there. Now, if you ask me the best antibiotic for something, I’d have to look that up.

DR. STRAIN: Could you do a spinal tap?

DR. DeANGELIS: Oh, absolutely.
DR. STRAIN: Could you intubate a baby?

DR. DeANGELIS: Yes.

DR. STRAIN: Okay. Because that’s what these guys do in the smaller community.

DR. DeANGELIS: Sure, I can. Because I was well trained, I could do it. I can do a spinal tap. I can start IVs. I can do all that stuff. I know I can, because I’ve done it. In fact [chuckles], I had to intubate an adult who was having some trouble, actually, big trouble, and so they handed me this laryngoscope and this tube. I looked, and it was like the Holland Tunnel compared to what I used to do.

DR. STRAIN: [Laughs] Oh, yes!

DR. DeANGELIS: I said, “My God, I couldn’t miss that if I tried.”

DR. STRAIN: Cathy, what do you think about the future of the general pediatrician? The nurse practitioner can do a lot of things. The general pediatrician is not now going into the nursery to see newborns. The neonatologist sees them and tells them to contact the pediatrician about getting a look at the baby in 3 days. If they’ve got a sick child, they put him in the hospital. I mean a really sick child, and most children’s hospitals now are ICUs [intensive care units]. I mean, those kids are really sick. The pediatrician turns him over to a hospitalist. What’s going to be the role of the pediatrician in the future?

DR. DeANGELIS: The pediatrician is going to be the family physician, the medical home for the child. Look, the average child never is hospitalized, except maybe for an appendectomy or something like that, maybe tonsillitis, although they don’t do that many tonsillectomies anymore. Maybe [hospitalized] once. What’s wrong with the pediatrician going to the hospital and visiting that kid?

DR. STRAIN: They don’t get paid. It’s economic, Cathy.

DR. DeANGELIS: Of course it’s economic, but the issue is, who’s the attending of record? The hospitalist? Okay, fine. But it doesn’t mean you can’t pick up the phone and talk to the mother or father every day. How many kids does the average pediatrician who does general pediatrics in private practice have in the hospital at any time, 1 or 2?

DR. STRAIN: Not very many.

DR. DeANGELIS: That’s the point. So, you pick up the phone, and you
talk to the parent that day, okay? Now, as far as not going into the newborn nursery, I think it’s sad. But you’re right, it’s the same thing. You call the mother and father and you say, “I’ll see you.” A nurse practitioner cannot. Who’s going to take care of the diabetic child? The endocrinologist? Who’s going to do all the care for that kid? An endocrinologist with a nurse practitioner? I doubt it. What happens if the kid gets pneumonia? The endocrinologist doesn’t want to handle it. What happens if the kid ends up with meningitis? How’s he even going to make the diagnosis, or even know to send the kid to the ER? He might. He might be a good generalist, but he’s more a diabetologist or whatever. See, Jim, we’ve forgotten what a real doctor is.

The problem is, everything is based on money. If you can’t get reimbursed, how are you supposed to feed your family? Our system of reimbursement in this country is screwy. It’s crazy. We talk about a national health insurance or health care for everybody. We have enough money that we spend on every citizen right now to easily afford it, except where does the money go? It goes to pay too much for MRIs [magnetic resonance imaging] and CT [computed tomography] scans that absolutely do not need to be done. Why do we do it? Defensive medicine. Well, let’s get some tort reform. I’m not saying people shouldn’t have the right to sue people and to get reimbursed. If a physician makes a mistake, that’s malpractice, and the person should be reimbursed for it. But to have these lawyers bringing suit against a doctor because he didn’t do a “rats-a-frats,” and then the one in a million happens, that’s bizarre.

The other thing is, why would you pay a gazillion dollars for tests that don’t need to be done, and yet you won’t pay the doctor for going in to see a patient in the hospital? Jim, something’s wrong.

DR. STRAIN: I know.

DR. DeANGELIS: It’s completely “bass-ackwards.” Until we get that fixed, we’re going to be right where we are. That’s why if you go to countries where they have either a national health insurance or they have some form of program by which everybody gets care, it’s a different system. Is it perfect? No, I haven’t seen any perfect system. But it’s much different than ours. Unless you are rich enough to be able to afford the kind of insurance you need, you’re not getting good care in this country. Even if you have insurance, you’re still not going to get the right kind of care. You have it if you need it for catastrophic illness. The system is all wrong. Too much money is going to the middle man, and it’s bad.

DR. STRAIN: See, the concern I have, Cathy, about that whole role the pediatrician plays, is that if a child needs to go into the hospital, her care is taken over by a stranger.
DR. DeANGELIS: Right.

DR. STRAIN: That’s when their primary care doctor should be on board.

DR. DeANGELIS: This is the point. This is the point, Jim. The one thing HMOs [health maintenance organizations] have taught is that maybe everybody should get assigned. Everybody signs up with a general pediatrician or a generalist, okay, and you get paid so much per year for that. If you do these extra things, there are extra services built into it. Without the HMO, you can have some 21-year-old daughter of the chief or president of the HMO telling you that you can’t keep a kid in the hospital. That stinks. But the system’s not bad. Look at these “Gucci practices” that have been set up where physicians say, “Look, either I, or 2 partners, will be available to you 24/7, but you pay this much per year.” You don’t have to pay for any routine stuff. Now, if you go and have a whatever, or if you get this, maybe there’s an extra charge or maybe not. There are lots of people who have the money who are signing up for it because they want one doctor they can relate to. But why can’t we have it for everybody?

So, if you’re a pediatrician and you take care of 2,000 kids, you get paid X amount per child and you know you have that. It could be done so much per child according to the age. If the child then develops a chronic illness, well then, the amount you get paid per year, for example, for a child with diabetes, would be different than what you get paid for a child who’s never had any problem. You know you’re going to get that amount of money. But your job is that you take care of that, as you were trained to and as you want to. At 6:00 p.m. or 5:00 p.m., or maybe even earlier in the afternoon, you take an hour or 2 and go to the hospital to see the 1, 2 or maybe 3 kids you have.

[Short interruption.]

DR. DeANGELIS: I’m kind of running.

DR. STRAIN: Yes, how much time have we got, Cathy?

DR. DeANGELIS: Tell me what else you need.

DR. STRAIN: Well, okay, we’ve touched on the health care system in the United States, and I think we’ve talked enough about that. I want to ask you about what you consider the 3 most serious health problems facing children today.

DR. DeANGELIS: You mean as far as health problems? Obesity is number one.
DR. STRAIN: Yes, it’s got to be.

DR. DeANGELIS: That’s right at the top because from it emanates diabetes, metabolic syndrome, cardiovascular, everything. So, we’ve got to get that under control.

DR. STRAIN: How about mental health?

DR. DeANGELIS: Well, that was going to be my number 2. Mental health is bidirectional, as far as I’m concerned. On the one hand, kids are put under so much strain now — the pressure to perform, to succeed. Nobody is average. You can’t be average, you know? That causes an incredible amount of anxiety, and I think especially in the high-powered places. Kids don’t learn to play, and play is so important to them. So that’s a problem.

On the other hand, you get normal activity of kids and you want to medicate them because they don’t sit still in school, or something like that, and you label them as ADHD [attention-deficit/hyperactivity disorder], which I think is one of the most over-diagnosed problems in kids. There are real problems, and there are children who do have ADHD and children who do require medication, but I think we have far too many diagnoses in normal kids.

You know, Jim, I can remember when I was an intern at Pitt. I had this child who was brought in. She was kind of overweight, but the most docile, loving kind of child, an A student. It was just a routine visit. I looked at her, and it was clear to me that there was something wrong, so I did her thyroid level. The kid had hypothyroidism, so we put her on thyroxin. About a week later, the mother said, “She’s a different child. I mean, she’s active.” Then about 2 months later, the mother called me. The child went to Catholic school. The mother said, “She’s having problems in school.” I asked, “What do you mean? Can’t she learn?” She said, “No, no, no, no, no. She’s misbehaving, and the nuns say that she’s blah, blah, blah, blah, blah. I talked to the nuns, and they told me she used to be such a sweet child, well behaved.” I said, “That child had hypothyroidism. Now you’ve got a normal child. So, what you were seeing before was not the child. This is the child.” You see, somewhere in between is the balance.

DR. STRAIN: Yes.

DR. DeANGELIS: The 3rd most pressing problem I think has to do with violence. You know, we call them accidents, but they’re not. Automobile injuries and suicides, homicides. They just shouldn’t be occurring.

DR. STRAIN: Violence.

DR. DeANGELIS: But that’s it.
DR. STRAIN: Adolescents particularly.

DR. DeANGELIS: Yes. Of course, there’s cancer and the other stuff, but I think those 3 I would put at the top of the list.

DR. STRAIN: Yes. Relationship of medicine to industry?

DR. DeANGELIS: Read the April 16, 2008 issue of *JAMA*. I threw down the gauntlet because I think we’ve thrown away our profession.

DR. STRAIN: There are 4 areas. Phase 1, 2, 3 trials being done in universities is number 1, number 2 is direct advertising to the public of prescription drugs, 3 is detail men and 4 is medication costs.

DR. DeANGELIS: Medication costs. You hit them all. I should just send you a copy of my editorial. Industry, for-profits, have inundated and taken over every single aspect of medicine. Clinical? What the heck is a detail man or woman doing in the office of a physician teaching that physician about medications? Who are they? No matter what their trade, they are not doctors. To be in a profession means you are training your young. You don’t let some for-profit company guy or woman come into your office and tell you to use this medication and how good it is. That’s wrong. And then, of course, they take you to lunch, they take you to dinner.

It used to be even worse. God knows all the other kinds of perks you got. You talk to the detail people, and they say, “Well, if I don’t bring breakfast, or lunch, or dinner or whatever, they won’t let me in the office.” Baloney! If that’s true, then shame on us. It should never be. If I walk into an office doing a routine care and if I see a pen or a prescription pad with a for-profit’s name on it, I say, “Why are you doing this? You don’t need that pen. What, you don’t have your own prescription pads?” They say, “Well, you know — ” And I say, “Well, nothing!” They say, “Well, it doesn’t affect me.” My response is, “You think they’d spend a gazillion dollars a year on this if it didn’t affect you? Of course it affects you.” Okay?

As to direct-to-consumer advertising, look at what happened with Vioxx. Vioxx should probably have been taken by one million people. It was taken by 20 million people. Why? Because of advertising all over the place. For instance, Dorothy Hamill, God bless her, what a wonderful young woman, an athlete. You see her and think, “Oh, well, heck, if she takes it. Look how limber she is. I want it too. And oh, incidentally, Doctor, here’s a coupon I can use to get a week’s supply.” Yeah, right. And you’re only paying 10 times as much for that as something that works just as well and doesn’t have the side effects.
So, then we get into the education. Why in the world do we insist on having continuing medical education or even grand rounds or anything paid for by the drug companies? This is disgusting. It’s sort of a sense of entitlement the physicians are getting. “Well, you know, I can go to a conference, so what if I carry a parcel that has every drug company’s name on it? That doesn’t affect me.” Sure it does. They wouldn’t do it if it didn’t affect you. And why do we need it? Why have them pay for everything, and pick the people, and pay doctors who become prostitutes by serving on these speakers bureaus where they are given the PowerPoint presentations, sometimes even with the logo of the for-profit company in the lower left corner. The doctor who’s giving this talk can’t change the slide without permission of the drug company. Give me a break! Okay?

As far as research goes, you have physicians who put their name on a paper they haven’t even seen. It’s written for them, and the drug company pays them to do this. You know, the drug company says what it needs to say in there, and some private company of ghost writers writes it beautifully, provides beautiful figures, then they pay somebody to put their name and reputation on it. That’s disgusting. Okay?

And research? Then you get into the whole issue of research. Our government will not pay for randomized clinical trials. The drug companies pay for it, probably legitimately, but it shouldn’t be done the way it is because they control it. Yesterday we had a paper. We just threw it out. It actually looked like a very nicely done study. Everyone on that paper worked for the drug company. Of course, it was extolling how great this particular drug is. I said, “I don’t believe it. I don’t want to publish it in JAMA. I don’t care. Out!” But it’ll get published. It’ll get published someplace. And that’ll be fine.

So, you ask who’s going to pay for clinical research, the clinic trials, because that’s very expensive. Well, let’s have an independent group that will design the studies and decide who should be doing the studies. People can bid to do the studies, but the companies all pay into this group. All they know is they want this drug tested. But the design and everything else is done by this group of people who are not paid by this company. There’s a pool of money that goes into running this group, and that’s it. They decide who, what, why, when and where this is published. We’ve just sold our profession away.

DR. STRAIN: I think so.

DR. DeANGELIS: Yes. Read my editorial.

DR. STRAIN: Great.

Listen, I’ve got 2 other questions. You’ve had a lot of awards. Tell me the top 1
or 2 or 3 you cherish most, that you feel most honored by.

DR. DeANGELIS:  Awards?

DR. STRAIN:  You must have a box full.

DR. DeANGELIS:  I don’t keep track.  You know, to me the awards that mean something are when people tell me I’ve done something to help them.  Those are the awards I cherish.

DR. STRAIN:  Those are the real awards.

DR. DeANGELIS:  Those are the real awards.  And, please, I am not disrespecting some wonderful awards I’ve received from pediatrics, for example, but the true awards come from the feeling you get when people tell you you’ve helped them.  It could be a kid, now grown up, who tells you, or it could be a kid right there who just says thank you.  It could be a parent who says thank you.  Or it could be you saw a kid who came in half dead and who walked out of the hospital bouncing around.  Those are awards.  It could be a student.  I run into people now who say, “Don’t you remember me?  I was a med student at Hopkins.”  Unfortunately, I can’t remember everybody.  I remember faces.  I don’t remember their names.  And sometimes an award is for doing things you don’t even think about.  Those are the awards I cherish.

DR. STRAIN:  You get many awards you really didn’t contribute anything to.  If you’re in the practice of medicine, people say, “You did a wonderful job raising my child.”  Well, that’s not true.  That’s not true.  But you get a lot of credit sometimes for things you didn’t do.

DR. DeANGELIS:  Oh, sure.  That you didn’t do.  Or when you don’t even think about what you’re doing.  That’s why I say when I hear it from someone who says, “Look, you helped me,” and they mean it.  Not the baloney stuff, but when they say it and they really mean it.  I got all these kudos after I published this editorial.  I got a letter from a private practitioner up in Maine.  It was the sweetest, handwritten note just saying, “I’m behind you.  You’re right about our profession.”

DR. STRAIN:  We need to do something about that, you’re right.

DR. DeANGELIS:  Yes, it’s beautiful.  You know, out of all, I cherish that.  I responded to him.  It was just such a beautiful touch.

DR. STRAIN:  That’s your award.

DR. DeANGELIS:  That’s my award.  That makes me feel good.
DR. STRAIN: Yes. You’ve had a wonderful career, Cathy.

DR. DeANGELIS: I sure have.

DR. STRAIN: How would you like to be remembered? What’s the high point of your career? What of all the things you’ve done are you most proud of?

DR. DeANGELIS: Most proud of? I’m most proud of having become a physician, having been born a woman, a girl, being raised by the most loving, wonderful family in the world. We were not wealthy by any stretch. We were poor by all definitions, and to have achieved being a professor at Hopkins and to be editor-in-chief of JAMA, I mean, it is beyond anything I ever dreamed. I feel so privileged. And, you know, I yell and scream about our politics, but there aren’t many countries in the world where someone who came from my beginning could be where I am now. I think America is a phenomenal place. I’m so happy I decided on pediatrics. It’s very interesting to me. I deal with people in all specialties now, and nobody’s like a pediatrician.

DR. STRAIN: I agree.

DR. DeANGELIS: Pediatricians do not do it for the money or the accolades or anything. When you allow a kid to soil you and you don’t care [chuckles]. Or when you let a kid put a lollypop in your hair and you comb your hair at night and say, “Who cares?” You get down on the floor with the kids and play with them. And you understand each other. Are we perfect? No. But it’s so noble.

DR. STRAIN: Little kids still bring a smile to my face when I see them.

DR. DeANGELIS: Kids are wonderful. Who was it who said that every time a child it’s born, it’s evidence that God hasn’t given up on us?

DR. STRAIN: That is true. That is true. Well, Cathy, I’ve enjoyed it. That’s great.

DR. DeANGELIS: Well, thank you so much, Jim. It’s always so nice to see you.

DR. STRAIN: It’s good to see you, too.

DR. DeANGELIS: I’ve been thinking of all the great memories.

[End of interview]
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1969-70    Intern in Pediatrics, Children's Hospital, Pittsburgh, Pennsylvania
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1994      Doctor of Science, honoris causa, Wilkes University, Wilkes-Barre, PA
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HONORS AND AWARDS:

1969  Lyon Award (Outstanding Graduate), University of Pittsburgh School of Medicine
1975  Outstanding Pediatric Clinic Teaching Award, Columbia College of Physicians and Surgeons
1978  Outstanding Pediatric Clinical Teaching Award, University of Wisconsin School of Medicine
1981  Schaffer Award for Excellence in Clinical Teaching, Johns Hopkins University School of Medicine
1990  The George Armstrong Award for Advancing the Goals of Improved Patient Care, Teaching and Research in Ambulatory Pediatrics, The Ambulatory Pediatric Association
1990  Alpha Omega Alpha

1990  AØA Visiting Professorships at the University of Chicago, The University of North Carolina, East Carolina University and The University of Miami
1990  Who’s Who in Science and Engineering
1999  Hench Distinguished Alumna Award, The Medical Alumni Association of the University of Pittsburgh School of Medicine
2000  Abraham Jacobi Memorial Award. Awarded jointly by the American Academy of Pediatrics and the American Medical Association
2000  Catherine D. DeAngelis, MD Visiting Lectureship for Women in Medicine. Established at the Johns Hopkins University School of Medicine.
2000  Member, National Academy of Medicine (nee Institute of Medicine, National Academy of Science)
2000  Legacy Laureate, The University of Pittsburgh
2001  Marshall, Columbus Day Parade, Columbus Citizens Foundation.
2001  Marion Spencer Fay Award, Drexel University, College of Medicine’s Institute for Women’s Health and Leadership
2002  Aaron Spencer Fay Award of the National Board for Women in Medicine
2002  American Laryngological Association Award. Awarded by the American Laryngological Association

2003-2006  Member, Council of the Institute of Medicine, National Academy of Science

2003  Heritage Award of the Johns Hopkins University

2003  Charter Member: National Library of Medicine, Changing the Face of Medicine: Famous Women in Medicine

2003  Fellow, American Association for the Advancement of Science

2006  Harvard School of Public Health Alumni Award of Merit

2008  Ronald McDonald House Charity Award for Medical Excellence ($100,000 awarded to the Johns Hopkins Child Life Program)

2007  Alma Dea Morani, M.D. Renaissance Woman Award, Foundation for the History of Women in Medicine

2008  American Academy of Child and Adolescent Psychiatry Catcher in the Rye Award for Humanitarianism

2008  Harvard University School of Medicine’s Kass Award for Outstanding Women in Medicine

2008  Medical College of South Carolina Eminent Scholar Award

2008  Governor’s Award: Daughter of Pennsylvania

2010  Health Policy Hero Award: National Research Center for Women & Families

2010  Fellow, Royal Society of Medicine

2011  Fellow, Royal College of Medicine

2012  American Association of Medical Colleges (AAMC) Lifetime Achievement Award

2013  Office of Women in the School of Medicine Vice Dean’s Life Time Achievement Award

2014  Honorary Fellow of the American Gynecological and Obstetrical Society

2015  The Howland Award (American Pediatric Society)

SPECIAL AWARD:

2009  Portrait Dedicated at The Johns Hopkins University School of Medicine

BOARD OF TRUSTEES AND ADVISORY BOARD APPOINTMENTS

2005-2010  Advisory Committee to the Director of the National Institutes of Health

2003-  Board of Trustees, University of Pittsburgh
2009-2011 Advisory Committee to the Comptroller General, U.S. General Accounting Office

2010-2015 Board of Directors, Physicians for Human Rights

2010-2011 Board of Advisors, University of California, Davis

**PROFESSIONAL APPOINTMENTS**

<table>
<thead>
<tr>
<th>Year</th>
<th>Position</th>
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<tbody>
<tr>
<td>1972</td>
<td>Department of International Health, Johns Hopkins University School of Public Health, Teaching Fellows in Pediatrics (3 months)</td>
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<tr>
<td>1972-73</td>
<td>Pediatrician, Roxbury Comprehensive Health Clinic, Boston, MA</td>
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<tr>
<td>1973-75</td>
<td>College of Physicians and Surgeons, Columbia University, Assistant Professor of Pediatrics</td>
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<tr>
<td>1973-75</td>
<td>Columbia University School of Public Health, Assistant Professor of Health Service Administration</td>
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<tr>
<td>1973-75</td>
<td>Columbia Presbyterian Medical Center, Staff Member, Division of Pediatric Ambulatory Care and Director of Medical Education, Child Care Project</td>
</tr>
<tr>
<td>1975-77</td>
<td>University of Wisconsin School of Medicine, Assistant Professor of Pediatrics</td>
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<tr>
<td>1975-78</td>
<td>University of Wisconsin Hospitals, Director, Ambulatory Pediatric Services</td>
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<tr>
<td>1977-78</td>
<td>University of Wisconsin School of Medicine, Associate Professor of Pediatrics</td>
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<tr>
<td>1978-85</td>
<td>Johns Hopkins University School of Medicine, Associate Professor of Pediatrics</td>
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<tr>
<td>1978-84</td>
<td>Johns Hopkins Hospital, Director of Pediatric Primary Care and Adolescent Medicine</td>
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<tr>
<td>1979-94</td>
<td>Johns Hopkins University School of Medicine, Director, General Pediatric Academic Development Fellowship Program</td>
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<tr>
<td>1979-82</td>
<td>Johns Hopkins Hospital, Co-Director, Adolescent Pregnancy Program</td>
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<tr>
<td>1980-2011</td>
<td>Johns Hopkins School of Hygiene and Public Health (Department of Health Services Administration and the Department of International Health) Joint Appointment</td>
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<tr>
<td>1983-90</td>
<td>Director of Residency Training, Department of Pediatrics, Johns Hopkins Hospital</td>
</tr>
<tr>
<td>1983-90</td>
<td>Johns Hopkins University School of Medicine, Deputy Chairman, Department of Pediatrics</td>
</tr>
<tr>
<td>1984-90</td>
<td>Johns Hopkins Hospital, Founding Director, Division of General Pediatrics and Adolescent Medicine</td>
</tr>
</tbody>
</table>
1986- Johns Hopkins University School of Medicine: Professor of Pediatrics (Leave of Absence, 2000-2011)

1990-93 Associate Dean for Academic Affairs, Johns Hopkins University School of Medicine

1993-94 Senior Associate Dean for Academic Affairs and Faculty, Johns Hopkins University School of Medicine

1990-2000 Vice Dean for Academic Affairs and Faculty, Johns Hopkins University School of Medicine: (Responsible for oversight of the Dean’s Offices of Admissions, Registrar, Medical Students, Graduate Students, Post-Doctoral Affairs and Continuing Medical Education and academic oversight of the William H. Welch Medical Library and the Matthews Johns Hopkins Medical Bookstore)

1997-00 Interim Director, Division of Biomedical Information Sciences, Johns Hopkins University School of Medicine

2000-2011 Senior Vice President (AMA), Editor-in-Chief, JAMA, The Journal of the American Medical Association and Editor in Chief, Scientific Publications and Multimedia Applications

2006-2010 National Institute of Health Advisory Committee to the Director

2008- Comptroller General's Advisory Board, United States Government Accountability Office

2010-2012 Institute of Medicine (National Academies of Science) Committee to Review Omics-Based Tests for Predicting Outcomes and Clinical Trials

2011-2012 NIH, National Human Genome Research Institute Advisory Board for Undiagnosed Diseases Program

2012- University Distinguished Service Professor, Emerita, Johns Hopkins University

2012- Professor, Emerita (Pediatrics), Johns Hopkins University School of Medicine

2012- Professor (Health Policy and Management), Johns Hopkins Bloomberg School of Public Health.

**LOCAL AND STATE COMMITTEES (SELECTED):**

1974-75 Joint Allied Health Council of the Columbia Presbyterian Medical Center

1974-75 New York Chapter, American Academy of Pediatrics, Chapter 3, Youth Committee

1975-78 Member of Steering Committee for Rural Health Planning in Wisconsin

1975-78 Committee on Clinical Associate Program for Nurses, Physician’s Assistants, and Allied Health Personnel, University of Wisconsin

1975-78 Governor’s Task Force to Evaluate Health Care in Wisconsin State Prisons

1976-78 Chairperson, Ambulatory Care Committee, University of Wisconsin Hospital
1976-78 Member, Medical School Admissions Committee, University of Wisconsin School of Medicine (Vice-Chairman, 1977-78)
1979-82 Intern Selection Committee, Johns Hopkins University School of Medicine
1979-83 Member, Medical School Council, Johns Hopkins University School of Medicine
1979-1983 Member, American Hospital Association, Physician Council
1979-00 Member, Committee on the Status of Women and Minorities, Johns Hopkins University School of Medicine
1980-95 Board of Student Advisors, Johns Hopkins University School of Medicine
1981-84 Chairman, Maryland Chapter American Academy of Pediatrics, Adolescent Committee
1981-88 Associate Professors’ Promotion Committee, Johns Hopkins University School of Medicine
1982-90 Executive Council of the Department of Pediatrics and the Children's Center, Johns Hopkins University School of Medicine
1982-85 Academic Affairs Committee of the Department of Pediatrics, Johns Hopkins University School of Medicine
1984-85 Chairman, Financial Committee of the Department of Pediatrics, Johns Hopkins University School of Medicine (One year Ad Hoc Committee)
1985-88 Chairman, The Associate Professor’s Promotion Committee, Johns Hopkins University School of Medicine
1985-91 Member, Medical School Advisory Board, Johns Hopkins University School of Medicine
1985- 99 Member, Johns Hopkins Committee on Post-Graduate Education (School of Medicine and Hospital)
1988-91 Member, Advisory Committee Pediatric Clinic Research Unit, Johns Hopkins University School of Medicine
1990-91 Member, Professional Assistance Committee, Johns Hopkins University School of Medicine
1990-00 Chair, All committees related to curriculum, students, residents, fellows and faculty, Johns Hopkins University School of Medicine
1993-94 Chair, Committee on Developing a Women’s Health Center at Johns Hopkins Medical Institutions
1993-96 Member, the Governor’s Task Force on Women’s Health (Maryland)
1994-96 Chair, Governor’s Commission on Women’s Health (Maryland)

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1998-00 Member, Research Advisory Council, Johns Hopkins University School of Medicine

SEARCH COMMITTEES:

1976 Search Committee for the Vice President of Health Affairs, University of Wisconsin
1984 Search Committee for Chairman of the Department of Medicine, Johns Hopkins University School of Medicine
1988 Search Committee for the Dean, Johns Hopkins University School of Medicine
1990 Search Committee for President of The American Board of Pediatrics
1992 Search Committee for Chairman of the Department of Pathology, Johns Hopkins University School of Medicine
1993 Search Committee for the Director of The William H. Welch Library, Johns Hopkins University School of Medicine
1994 Search Committee for the Director of the Institute for Medical Genetics, Johns Hopkins University School of Medicine
1994 Search Committee for the Chairman of the Department of Obstetrics and Gynecology, Johns Hopkins University School of Medicine
1996 Search Committee for the Chairman of the Department of Biochemistry, Johns Hopkins University School of Medicine
1996 Search Committee for the Chairman of the Department of Neurology, Johns Hopkins University School of Medicine
1997 Search Committee for the Executive Vice-President of The American Board of Medical Specialties
1997 Search Committee for the Director of the William H. Welch Library/Division of Biomedical Information, Johns Hopkins University School of Medicine
1997 Search Committee for the Director of the Department of Cell Biology and Anatomy, Johns Hopkins University School of Medicine
1997 Search Committee for the Director of the Department of Pharmacology, Johns Hopkins University School of Medicine
1998 Chair, Search Committee for the Executive Director of the American Academy of Pediatrics Center for Child Health Research
1998 Search Committee for the Director of the Department of Orthopedic Surgery, Johns Hopkins University School of Medicine
2004 Search Committee for Executive Vice President of The American Academy of Pediatrics
2005  Chair, Search Committee for Senior Vice President of Professional Standards (AMA)

2010  Search Committee for Editor of Journal of Obstetrics and Gynecology.

NATIONAL COMMITTEES AND ADVISORY BOARDS:

1975-79  Member, The American Nurses' Association National Review Committee for Accreditation of Nurse Practitioners (Co-Chairperson, 1977-77)

1979-81  Member, Peer Review Committee, Nurse Practitioner Programs, Division of Nursing, Health Resources Agency, Department of Health, Education, and Welfare

1980-81  Member, American Hospital Association's Advisory Panel to the Center for Ambulatory Care

1982-84  Member, American Hospital Association Council of Hospital Medical Staffs

1985-86  Member, The National Commission on Nursing

1989-93  Member, The Physician Consortium on Substance Abuse Education (DHHS)

1991-94  Member, Advisory Panel for Medicine, Pew Health Professions Commission

1991-94  Member, Advisory Group on the Comprehensive Services to Children’s Project, Pew Charitable Trust

1992-94  Member, Generalist Physician Task Force of the Association of American Medical Colleges

1992-94  Member, Woodstock Theological Center Seminar Series on Ethical Considerations in the Business Aspects of Health Care

1992-93, 2000-2010  Member, The Robert Wood Johnson Foundation Clinical Scholar’s Advisory Committee

1993-95  Member, Council on Graduate Medical Education Advisory Group on Women in Medicine

1993-00  Member, National Advisory Board, The Shriver Center

1995-00  Member, Liaison Committee on Medical Education, Association of American Medical Colleges.

1996-00  Member, Board of Directors of the American Board of Pediatrics Foundation

1997-99  Member, Woodstock Theological Center Business Ethics Seminar: Ethical Issues in Managed Health Care Systems

1998-01  Advisory Board of the Pfizer Visiting Professorship in Pediatrics

2006  Canadian Medical Association Journal Governance Review Panel
2010  National Advisory Board, Vision 2020 American Conversation About Women and Leadership

2011  Roundtable Discussant, National Sciences Advisory Board on Biosecurity

PROFESSIONAL SOCIETIES:

1974- Fellow of the American Academy of Pediatrics
       Member, Government Affairs Committee (1984-88)
       Member, Council on Children’s Health Research (1998-)

1974- Member, Ambulatory Pediatric Association:
       Chairman, Region IV (1976-78)
       Member of the Board (1980-83)
       President-Elect (1984-85)
       President (1985-86)

1975- Fellow of the American Public Health Association

1973- Fellow of the American Academy of Pediatrics

1980-90 Member, The Society for Adolescent Medicine

1984- Member, The American Pediatric Society
       Secretary-Treasurer (1989-94)

1986-2011 American Board of Pediatrics
       Examiner/Member (1986- )
       Long Range Planning Committee (1990-91 Member)
       Long Range Planning Committee (1992-93 Chair)
       Board of Directors (1990-2010 )
       Finance Committee (1991-95)
       Secretary/Treasurer (1994)
       Executive Committee (1994-97)
       Chairman-Elect (1995)
       Chairman (1996)

1986-92 Member of the Pediatric Residency Review Committee, ACGME
       Vice Chairman (1988-90)
       Chairman (1990-92)

1987-90 Member, Part III Test Committee, National Board of Medical Examiners

1989-90 The American Board of Pediatrics Representative to The American Board of Psychiatry and Neurology (Child and Adolescent Psychiatry Division)

1992-2000 Member, American Board of Medical Specialists
       Nominating Committee (1992-95)
       Finance Committee (1995-98)
       Executive Committee (1997-2000)

1992- Member, American Association of University Women
1993-95  Member, Appeals Panel, Accreditation Council on Graduate Medical Education
1993-  Member, Association for Health Services Research
1993-  Member, American Association for the Advancement of Science
1994-97  Member, Advisory Panel on the Mission and Organization of Medical Schools. The Association of American Medical Colleges
1995-98  Member, Coordinating Committee on Medical Education, American Hospital Association
1995-98  Member of the Council of Medical Specialties Societies
1995-2000  Member of the Board, Accreditation Council on Graduate Medical Education
1995-  Member, The National Association for Female Executives
1997-2000  Member, Council of Science Editors
2000-2011  Member, International Committee of Medical Journal Editors
2013-  Fellow of the Royal College of Physicians

LICENSE AND BOARD CERTIFICATION:

1960  RN - Pennsylvania and New York
1970  Diplomat - National Board of Medical Examiners
1974  Diplomat - American Board of Pediatrics
1987  Recertification, American Board of Pediatrics
1994  Recertification, American Board of Pediatrics
2003  Recertification, American Board of Pediatrics

FOREIGN EXPERIENCE:

1969  Immunization Team, Nicaragua
1969  Sub internship, Harbel Hospital, Liberia, West Africa
1972  Organized an immunization program and taught nurse practitioners in Peru
1977  Organized a program to teach pediatric nurse practitioner skills to the Associate Dean of the University of West Indies School of Nursing (requested by the Pan American Health Organization)
1993  Special consultant on medical school curriculum, CMEIC, Buenos Aires, Argentina

1994  Visiting Scholar: British, Canadian and United States Medical Education Conference, Oxford University (Lincoln College), England

1995  Special consultant on medical school curriculum, Chinese Academy of Medical Sciences, Peking Union Medical College, Beijing, China.

1998  Presenter, Vatican International Conference on Women’s Health, Italy

1998  Visiting Professor, University of the Philippines and the Philippines Ambulatory Pediatric Association

1998  Presenter, Vatican Conference on Women

1998  Visiting Professor, Guy’s-St. Thomas, London, England (one month)

2012  Visiting Professor, St. Georges Medical School, Grenada

2012  Visiting Professor, Schools of Medicine in Myanmar

2013  Visiting Professor, Yangon 1 School of Medicine in Myanmar

2014  Visiting Professor, Yangon 1 and 2 Schools of Medicine in Myanmar

2014  Visiting Professor, University of Auckland School of Medicine, New Zealand

2014  Visiting Professor, Royal Children’s Hospital, Melbourne, Australia

1978- Numerous presentations at international conferences in: Argentina, Australia, Austria, Burma (Myanmar), Canada, China, Croatia, Denmark, Egypt, England, Finland, France, Germany, Greece, Grenada, Iceland, India, Ireland, Italy, Japan, Myanmar, New Zealand, Norway, Peru, Puerto Rico, South Africa, Turkey, United Kingdom, and The Vatican

OTHER INTERNATIONAL VISITING PROFESSORSHIPS:

Anglo-American Hospital, Lima, Peru

British Medical Journal, London

Chinese Academy of Medicine, Beijing Union Medical College

National University of Singapore

Norwegian Medical Association, Norwegian Journal of Medicine

JOURNALS:

Editorships:
1993-2000  Editor, Archives of Pediatrics and Adolescent Medicine
(Formerly American Journal of Diseases of Children)


Editorial Boards:

1982-93  The Hospital Medical Staff, AHA Publishing, Inc., Chicago

1984-93  Pediatrician: International Journal of Child and Adolescent Health, Karger
Medical and Scientific Publishers, NY

1986-93  Journal of Pediatrics

1990-93  Pediatric Annals - Associate Editor

1990-93  Pediatrics in Review

1993-2000  Archives of Pediatrics and Adolescent Medicine


Contributing Writer:

2013-17  Milbank Quarterly

Reviewer:

Academic Medicine

American Journal of Diseases of Children

American Journal of Medicine

Clinical Pediatrics

JAMA, The Journal of the American Medical Association

Journal of Pediatrics

Medical Care

Milbank Quarterly

New England Journal of Medicine

Pediatrics

Journal Oversight Committee:

2013-  Academic Medicine
COMMENCEMENT SPEAKER:

1997  University of Alabama School of Medicine
2001  University of Texas Galveston School of Medicine
2001  Northwestern University School of Medicine
2002  Southern Illinois University School of Medicine
2003  New York Medical College
2003  University of Texas, San Antonio, School of Medicine
2005  Drexel University School of Medicine
2005  University of California, Los Angeles (UCLA) School of Medicine
2005  University of Texas, Houston School of Medicine
2006  University of Massachusetts School of Medicine
2007  Rosalind Franklin University of Medicine and Science
2008  Medical College of Wisconsin
2008  University of Chicago School of Medicine
2008  Wake Forest University School of Medicine
2009  University of Oklahoma School of Medicine
2011  University of Alabama School of Medicine
2012  Penn State University School of Medicine

AOA VISITING PROFESSORSHIPS:

2011  University of Maryland School of Medicine
2013  West Virginia School of Medicine

NATIONAL STUDY GROUPS:

March of Dimes Birth Defects Foundation
Institute of Medicine (IOM), National Science Foundation (NSF)
Faculty Development:  HRSA, NIH, DHHS
Pediatric Clinical Research Units:  NIH, DHHS
Federal Drug Administration (FDA)
Undiagnosed Diseases:  NIH, DHHS
GRANTS AND CONTRACTS AWARDED:

1973-74 Pediatric Nurse Practitioner Program Grant. New York Community Trust. ($23,000)

1973-74 Pediatric Nurse Practitioner Program Grant. Women's Board of Babies' Medical and Surgical Center of New York. ($11,000)

1974-75 Development of Nurse Practitioner Programs in Adult and Geriatric Care. New York Regional Medical Program. ($58,000)


1977-78 Pediatric Community Outreach project. McBeath Foundation of Wisconsin. ($32,095)

1979-83 Director: The Robert Wood Johnson Foundation National School Health Program. ($241,291)

1979-88 General Pediatric Academic Development Fellowship Program. The Robert Wood Johnson Foundation 1979-83 ($600,000), 1983-85 ($400,000), 1985-88 ($500,000), Clinical Director 1979-83, Co-Director 1983-88

1980-83 Office of Adolescent Pregnancy. Co-Principal Investigator, Department of Health and Human Services ($660,000)

1982-85 The Robert Wood Johnson Foundation Program to Consolidate Health Services for High-Risk Young People. ($600,000). Principal Investigator

1983-84 Preventive Health Services in Clinical Practice. Health Resources and Services Administration, Department of Health & Human Services. ($9,750). Principal Investigator

1985-90 Maryland State and Federal Child & Youth Project. ($2,250,812). Principal Investigator

1985-90 Maryland State and Federal Maternal and Infant Care Project. ($917,524) Principal Investigator

1985-90 Maryland State and Federal Office of Adolescent Pregnancy. ($1,237,525). Principal Investigator

1985-90 Title X Family Planning Project, ($350,000) Principal Investigator

1986-90 Maryland State Health Department, Primary Adolescent Pregnancy Prevention Initiative. ($331,000). Principal Investigator

1988-89 Pediatric Clinical Research Unit, NIH Funded. ($2,500), Principal Investigator

1989-91 Pediatric Clinical Research Unit, NIH Funded ($3,500), Principal Investigator
1991-92  Blades Center for Research in Alcoholism ($5,239) PI
1991-96  Faculty Development Grant. ($617,370), Bureau of Health Professions, HRSA, HHS
1992-93  Outpatient General Clinical Research Unit, NIH Funded ($1,112). Principal Investigator
1992-93  Pediatric Clinical Research Unit, NIH Funded ($8,600). Principal Investigator
1993-94  Pediatric Clinical Research Unit, NIH Funded. ($1,300), Principal Investigator
1993-97  Clinical Scholars Program, Robert Wood Johnson ($348,415)
1994-95  Factors Influencing the Duration of Breast feeding in Urban Mothers, The Wilson Foundation ($12,000) Principal Investigator
2012-13  Fetzer Institute Medical School Curriculum Update, Myanmar ($68,500)

FOUNDATION AND INSTITUTE EXPERIENCE:

1973-  Robert Wood Johnson Foundation, Special Projects Consultant
1978-83  Senior Program Consultant and National Director, The RWJF National School Health Program. ($4,800,000)
1990-92  Member, Advisory Committee Family Destructive Behavior Project, Robert Wood Johnson Foundation
1991-92  Advisory Panel for Medicine, Pew Health Profession's Commission
2011- 13  Health Professions Faculty Advisory Committee, Fetzer Institute

JAMA MEDIA BRIEFINGS:

2002:
May 14  Diabetes*
July 6  HIV/AIDS (International AIDS Conference, Barcelona)
Nov. 12  Aging*
2003:
April 8    Obesity**
June 17    Depression*
Nov. 11    Pain Management**
2004:
June 1    Global Health*
July 11    HIV/AIDS (International AIDS Conference, Bangkok)
2005:
June 7    Tuberculosis*
Sept. 20   Medical Research-State of the Science (w/Lasker Foundation)**
2006:
March 21   Women’s Health**
Aug. 13    HIV/AIDS (International AIDS Conference, Toronto)
Nov. 14    Men’s Health**
2007:
March 13   Access to Care*
June 26    Chronic Diseases of Children**
2008:
March 18   Genetics & Genomics*
Aug. 3     HIV/AIDS (International AIDS Conference, Mexico City)
Oct. 21    Health of the Nation*
2009:
April 14   Diabetes*
June 2     Child and Adolescent Health**
Oct. 13    Surgical Care***
2010:
March 16   Cancer*
May 18     Mental Health**
PUBLICATIONS IN PEER-REVIEWED JOURNALS:


DeAngelis, C. Commentary on "An education overview" by Charney E. In: Educating Pediatricians to Provide Access to Primary Care. US Dept HHS, PHS, HRSA MCH; 1990.


133. DeAngelis CD Where Have All the Primary Care Doctors Gone? Milbank Quarterly. 2016;94:246-250.


137. DeAngelis CD One Woman’s Journey to Equity. The Lancet. 2017;390;118-119.


EDITORIALS:


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<th>Reference</th>
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42. DeAngelis CD, Fontanarosa PB. To *JAMA* peer reviewers and authors - thank you. *JAMA*. 2005;293:1123.


54. Fontanarosa PB, DeAngelis CD. Thank you to *JAMA* peer reviewers and authors. *JAMA*. 2007;297:875.


65. Fontanarosa PB, DeAngelis CD. To *JAMA* peer reviewers and authors -thank you. *JAMA*. 2008;299:821.


86. Fontanarosa PB, DeAngelis CD. To *JAMA* peer reviewers and authors – thank you. *JAMA*. 2010;303:780.


90. Winker MA, DeAngelis CD. *JAMA*’s online evolution. *JAMA*. 2010;online December 3.

91. DeAngelis CD, Fontanarosa PB. Thank you – *JAMA* authors and peer reviewers. *JAMA* 2011;305:608.


**SPECIAL REPORT:** 79

BOOK REVIEWS:


BOOK CHAPTERS:


BOOKS:

AUDIO TAPES:


WORKSHOPS:

Three workshops on clinical research have been presented at the APS/SPR/APA Annual Meetings.

Since 1994, served as a faculty leader for the Senior Women in Medicine Professional Development Seminars, presented annually by the Association of American Medical Colleges.


Workshop on Medical School Curriculum Update, Myanmar 2012

FELLOWS:

From 1979-95 a total of 35 fellows completed training in General Academic Pediatrics; 27 of them are in full time academics, 2 work for government agencies, and 6 are in private practice with part-time academic appointments.

SPECIAL PROJECTS:


Designed a Business of Medicine Program: 12 credit certificate course that can be used towards an MBA Degree at Johns Hopkins University. This course received the 1996 Best Program Award and the 1999 Award for Innovation of the National Universities Continuing Education Association.

MISCELLANEOUS:


DeAngelis C. There’s no substitute for doctors on total care. USA Today. June 16, 1993.


PUBLISHED ABSTRACTS:


*Revised: 7/17*