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.

Historical Archives Advisory Committee, 2017/2018

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ABOUT THE INTERVIEWER

Kurt D. Newman, MD

Kurt Newman, MD, is President and Chief Executive Officer of Children’s National. He is a surgeon and a recognized leader on pediatric health issues, nationally and in Washington, D.C.

Dr. Newman joined Children’s National as a surgical fellow in 1984 where he worked with and was mentored by Dr. Kathryn Anderson.

He served as Surgeon-In-Chief and Senior Vice President for the Joseph E. Robert, Jr. Center for Surgical Care at Children’s National. He was instrumental in developing the vision for the Sheikh Zayed Institute for Pediatric Surgical Innovation at Children’s National and served as its Founding Vice President.

Previously, Dr. Newman served as a member of the Board of Governors of the American Pediatric Surgical Association, and as Chair of the Surgery Section of the American Academy of Pediatrics.

Dr. Newman is a Professor of Surgery and Pediatrics at the George Washington University School of Medicine and Public Health. He is a graduate of the University of North Carolina at Chapel Hill and received his medical education at Duke University. He completed his surgical residency at the Brigham and Women's Hospital.

Interview of Kathryn D. Anderson, MD, FACS

DR. NEWMAN: I’m Kurt Newman at Children’s National Medical Center in Washington, DC. This interview is part of the AAP Oral History Project for the Ladd medalists and the founding leaders of pediatric surgery. I’m interviewing Dr. Kathryn D. Anderson. And maybe we’ll start there, Dr. Anderson -- Duncan, D.

DR. ANDERSON: It’s actually 2 Ds.

DR. NEWMAN: Two Ds?

DR. ANDERSON: Yes. I was christened Kathryn Dorothy Duncan after my favorite aunt.

DR. NEWMAN: So Kathryn D. Anderson, and you said there were 2 Ds.

DR. ANDERSON: Yes, if I had all my names in a row. My older sister was called Christine Millicent Duncan. My mother’s first name was Millicent and my father had a sister named Dorothy, so I was named after her, Kathryn Dorothy Duncan. And then, of course, I added “Anderson” on the end of that when I got married because I wasn’t modern enough to keep my name Duncan, and I thought “Dr. Duncan” sounded stupid.

DR. NEWMAN: Where were you born and had your early life?

DR. ANDERSON: I was born in a suburb of Manchester, England, called Ashton-under-Lyne. I lived in a place called Droylsden, which nobody has ever heard of, until I met a woman at Curves where I go several times a week, and her husband’s family comes from very close by. She’d actually heard of this town. My father was the superintendent of a cemetery. Did you know this?

DR. NEWMAN: No.

DR. ANDERSON: He became superintendent some time after he married my mother, and they went to live in the Cemetery Lodge on Manor Road, which is a long road. One end was a pub, and the other end was my elementary school. And in 1940, my mother was pregnant with twin boys, and she fell, which I think was accidental, but she began to bleed. She went to the hospital in Ashton, where I was born and where my sister was born, and she had developed a placenta previa. It’s a long story, but she lost the babies. She was operated on by a GP [general practitioner]. In those days, GPs did everything, including major surgery, and she had a Caesarean section. My father was hooked up to her, from his vein to hers, and I think
she died of a transfusion reaction, but I never knew. I never knew her blood group or my father's blood group, but I think they were incompatible. So she died when I was 23 months old.

My aunt, Dorothy, would normally have come to live with us and bring us up, and she couldn’t, because she was evacuated during the early part of the war with the schoolchildren. All the poor English schoolchildren were shipped out to the countryside. It was a very inappropriate thing to do, as it turned out, because city kids -- particularly city slum kids -- really couldn’t adapt to country life, and they were terribly unhappy, but my aunt was evacuated with them to teach them. So there was nobody to take care of a 3-year-old and a less-than-2-year-old, so my father brought in a woman by the name of Greta Lane to be a housekeeper and look after us. I don’t know how it happened. And less than 2 years after she came, she and my father were married.

Mary Fallat was talking this morning at Georgetown Grand Rounds about pathological grief. My father never got over my mother’s death. Apparently -- and I have a picture of her -- she was an absolutely beautiful woman, and she was also very outspoken. She was ahead of her time. She was the only one in the family, until me, who went to a university, and he just adored her. And it left a gap in his life that nobody ever filled, so I think my stepmother had a pretty unhappy life.

We were also unhappy. I won’t go into that, but it was not a happy childhood for me and my sister. After I was 10, after 6 miscarriages, we had a younger sister who was the apple of everybody’s eye. We were so glad that our stepmother, Mum, was now happy, that we just idolized our half-sister and spoiled her to death. She was spoiled her entire life. When she was 21, she developed Type 1 diabetes, which eventually killed her at the age of 59; so she’s been dead about 8 years now.

DR. NEWMAN: So you went to school locally?

DR. ANDERSON: Yes, the local infant school. My aunt was a teacher there. In those days, elementary school teachers didn’t go to university; they went to teacher’s training college. They didn’t get a university degree. And my aunt was my first teacher, and I went to school on my fifth birthday.

DR. NEWMAN: Were you a good student?

DR. ANDERSON: I was always a good student, always.

DR. NEWMAN: Did you like school?
DR. ANDERSON: I loved school. The only thing I didn’t like, in what was the equivalent of kindergarten here -- I remember this so clearly -- was that my aunt wanted to develop the kids who were not so bright, who came from bad homes, and so I felt ignored. I always felt that. And to some extent, I’m like her. I look in the mirror, and I see Auntie Dorothy, and that was my name.

DR. NEWMAN: So you were born in what year?

DR. ANDERSON: 1939.

DR. NEWMAN: 1939.

DR. ANDERSON: The day Hitler marched into Czechoslovakia.

DR. NEWMAN: Do you remember anything about World War II?

DR. ANDERSON: Oh, yes, I remember the blackout. The Cemetery Lodge had a living-dining room, a mirror right there, a window right there; and I remember them putting up the blackout curtains.

DR. NEWMAN: What was it like after the War, going to school in England? Was there a lot of hunger or poverty; was it hard?

DR. ANDERSON: Yes, there was rationing for a long time after the War, and I remember queuing up for bread and staples. There was a confectioner’s shop -- newsagents, they called them. They sold all kinds of stuff, and there were no candies. Sweets, we called them in England. There were no candies until after the War, and I remember the first ice cream that we ever had was way after the War. Wall’s Ice Cream came out with these bricks, which, in retrospect, tasted absolutely horrible, but it was wonderful at the time. I didn’t see an orange or a peach or anything but apples, because they could be grown locally, until I was 6 years old.

DR. NEWMAN: As you were going through school, clearly you must have had some ambition. Was it clear that you were above the other children, excelling in school?

DR. ANDERSON: You know, there wasn’t the competition then. Kids went at their own pace, and I don’t remember a whole lot about “infant” school. I remember I broke a window one time, and that’s about the only thing I do remember. And then, I went across the schoolyard from the infant school to the junior school. At 11, we were tested for the “11-plus.” That was an entrance to high school, and there was only a small percentage who got in, who passed the 11-plus. I remember we had male teachers, before I was 11 years old. One of them came up to me in domestic science class when
I was sewing something one day, and said, “Oh, that’s really neat. You should go into domestic science.”

When I was 8, the Manchester Art Museum reopened. It was 2 years after the War, so this would be 1947, and Auntie, as we called her (we didn’t call her Auntie Dorothy) took my sister and me down to the Manchester Art Museum. There was a color wash picture called *Theatre*, which is what the operating room is still called in England, and it was a painting by Barbara Hepworth, and it was in sort of a gray, green, and pencil. It showed an operating room. You couldn’t see the patient, but you could see the surgeon, several males, and then an obvious nurse. I thought, “Oh, what a wonderful thing that would be.” Now, Barbara Hepworth is a very, very famous sculptor, but this was a picture, and I found it again recently. That influenced me. I wanted to be a surgeon from that day on.

**DR. NEWMAN:** Interesting. So how did that, then, guide your schooling? What happened that gets you to the next level of university? That must have been very intense -- that’s for the elite.

**DR. ANDERSON:** Yes, it was, especially in those days.

**DR. NEWMAN:** You’re from a background that ordinarily you wouldn’t have access to that.

**DR. ANDERSON:** Middle class, yes.

**DR. NEWMAN:** Did that develop from your own drive?

**DR. ANDERSON:** I must have had an inner drive, because it never occurred to me to do really anything else. I remember my father used to have to go to the council offices every week, because they were his bosses. I remember him driving in a Morris Eight we had. It was a very old car. And he said to me, “Well, why do you want to be a doctor?” And I said, “I don’t know. I want to be a thoracic surgeon.” And he said, “Well, wouldn’t you rather be something like a journalist, because then you would meet people like Winston Churchill,” who was the hero of England, obviously. And I said, “No, no, I want to be a surgeon.” So that was always the drive.

**DR. NEWMAN:** Where did you go to university?

**DR. ANDERSON:** Well, let me just finish a little bit. Because I passed the 11-plus, I also entered an exam to go to a public school, which in England is a private school, and I got into Manchester Grammar. My father said, “No, I don’t want to have to pay for your education if I can get a free education.” That was hard, because I really wanted to go. So I was set to go to this high school that my sister was at, but, then, my father got a job as the regional
superintendent of cemeteries in Bristol, and so we moved when I was 11. So, instead of going to the same school my sister started at, we went to another high school, and, again, I did well. I remember my teachers. I remember their names. I won’t bore you with those. But my Latin teacher was very, very influential; my math teacher and my biology, chemistry, and physics teachers also. It was really a straight path. I had blinders on. I didn’t think about any other career.

My headmistress was progressive in many ways, but she didn’t want me to fail. There are the 5 years up to ordinary level, and those are exams, and then you go on. You go on and do 2 years in the sixth form, lower and upper sixth, and then you try for university. In the lower sixth, I said, “I want to try for [University of] Cambridge and [University of] Oxford.” “No, no,” she said. I think she didn’t want me to fail, because I’d never failed. I didn’t know what failure was.

DR. NEWMAN: That must have been a big leap, though, to think that you could get into Cambridge and Oxford.

DR. ANDERSON: Well, there was one person ahead of us, and she was the first person to go to Cambridge. It was an all-girls school. I don’t know whether I got the idea from her, but, anyway, my headmistress said, “No, you can’t do that.” So I got into Manchester University. I got into Liverpool, and I got into Bristol. Those were the 3 I applied to. Remember that in England medical school starts after high school. There’s not the 4-year college like you have in this country. So I got into those 3, but it was dependent on the Advanced Level Exams that I had to pass, and I had to get a scholarship. I had to get the highest scholarship, a state scholarship which had the most money, because my parents didn’t have any money. The night before the exams were due to start, I developed epigastric and then right lower quadrant pain. The doctor came. He was the general practitioner. He was a fool, and he said I had something or other. I can’t even remember what it was now.

I didn’t have my appendix out, so I spent that summer with what the English call a grumbling appendix, chronic pain. I lost weight. I weighed 86 pounds. I had no prospects of going to university then, so I had to do a third year in the sixth form. I relearned Latin, did lots of other things, relearned mathematics, and went to interview at Oxford weighing 86 pounds. They had a written exam, which I passed and got eligible for the practical exam and for interviews. I went to the practical exam. It was in a laboratory. It had been raining, and the lab benches were underneath skylights. The skylights were open, and there was water dripping down, and we had to dissect the lymphatic system of a skate. Can you imagine that? And the water would drip down, bounce against the skate and into my face. It was horrible.
DR. NEWMAN:  Oh, my God.

DR. ANDERSON:  I’ve been to Oxford 3 times in my life. Something disastrous has happened all 3 times. That was the first thing. I got on the waitlist for St. Anne’s College, and I really wanted to go, because I met somebody, and she took me around and introduced me to medical students. They were undergraduates, not like medical students here. So, then, I went to Cambridge. By the time I went to Cambridge, I was a few pounds heavier because it was later in the year. The main interview was with a woman, my first mentor, Dorothy Heard, who was a hematologist. She had 3 small children, and her husband died of lymphoma. So she was a single mother, and she went on to be the director of medical studies at Girton College, which is the oldest women’s college in England.

I was accepted to Cambridge and Mrs. Heard was my director of studies, which meant that I met with her every week. She told me that she was doing research at the time, and she wasn’t practicing. She said, “Now, I know you want to be a surgeon, but it’s going to be very difficult in this country for a woman. So you might find yourself doing less than you really want to do, and you have to be prepared to face that.” And I thought, “No, I’m going to be a surgeon.” I also had an anatomy instructor whose name was Esther Wellborn. She had a brother-in-law, her husband’s brother, to whom I was able to convey an honorary fellowship in the American College of Surgeons years later.

DR. NEWMAN:  So, here you are in medical school now, and you’re how old?

DR. ANDERSON:  Nineteen.

DR. NEWMAN:  Nineteen.

DR. ANDERSON:  So I was a year late leaving high school.

DR. NEWMAN:  A year late, but still much younger than the average American medical student, who would have been 23 or 24.

DR. ANDERSON:  In the first 2 of 3 years, we dissected the human body. I was partnered with a girl, Janet Knott. She dropped out of medical school because she became pregnant, but she and I were really good dissectors. There were 8 women in the class of 120, so not a large proportion, although larger than at Harvard Medical School. The rumor went around the guys, who couldn’t stand this, that the guys did our dissection for us. During second term, Janet and I were dissecting an arm. We knew that there was a medical student who was a graduate of Harvard College who was going to
just audit the medical course but wound up doing the first 2 years, so he actually got a degree from Cambridge in 2 years because he was a graduate already. And I thought, “Well, he must be lonely,” so I go up to this person and I was friendly. I said, “What are you doing?” And he said, “I’m dissecting the brachioradialis,” because he was dissecting the arm. He snubbed me completely. His name was [William] French Anderson.

DR. NEWMAN: Really?

DR. ANDERSON: Yes. So I sort of crawled back to my table, and I thought, “Ugly American,” you know. Second term, I found him -- as it turns out, engineered -- to be with his partner on the other side of the head and neck. We became friendly, and I discovered he wasn’t as nasty as I thought he was. We used to go out to a cafeteria on the main drag past Trinity College, St. John’s, Trinity, King’s, etc., in downtown Cambridge, and we’d go to the Copper Kettle and have tea. That’s how the courtship started. I brought him home for Christmas my second year, and we decided then we would get married.

DR. NEWMAN: Wasn’t there a story where you fainted, and he was there?

DR. ANDERSON: Oh, yes. No, he wasn’t there, no. I bet he was, but I didn’t know him then. There was a Cambridge University Medical Society, and they were always squished into an acronym, so it was called CUMS. They had movies every week at the meetings, and they had this film of removing a fingernail for a -- we called them whitlows -- I don’t know what you call them in this country.

DR. NEWMAN: Paronychia.

DR. ANDERSON: Paronychia, yes, and it was blown up to huge size. I fainted. And in the amphitheaters, there was the floor, and then there was a gap before the seat in the next row, and I slid down right through. I was hauled out to hisses of my horrid fellow students, and I woke up looking into a very, very handsome face of a third-year medical student. He became my boyfriend. He met French when he first came, and persuaded him, instead of just doing research with Francis Crick of Nobel Prize fame, also to actually take the medical course. So that was kind of a little vignette, but, yes, I fainted.

DR. NEWMAN: So you got married -- had you finished medical school at that point?

DR. ANDERSON: No. At the end of 2 years, French got a BA and went back to Harvard Medical School at the second-year level, and then we spent
a year apart while I finished the Cambridge third year and got my BA, and we got married on the day that I graduated.

DR. NEWMAN: From medical school.

DR. ANDERSON: No, just a BA, halfway through, pre-clinical.

DR. NEWMAN: So, then, you had to make arrangements to go to Harvard Medical School.

DR. ANDERSON: Right, also into the second year, so I wound up a year behind French. He graduated in 1963, and I graduated in 1964.

DR. NEWMAN: And what was it like coming in as, now, a married young woman to Harvard Medical School? I mean, that must have been a little intimidating.

DR. ANDERSON: It had nothing to do with being married. It was really a very difficult transition because I really didn’t know the language, and I made a lot of goofs, things that, you know, were jaw-dropping. I won’t sully your ears, but there were expressions in England, which are perfectly fine—the thing on the end of your pencil is called something totally different from “eraser,” and I asked for one one time, and, you know, jaws dropped. So I learned the hard way, because people didn’t explain that this was different in America. And we lived in a filthy, little apartment complex where they found the headless body of a woman across the road from where we lived. That’s the kind of area that it was. We walked to the medical school, and there was a policeman who stood on Brookline Avenue, a redheaded Irish policeman. He yelled at me because I would always look the wrong way to cross the road, and he’d scream at me, and I was just incredibly intimidated.

DR. NEWMAN: How many women were in your class?

DR. ANDERSON: Six.

DR. NEWMAN: Six women.

DR. ANDERSON: And I failed. They had hour exams at Harvard Medical Schools, and they were completely different. They were tick-the-box, whereas, in England, everything was an essay. So instead of ticking the box, I would write an essay about the right answer. Under my lab chair one day was a white envelope, which meant that I had to go to the professor because I failed, and I failed badly. There were a lot of titters as I went by.

Prior to that time the Harvard Medical students had to present a paper, an original paper. There was one that had just come out by [François] Jacob
and [Jacques] Monod that liver enzymes were inducible, which is sort of routine stuff, but it wasn’t then. And I presented that in front of Bernie [Bernard D.] Davis, the professor, and he kept interrupting me, and I sort of thought it was very rude of him. But, apparently, he was impressed by not only my knowledge of the paper but also my accent. So when I went, fear and trembling, to his office, he said, “You don’t know how to take an American exam, do you?” And I said, “Obviously not,” so he said, “I’ll teach you.”

DR. NEWMAN: Really?

DR. ANDERSON: So he taught me. Now, let me tell you the end of the Bernie Davis story, because it is appropriate at this point. Bernie was not a writer; he was a teacher. He was the ultimate teacher, and he was going to be thrown out according to the “publish or perish” Harvard dictum. So French and I went to the president of the university and the dean of the medical school and said, “You can’t do this,” and his job was saved. That’s not the end of the story. Years later, he was on the recombinant DNA advisory committee that gave French permission to do the first gene therapy.

DR. NEWMAN: Wow, Is that right?

DR. ANDERSON: Bernie Davis was on that, and, you know, all French’s competitors were on that committee. “Oh, no, you haven’t done enough studies in mice,” and blah, blah, blah, just because they wanted to be the first. Bernie Davis said, “Diseases desperate grown by desperate application are relieved or not at all,” and I recognized that as Shakespeare. I looked it up. I talked to Jamie [James] Zwiebel, one of French’s post-docs, about it. He wrote it in script and framed it. And he just came and presented it to French one day.

DR. NEWMAN: That is so cool.

DR. ANDERSON: Isn’t that a cool story?

DR. NEWMAN: Now, when you were going through Harvard Medical School, you must have done surgery rotations. You had this idea you wanted to be a surgeon. What was that like?

DR. ANDERSON: I did surgery at the Beth Israel [Hospital], dog surgery. There was a man there by the name of Chester Rosoff, who was an incredible curmudgeon, but he was in charge of the student dog lab. That is probably what made him a curmudgeon, actually. We all had to take turns being anesthesiologist or surgeon or an assistant, and I did a simple laparotomy and sewed it up in layers. And he looked over at my dog, and he said, “That is the best laparotomy I have ever seen in all my teaching years.”
DR. NEWMAN: Really?

DR. ANDERSON: So I knew that I had a pair of hands on me.

DR. NEWMAN: There were big-time surgery programs in Boston. They were the leaders. Were you encouraged to go into surgery?

DR. ANDERSON: No, no, not until my fourth year. I did my fourth-year surgery at the Brigham [Peter Bent Brigham Hospital] with Franny [Francis] Moore. By the way, as an aside, have you seen the YouTube video of Mike [Michael] Zinner reading a letter that Franny Moore wrote?

(break in audio)

END OF TAPE 1

TAPE 2

DR. ANDERSON: I did my third-year surgery at the Beth Israel. Because it wasn’t a very popular program, students were nowhere. I mean, they were the fourth assistant on the end of a retractor, so I saved the Brigham for my fourth year. I went to the Brigham, and I met Jud [Joseph Judson] McNamara and Hugh Watts. Jud McNamara went into cardiac surgeon training with [Harold C.] Urshel, and Hugh Watts was so intimidated by being rotated on Dwight Harken’s cardiac service that he left general surgery and went into orthopedics. He was at the Shriners Hospital and down the road from Children’s Hospital [Los Angeles] when I eventually went to Los Angeles. So I caught up with him. He was a wonderful carver, and he used to carve Christmas decorations out of toothpicks.

But anyway, they encouraged me to go into surgery. I’ll just tell you this little vignette. I remember one day I was on the cardiac service, and I was up in the “gods” because I had been at a lecture, so I did not realize that one of Harken’s patients had to be taken back to the OR for bleeding. I was looking down, and sitting next to me was Dwight Harken’s son. He was, I think, in his senior year in college, and now we’re best of friends. I looked down. Harken looks up in the operating room. He saw me, and he said, “Kathy Anderson, you of all people should be down here saving this man’s life.”

DR. NEWMAN: My goodness, that was quite a compliment.

DR. ANDERSON: So, it was a compliment. And then, he apologized, which was even more remarkable. So, I was absolutely set on surgery. I just loved it. I rarely went home. I loved the surgery so much.
I went to Franny Moore, and I said, “My husband and I are going to Washington for 2 years. He’s going to spend 2 years in the lab of Marshall Nirenberg. Will you give me a surgical residency?” And he said, “Well, I’d rather give you a job in anesthesia.” I had previously been to the dean of students, Joseph Gardella, who had his own problems in Harvard and was shifted out of a football scholarship which ended halfway through. He was from a poor Italian family, but he didn’t help people as a result of his misfortune. He said the same thing, and he told me that he would blackball me from any application for a surgical internship. I could not be a surgeon because I was too shy and I just wouldn’t make it, and I’d be wasting a place where a man should be!

DR. NEWMAN: Had there been some women that had gone on from Harvard to do surgical residencies?

DR. ANDERSON: There must have been. There must have been, but I don’t know who they were.

DR. NEWMAN: So, you were not encouraged to go into surgery. You were discouraged.

DR. ANDERSON: Just the opposite. But I did a year in pediatrics at Boston Children’s Hospital first.

DR. NEWMAN: So you did a pediatric internship at Boston Children’s which was a very top-notch, famous children’s hospital.

DR. ANDERSON: Lou [Louis K.] Diamond was a sponsor for me, although he thought I ought to pay them for the privilege of being an intern. Lou Diamond is the father of pediatric hematology. His son Jared was French’s roommate in college. They’re lifelong friends. Do you know Jared Diamond?

DR. NEWMAN: Yes, the author.

DR. ANDERSON: Yes. We lived with the Diamonds when we were first married because we didn’t have an apartment, so I knew Dr. Diamond. He and Donald Matson, the neurosurgeon -- wonderful, wonderful man -- they were my sponsors to try for surgery.

DR. NEWMAN: So, looking back at your eventual career as a pediatric surgeon, it was probably very fortuitous that you had that year of pediatrics.

DR. ANDERSON: It consolidated me in my wish to be a pediatric surgeon, yes.
DR. NEWMAN: Had you been around any pediatric surgeons in Boston?

DR. ANDERSON: No, no. I had a crush on Dr. [Robert] Gross as an intern, but my mind was already made up that that’s what I wanted to do.

DR. NEWMAN: Were you aware of the specialty?

DR. ANDERSON: Yes, because, you know, as an intern, one took care of the surgical patients.

DR. NEWMAN: So, what year was that when you were an intern?

DR. ANDERSON: I graduated in 1964, did the year 1964 to 1965.

DR. NEWMAN: The reason I was asking about that -- it was in 1964 that Jud [Judson] Randolph left Boston Children’s to come to Washington to be the first full-time pediatric surgeon in Washington.

DR. ANDERSON: Yes, but before that he lectured on a Friday afternoon to the medical students on their pediatric rotation, which was November of 1963, because I was at that rotation when [President John F.] Kennedy was killed. I thought, “Well, there’s something about a man who can keep the medical students awake on a Friday afternoon. There must be something in this pediatric surgery.” When I was an intern there, it consolidated that, because when the patients got interesting, they went to surgery. I wanted to be on the receiving end, not on the giving end. It was cardiology or radiology pediatric specialties that I would have gone into if I had not been able to be a surgeon. So, I went down to Washington, and I talked to Brian Blades.

DR. NEWMAN: He was the chief of surgery at George Washington [University].

DR. ANDERSON: And I went to Georgetown [University]. I didn’t see Dr. [Robert] Coffey at the time. I saw John Potter.

DR. NEWMAN: Dr. Robert Coffey, who was the chief of surgery at Georgetown.

DR. ANDERSON: I didn’t interview with him. I interviewed with Dr. John Potter, who was a cancer surgeon, a lovely man. Brian Blades said, “We won’t give you a surgical residency,” because, at that time, the internship was a separate year, and then you became a resident. He said, “You’ll have to do another internship,” which I didn’t want to do. John Potter said, “You can come here as a first-year resident.” They knew they
needed another woman, number one, because they’d only had 2 in the whole history.

DR. NEWMAN: And this is at Georgetown.

DR. ANDERSON: Georgetown, yes, and my Harvard credentials probably helped as well. So I got the residency at Georgetown, and the first year that we were down here in Washington I trudged all the way across town from Georgetown to the old Children’s Hospital. I don’t even remember where it was.

DR. NEWMAN: Thirteenth and T.

DR. ANDERSON: Thirteenth and T. You know the distance from Georgetown to Children’s [DC Children’s Hospital]. I walked!

DR. NEWMAN: Six or 7 miles of urban neighborhoods.

DR. ANDERSON: Yes, yes, to speak to Jud Randolph, and he said, “Well, I have a hang-up about women.”

DR. NEWMAN: So, this is Jud Randolph, who was chief of surgery at Children’s in Washington. You’re interested in pediatric surgery and you walked over there to ask for a position.

DR. ANDERSON: Yes, and this was pretty much most of the way through my residency, and he told me he had a hang-up. I was still English enough at the time that I didn’t know what a hang-up was. I had no idea. So, he had a hang-up against women in surgery.

DR. NEWMAN: How did that make you feel?

DR. ANDERSON: Well, I didn’t know what a “hang-up” meant. I hadn’t a clue. All I knew was that he was not going to employ me, so I took a job at DC General [Hospital] as a general surgical attending.

DR. NEWMAN: You were staying there because French, your husband --

DR. ANDERSON: Because French was at the NIH [National Institutes of Health], and we decided not to go back to Boston.

DR. NEWMAN: So here you are, a general surgeon now.

DR. ANDERSON: My final weeks as chief resident, and I’m a bit ahead of myself. I mean, there are lots of stories I could tell you about the residency, but we can go into that later if you want to, but I’ll finish the theme. I know
DC General is closed now, so I probably wouldn’t be able to go to the same place, but I can pick out the phone where I answered a page. It was Jud Randolph, and he said, “Would you like to be a pediatric surgical fellow starting July the 1st?” I mean, this was somewhere around the third week in June, so I said, “Well, I have a job; I’ll have to think about it,” knowing perfectly well that I was practically walking through the phone, but he didn’t know that, and I wasn’t about to tell him. So, I made him wait 3 days, and then I called him back, and I said, “I accept.”

Now, the reason for the late offer was that Larry Hill was spending 6 months with the chief of thoracic surgery who was the chair of the department, Paul Adkins at GW [George Washington University Hospital]. Because, at that time, if pediatric surgeons went through a fellowship and spent 6 months, they could get the thoracic surgery boards as well. Paul Adkins told Larry that they could no longer do that, and he was head of the board at the time, so he made that decision, or the board did. He said, “If you spend another 6 months here, I will make an exception, and you can get thoracic boards,” so Larry is the last pediatric surgeon to get thoracic boards. So, that left a gap.

Now, in the meantime, LaSalle Leffall, chief of surgery at Howard [University], had called Jud and said, “We need a pediatric surgeon here. I would like you to train Sam [Samuel] Rosser, who has been out in practice for 10 years. I would like you to train him in pediatric surgery.” At that time, you only had to do a year. So, Larry was away. Sam Rosser was going to be the only fellow, and I think -- and this probably will get edited out because it’s not politically correct -- Jud decided that one black male and one white female would probably make one resident.

DR. NEWMAN: So you and Sam Rosser, then, were co-residents.

DR. ANDERSON: We were co-residents. We went through at the same time. We both did 2 years because, at that time there were motions and meetings about having pediatric surgical boards, and so that was going to require a second year. In my second year of fellowship, I spent 6 months with John Lilly in the lab at the old Children’s, and that’s where I met Charlie [Charles] Stolar, and then I did my final 6 months.

DR. NEWMAN: So, coming back to Georgetown, just a couple of stories there. Wasn’t there a cardiac surgeon from Boston that was working in the lab on heart pumps?

DR. ANDERSON: [Charles A.] Hufnagel.

DR. NEWMAN: Yes.
DR. ANDERSON: Hufnagel got tuberculosis as a surgical resident at the Brigham, and they told him he’d never finish. Of course, his reaction to that was the same as my reaction to, “You’ll never make it as a surgeon.” He was determined, but he continued to prove that he could be a surgeon in his entire life—a very, very needy man. He went to the lab and eventually he did the first aortic valve, which was in the descending aorta, years before I went there. I mean, he was an established cardiac surgeon by the time I went there, but I was Coffey’s last resident. When he stepped down as chief, I was his last resident when he was chief, and I was Hufnagel’s first resident when he became chief.

DR. NEWMAN: And what was it like for a woman in the residency at Georgetown at that time?

DR. ANDERSON: Well, my first 2 years, I did a total of 6 cases.

DR. NEWMAN: What would an ordinary male resident do?

DR. ANDERSON: I don’t know, but it was maybe 150 a year or something like that.

DR. NEWMAN: So, they were clearly not giving you the same experience.

DR. ANDERSON: Oh, clearly, and they made no bones about it, absolutely no bones about it.

DR. NEWMAN: So, you were just supposed to take care of the patients and not really go in the surgery.

DR. ANDERSON: Yes. Well, I don’t know what their plans were, but I was mouthy about it. At that time, I had enough self-confidence that I would speak up about it.

DR. NEWMAN: Were there any mentors there at Georgetown that encouraged you?

DR. ANDERSON: John Potter, the oncologic surgeon, in a way, but there really wasn’t anybody there that took me under their wing. I was absolutely on my own, but John Dillon was a person one could go to. He was very hard on the residents, particularly in mock orals, but you could go to him and discuss a problem, and he would respond. He was very, very good to me. His son Peter is a pediatric surgeon, and I found Dr. Dillon is still alive and, apparently, doing very well.

So, I was, naturally, not very popular. Here I was, a woman, who was useless anyway, and I was complaining about being prejudiced against, so they
farmed me out to Sibley [Memorial] Hospital. Sibley Hospital is a place where they put residents who couldn’t speak English and people who were just about to be fired. That was sort of the last stopping place for troublemakers.

So here I am, and I arrive at Sibley as a third-year resident. This was going to be a swing year for me because if I didn’t go into pediatric surgery, I had 2 more years of surgery, or, if I went back to pediatrics, 2 years of pediatrics to qualify for the boards. The third year was pivotal for me.

I walked into Sibley, and I found that it was absolutely chaotic. The surgical resident was called by the nurse to do a history and physical, and orders could be written by somebody as unknowledgeable as a secretary. And I encountered that immediately and told the surgical head nurse, “Don’t do that ever again. I will write the orders. I don’t care where I am. I will come in, and I will take care of the patients.” The rotation at Sibley became a plum, so I was really disappointed that it’s not still a Georgetown rotation, and, now, [Johns] Hopkins [University] has taken it over.

DR. NEWMAN: Were there any surgeons in the private practice that encouraged you?

DR. ANDERSON: In Sibley?

DR. NEWMAN: Or anywhere in your training?

DR. ANDERSON: All of them. All of them. The first night, a patient came in with a ruptured diverticulitis, and this surgeon, [C.] Willard Camalier, who was the surgeon, and I think I’ve told you his story. I’ll repeat it. He looked down at me as we were scrubbing, and he said, “We’re not all afraid of Dr. Coffey here, you know.” And he gave me the case. That was my seventh case in my surgical career.

DR. NEWMAN: Wow.

DR. ANDERSON: So, he was one. I told you about “Buttonhole” Cox, who offered to teach me how to do an appendectomy through a buttonhole?

DR. NEWMAN: What’s a buttonhole?

DR. ANDERSON: It was very like a laparotomy incision, except he put a great big Kelly down and fished out the appendix and removed it.

DR. NEWMAN: So, he would make a half-inch incision and be able to take out an appendix?
DR. ANDERSON: Yes.

DR. NEWMAN: Hence the name “Buttonhole.”

DR. ANDERSON: Yes, and a gastrectomy through a 2-inch incision.

DR. NEWMAN: Oh, my goodness.

DR. ANDERSON: And he got patients out of bed in the 1920s immediately after surgery instead of keeping them in bed for 2 weeks.

DR. NEWMAN: So, he was way ahead of his time.

DR. ANDERSON: Way ahead of his time.

DR. NEWMAN: And he took a liking to you?

DR. ANDERSON: He took a liking to me because I resembled his wife when she was a young woman, gave me the surgical journal — *Surgery, Gynecology & Obstetrics*, as it was called then -- every month.

DR. NEWMAN: So, that gave you the confidence from these general surgeons that you could make it.

DR. ANDERSON: Yes. The attending surgeons used to fight to get me to do their cases, and they gave me them. I did over 300 cases in 6 months. And the same thing at Arlington Hospital.

I'll tell you one more vignette about Sibley. There was a surgeon there by the name of Ed [Edward] Cornwell. He was a general surgeon, but he also did vascular surgery. Ed Cornwell actually was the teaching assistant for me to do a resection of an aortic aneurysm. It was the biggest case you could do. Ed Cornwell, black surgeon, wonderful pair of hands -- he knew about prejudice, you see, so he helped somebody who was prejudiced against. He was wonderful.

DR. NEWMAN: And now, his son is a surgical leader.

DR. ANDERSON: His son is the chief of surgery at Howard. Ed was the head of the nominating committee. Unfortunately, Dr. Cornwell, Sr. died very early of a carcinoma of the pancreas, and I was very sad because he was just a wonderful man. And then, years later, I met Eddie, his son. Do you remember Claude Organ [Jr.]?

DR. NEWMAN: Yes.
DR. ANDERSON: Claude Organ was the president of the American College of Surgeons. I think he was the second black president after LaSalle Leffall. He and I became friends, and he was Eddie Cornwell’s mentor. Eddie Cornwell became the chair of the nominating committee of the president of the college, and Claude Organ said to him, “You’ve got to appoint a woman president, and there’s only one to be considered, so do it.” So, I get the call from the son of a man I admired greatly that I was going to be president. Isn’t that wonderful?

DR. NEWMAN: That is wonderful. So now, you finished your residency at Georgetown. You got the spot as a fellow at Children’s. It’s the old hospital on 13th and T.

DR. ANDERSON: Yes.

DR. NEWMAN: French is building a sterling academic career at the NIH doing all the work that led to gene therapy. What was it like to be a fellow in pediatric surgery?

DR. ANDERSON: Oh, it was a lot of fun.

DR. NEWMAN: Who were the attendings, and how did it work?

DR. ANDERSON: Oh, well, Jud Randolph, obviously, John Lilly, Peter Altman, and Bill [William] Tunell. There were 4.

DR. NEWMAN: You really had a superstar lineup.

DR. ANDERSON: Oh, it was just beyond anything, and Neville Connolly, who was my nemesis at Georgetown. He told me he was so glad that I was going to Children’s, which surprised the heck out of me. And I operated with him a few times.

DR. NEWMAN: So, you were doing the big cases: tumors, newborns, complex problems with all the different surgeons.

DR. ANDERSON: Yes.

DR. NEWMAN: Biliary atresia, that was --

DR. ANDERSON: That was just beginning, yes, yes.

DR. NEWMAN: -- Kasai operations.

DR. ANDERSON: I was Peter Altman’s assistant, and, when we started doing the first kidney transplants, it was just wonderful.
DR. NEWMAN: Are there any particular cases that stand out with operating with Dr. Randolph or operating with Dr. Lilly or Dr. Altman?

DR. ANDERSON: There was one case. Do you remember the series where they followed a surgeon around for a long, long time? Well, it came Children’s and followed Jud Randolph around, and there was a little boy who had a TEF, and he was lying in the nursery, and he developed a chylothorax. And in the -- what was it called?

DR. NEWMAN: Lifeline?

DR. ANDERSON: Lifeline, something like that. Peter was such a ham, and he was so natural, but he was like an automaton in front of a camera. Cameras didn’t like him very much, and I sympathize, because they don’t like me. So, Jud took him into the nursery to be a consultant on this case as to what should be done, and here’s Peter -- I’ll act it. Obviously, since you’re not doing a video, you won’t see it, but he leaned over, and he said, “Oh, this looks like a sick baby, Jud.” And it was the first time he called Jud Randolph by his first name. He was so wooden. Then Jud took me into the nursery, and he said, “Mr. and Mrs. Vargas, I want you to meet Dr. Kathryn Anderson. She is going to do the surgery on your child. She’s an expert in this.” I’d never even seen one. Oh, dear. (Laughter)

DR. NEWMAN: Now, you had a special relationship with Dr. Lilly, with John Lilly.

DR. ANDERSON: John Lilly and I had a love-hate relationship. He would never come in. He would say, “No, no, take care of it.” I used to have raging battles with him. Peter and I had the special relationship. I remember Roma Chandra. Do you remember Roma?

DR. NEWMAN: Yes, the chief of pathology.

DR. ANDERSON: Yes. She used to come into the operating room a lot, as you know, and she said that watching me and Peter operate was like watching an opera. Phil [Philip] Guzzetta and I clicked, and, of course, the relationship was the reverse. I was the teaching assistant with Phil, obviously, but just no moves that were unnecessary, absolutely in sync. I didn’t have that relationship with John because we quarreled a lot, but it was a respectful quarrel. That sounds like an oxymoron, but it was. And then, Bill Tunell was also an excellent teacher.

DR. NEWMAN: You really had a strong training in pediatric surgery from some of the best. Were there other women pediatric surgeons in the field at the time that were role models?
DR. ANDERSON: No. My role models, other than Dorothy Heard early on, were all men because there weren’t that many. There was a woman who was a pediatric surgeon from Long Island, I think -- Betty Coryllos. She and I were friends, and I was acquainted with Benjy Brooks from Texas, Rowena Spencer. Jessie Ternberg and I were pretty good friends, but they were not role models because I had no female surgeons that I ever operated with. Later on, of course, Olga Jonasson and I became very good friends.

DR. NEWMAN: You are finishing your fellowship. You’ve gotten all this great training from the very best. What was your plan as you went on down your training? French had his career at the NIH.

DR. ANDERSON: Well, I think that -- and this is probably incorrect thinking -- I wasn’t done operating. I knew I was always going to be in a teaching environment, in an academic environment, and I would henceforth be the teaching assistant, and I wasn’t done with being the surgeon. So, I decided to go to Georgetown.

DR. NEWMAN: They didn’t have a pediatric surgeon then.

DR. ANDERSON: No.

DR. NEWMAN: So, you were going to be their first full-time pediatric surgeon there.

DR. ANDERSON: Right.

DR. NEWMAN: But you’d be in competition with Children’s in some way.

DR. ANDERSON: Well, I didn’t think anybody could be in competition with Children’s, and I used to go over to Peter’s house all the time if I had a difficult case.

DR. NEWMAN: So, you went into practice at Georgetown with all the people who had previously been sort of unfriendly.

DR. ANDERSON: And they continued.

DR. NEWMAN: So, were you paid when you were there?

DR. ANDERSON: I was paid $35,000 a year.

DR. NEWMAN: And that was it?

DR. ANDERSON: That was it. That was my salary.
DR. NEWMAN: No bonuses, $35,000?

DR. ANDERSON: Nothing. No, that’s not correct. I’m sorry. That was my salary when I went back to Children’s. My salary at Georgetown was $20,000 a year. Hufnagel was the chief at that time, and he offered me $18,000, and I said, “That’s not very much.” And he said, “Well, you’ve just finished residency.” And I said, “I’ll be double-boarded.”

DR. NEWMAN: Were the male surgeons making more than that?

DR. ANDERSON: Oh, I’m sure they were.

DR. NEWMAN: But you were just happy to have a job.

DR. ANDERSON: I was happy to have a job, and I was full of zeal. There was a very, very good neonatologist named David Abramson, and he and I worked very closely together. He was the old-fashioned type of pediatrician who had done some surgical training, and he understood surgery. It wasn’t like the residents describe to me today where they try to order a procedure like you’re a technician.

DR. NEWMAN: It was a real partnership.

DR. ANDERSON: It was a partnership, yes.

DR. NEWMAN: So what happened? How long did you stay at Georgetown?

DR. ANDERSON: Eighteen months.

DR. NEWMAN: So you went back to Children’s, and you’re with Dr. Randolph and Dr. Altman. Now, that must have been an incredible experience, now, to be one of the 3 attendings. You’ve really achieved a great deal, being a professor at a premier pediatric surgery institution. What did you decide to focus on? I mean, you’re working with 2 greats. Was there an area that really caught your attention or your interest or imagination?

DR. ANDERSON: As the chief resident at Children’s, I had handled a lot of the complications of colon transposition, and, frankly, I got tired of taking care of the complications. I thought, “There has got to be a better way to replace the esophagus in a child with a lye stricture and also long-gap atresia.” Incidentally, there were a lot of children who came in with lye burns, and I got interested in whether steroids worked, and I did a study, which was published in the New England Journal of Medicine, the only publication I have in the New England Journal. I got interested in long-gap atresia.
John Burrington came as visiting professor to teach Jud Randolph how to do a gastric tube, a reversed gastric tube. He was at Toronto at the time, and he and Siggie [Sigmund] Ein were doing all the esophageal work, and they were doing the reversed gastric tube. I think I scrubbed in, but it just seemed like a better operation. The blood supply was better than that of the colon. I worried about the colon retaining its propensity for polypoid formation and malignancy, so I decided to do the gastric tube. And we did the first few, until the staplers came in in a big way, by hand, so I got interested in that, and it was just a much easier operation.

I was giving a talk at the college some few years later on our experience, and Henry Heimlich (of the Heimlich maneuver fame) was on the panel, and he taught me 2 things. He taught me to leave a part of the gastric tube -- make it longer than was necessary, leave part in the stomach below the diaphragm -- so the abdominal pressure would perhaps lessen the reflux, and also to cut the end of the tube on a bias with the long end being the bigger, the side of the vascular supply. It made a big difference.

I’ll give you one vignette about the hand-sewing because it became a bane. We always had to transfuse those patients. Hand-sewing 2 layers is a very bloody operation. In the same audience as my panel discussion with Heimlich was a Dr. Leal from Sao Paolo, and some years later he brought his granddaughter, who had been born with long-gap atresia, to me and we replaced her esophagus with a reversed gastric tube. That worked fine. She was doing fine, but this was back in the early 1980s before AIDS was really much of a known entity, and we gave her AIDS in the transfusion, and she died of a brain abscess. That affected me almost as much as the worst disaster I ever had in patient morbidity and mortality conference. It was very sad, because she was such a lovely little girl, and he was a thoracic surgeon, and he just had put so much -- what turned out to be misplaced trust in me. It affected me for a long, long time.

DR. NEWMAN: Well, you were well known. I’m going back to the sewing and the technical details of the operations, which really, in an esophageal replacement, were so critical. I recall in my training, and then all of my colleagues that trained with you, I think Dr. Guzzetta termed it “Anderson-trained” because we really learned how to operate on children from you, the technique, the precision, the attention to detail. Some of the things we couldn’t do that you could do, because you have pretty small hands.

DR. ANDERSON: Yes.

DR. NEWMAN: They could get into places that the ordinary surgeon and pediatric surgeon couldn’t.
DR. ANDERSON: Well, actually, the things my hands did the best was move the table under your hands!

DR. NEWMAN: Yes. The operation frequently got a lot easier without anybody really knowing it, but you even had to have special gloves made at one point.

DR. ANDERSON: Yes. Until I was chief resident in general surgery, there weren’t any size 5-1/2, and so I learned to operate with gloves sitting about a centimeter beyond my fingers and thumb, so I had to be more skillful. And in 1970, the Perry [Glove] Company came out with size 5-1/2 gloves. I stayed with them for my entire practice. There were many, many other competitors which were much cheaper than the Perrys, but they fit perfectly. They fit like a glove.

DR. NEWMAN: Now, I remember also operating with you, and maybe there would be a little bit of a -- not a misadventure, but you’d cut into something, and then you were able to stop it or do something.

DR. ANDERSON: Oh, you mean I cut into it, or you cut into it?

DR. NEWMAN: Well, no, you never cut into it yourself. It was always the fellow --

DR. ANDERSON: I failed to prevent it.

DR. NEWMAN: -- that failed to prevent it, but then, maybe, it worked out OK. And you had this saying about, “God is kind to...”

DR. ANDERSON: “Fools, drunks, and young surgeons,” and do you know whose expression that was?

DR. NEWMAN: No.

DR. ANDERSON: Jud Randolph.

DR. NEWMAN: I never knew that.

DR. ANDERSON: “God looks after fools, drunks, and young surgeons.”

But I started to tell you that I learned a very valuable lesson as a fourth-year medical student. I assisted at the Free Hospital for Women, as it then was. It was the Free Hospital for Women and then the Boston Lying-In, and then there was the Brigham, and I guess it became amalgamated and became Brigham and Women’s. John Grover was the surgeon there, Mass-General-trained, and I was the third or fourth assistant on a lot of big gynecological
procedures. They did a lot of major surgery at the Free. And he said, “You’ve got a good pair of hands. What you need to do is, as a third assistant, look at what the second assistant is doing so that by the time you become a second assistant you are going to know what to do. And when you’re second assistant, watch the first assistant, and not until you’re the first assistant really watch what the surgeon is doing.” I have passed that on, and I passed it on to the residents this morning in our meeting, and it was about the best advice that I’d ever had. So, by the time I was the teaching assistant, I knew not only how to do the surgery; I knew how to set it up. And I always said that a resident doing a surgery at an appropriate level with an attending surgeon as assistant is better than the surgeon doing the surgery with an inexperienced assistant.

DR. NEWMAN: Wow, that’s a great, great perspective. I also recall that you seemed to gravitate toward the newborn cases at Children’s, and you had a very close relationship with nurses in the neonatal intensive care unit. Was that just by chance, or was there something that drew you there?

DR. ANDERSON: Nothing chance about it. The newborns, yes, perhaps -- I mean, they were the ultimate in challenge, and I just liked challenges, but I was taught a lot by a nurse. When I was a fourth-year medical student, that was mostly an elective year. I had just done medicine at the Mass General, so, of course, I knew everything there was to know about medicine, and I had an elective with a very famous infectious disease person at Tufts [University] whose name I think was [Louis] Weinstein. So I went over to Tufts, had just come off the Mass General where everything was absolutely immaculate, absolutely perfect, the best people, the best everything. I mean, it was the bees’ knees. The Tufts medical residents smoked on rounds. They wore dirty whites, and the very famous infectious disease person really didn’t have many cases, so I was told to rotate on the medical service, and I was absolutely disgusted. So, I went to Dr. Weinstein, and I said, “I’m sorry, but I just can’t accept this standard of medicine, so I’m leaving.” I had just presented a case, something to do with the thyroid, and apparently made a big success of it, so he said, “Oh, I’ll take you on rounds with me. I’ll go to the clinic, you can go to my clinic.” I said, “No, I’m sorry.” So, I had close to an extra month where I didn’t really have anything scheduled, so I went to work for Brooks Barnes. She was the chief nurse on division 2737 at Boston Children’s.

DR. NEWMAN: At Boston Children’s?

DR. ANDERSON: And I knew that she ate up medical interns, pediatric interns, for breakfast. She was an old Army nurse, and she knew more medicine than an intern would ever learn in 10 years. She was wonderful. I thought, “You know, I’m going to work for Brooks Barnes.” So, I went as a
nursing assistant to Brooks Barnes, and she taught me so much about nurses. I had a respect for nurses that she engendered.

There was a nurse in the old Children’s Hospital when I was a fellow in the charge of the burn unit, and I said, “Well, now, let’s sit down, and you tell me how you like to run things.” She said, “Oh, no, Doctor, we always run things like the doctors want.” And I said, “No, I want to learn how you do things.” She was another fierce person, and she just ate out of my hands, and we had a lovely relationship. But that respect was taught to me by Brooks Barnes at the Children’s in Boston.

DR. NEWMAN: Were there any cases that you didn’t like to do?

DR. ANDERSON: I didn’t like taking care of burns. I could never get over the emotional involvement with them. I was very active in the burn unit before Martin Eichelberger ever stepped in the place because Jud ran it. I just didn’t like it, so I never took care of burns after I finished.

DR. NEWMAN: So, you also were doing research while you were operating or teaching. You had a very busy life, but you also found time to do research and write papers.

DR. ANDERSON: Well, I tried to be a triple threat, and I wasn’t successful at it. I wanted to do tissue engineering. Jay [Joseph P.] Vacanti was clearly streets ahead of me, and I was in French’s lab for a while, but --

DR. NEWMAN: But you always were writing about your clinical experiences and --

DR. ANDERSON: Yes, I was a very bad writer initially, but as I became a teacher, I guess it was because my mother had been a teacher, even though I hadn’t known her, and my aunt was a teacher. My sister was a teacher’s assistant because she never got the requisite education to be a full-fledged teacher, but she was a wonderful teacher. It was in our genes, and I just loved teaching. Teaching became the major part for me, and I became a very good editor. In learning how to correct other people’s, I got less enamored of my own writing and became a better writer.

DR. NEWMAN: Now, I remember, at some point, you wrote a book that was a handbook for parents.

DR. ANDERSON: Yes, it is buried in the College. It never really took off. It was called, Who Will Hold My Hand? I was at Children’s in Washington, and a dentist came in, a single parent, the father of the child who had a little lump on her chest wall. I used to say -- this is one of my expressions -- “Lumps and bumps belong in a jar and not under the skin.” I took out the
lump and bump, but it went into the chest wall, deeper and deeper. I don’t remember what it was, but it was one of the blastomas that was highly malignant.

DR. NEWMAN: Ewing’s sarcoma or something like that?

DR. ANDERSON: It was something highly malignant, and the prognosis was not good, and I had to tell the father this. He was absolutely devastated. I had to tell him about chemotherapy, and he said, “But who’s going to take care of me?” He realized his own inadequacy, and I thought, “Yes. You know, there ought to be something to help parents.” And so I wrote that book. I talked to a lot of parents.

DR. NEWMAN: So, you were really ascending in your career as a pediatric surgeon. As an academic pediatric surgeon, you were getting noticed in terms of leading different societies, and you were the chair of the Section on Surgery of the American Academy of Pediatrics.

DR. ANDERSON: Right.

DR. NEWMAN: Dr. Randolph decided that it was time to retire. The faculty at that time, I think, was Phil Guzzetta and Marty [Martin] Eichelberger, and I had joined the group at that point.

DR. ANDERSON: Right, and Vic [Victor] Garcia was there for a while but then left.

DR. NEWMAN: Vic Garcia had come from the Army to join the group. There was a search for a replacement for Dr. Randolph to be the chief of surgery, and you were not selected.

DR. ANDERSON: Right.

DR. NEWMAN: That must have been very upsetting to have made the kind of sacrifices and built the kind of career at Children’s Hospital that you did. You overcame a lot of the hurdles to being a surgeon to then were not able to succeed Dr. Randolph, your mentor and leader.

DR. ANDERSON: Perhaps egotistically, I thought that I had been running the service rather well, and I really, really wanted the job. I was ambitious. I wanted to be a chief, and French seemed to be established for life at the NIH. I didn’t want to leave Washington. But for various reasons, which we really don’t need to go into, I had some enemies. Quite frankly, a number of people thought that I would be a clone of Dr. Randolph, and he was very unpopular in certain circles. So, it was set up not to have me. I know that the CEO wanted another person, and that person went to some great lengths.
to become chief but didn’t. They got somebody from the outside, as you know.

I knew that I could not sit there and really be a number-2 to somebody else. My first thought was to go into northern Virginia, because I had something to do with Fairfax Hospital, and I liked it. I was going to go into private practice. Phil Guzzetta was actually the person who came to my house. He didn’t tell me over the phone. He came to my house and said, “You’re not on the shortlist,” so that’s when I decided that was the end. I remember saying to French, “Can you live somewhere else besides Washington?” And he said, “I can live anywhere. I live inside my head.” He said we’d made the move to Washington for him, and he would make a move to anywhere that I wanted. Concurrently, Dr. Boehner, who was the chief of medicine at LA Children’s [Childrens Hospital Los Angeles], called me. Morris Asch had called me before about going out to LA, and I said, “I can’t live in LA because it’s too smoggy.” Dr Boehner’s was a very timely phone call, and I said, “Well, I’ll come out and look at it,” and it just seemed like it was the ideal spot for me, and it was a balm to my soul to say the least. So, we left.

DR. NEWMAN: So just circling back -- we were talking about the newborns and the NICU [neonatal intensive care unit]. It seems to me that you were always looking forward and being innovative and creative. You and a team of neonatologists were leaders in the field of ECMO, extra-corporeal membrane oxygenation, and really got on the cutting edge of that technology. I know you had a very close relationship with Bob [Robert] Bartlett.

DR. ANDERSON: I knew him when he was an intern at the Brigham.

DR. NEWMAN: Can you just tell us about what it was like to start a program like ECMO when it was so revolutionary?

DR. ANDERSON: Well, if you recall, Bob Bartlett started the ECMO in the newborns at Irvine, and he went to Michigan and continued it. He had run an ECMO school, and I had gone to that and said, “This is not for me.”

DR. NEWMAN: Why had you gone to it? What prompted you?

DR. ANDERSON: Just the same reason I took a microsurgery course in Louisville. I always wanted to learn something new. I used to say to the residents, “You have to learn something major and something minor every day; otherwise, there’s no point in living.” I was always driven to learn something new, so I just said, “Well, let me go and see what ECMO is all about,” because, at the time, it had been done in Michigan. Mike [Michael] Klein was doing it in Detroit, I think, and Tom [Thomas] Krummel in Richmond, Virginia. But I came back saying it wasn’t for me. Marilea Miller and Billie Short were the people who ran the neonatology unit at
Children’s. They came to me and said, “OK, we want to do ECMO, and you’re going to be the surgeon. We’re going to go up to the school and learn how to do ECMO, and you’re going to do it.” We went up there as a threesome, and we got so psyched up. We came back; we were so exhausted that when we dropped Marilea off she literally fell out of the car. She was so tired. We were exhausted, but that’s how it started.

DR. NEWMAN: Did you face any challenges or hurdles in getting that going? I mean, this is a big change for a hospital to have babies that are on heart-lung machines for days at a time.

DR. ANDERSON: You know, I don’t remember any, Kurt. I think I would have remembered if there were any. I don’t think anybody was against it. There was a question of cost.

DR. NEWMAN: What I recall is you trained and trained on -- was it pigs? -- to really have the team as work well together. I remember also that you said that for the first 20 or 30 patients, you were going to be the surgeon. You weren’t going to hand this off to any of the other surgeons.

DR. ANDERSON: I think I did the first 50, and I sat with them, and I ran the pump as well. I did my shift on the pump. I wanted to learn everything.

DR. NEWMAN: So, this wasn’t anything you wanted to hand off to a junior person.

DR. ANDERSON: Not initially, no.

DR. NEWMAN: And the outcomes, I think were good?

DR. ANDERSON: They were pretty good. I remember my first patient. Brandon was his first name. I can’t remember his last name anymore -- a premium baby. The mother had a pituitary tumor, and she had a lot of difficulties. It was a benign tumor, and it’s apparently one we don’t know much about. But it prevented her from getting pregnant for a long time, so she was what we used to call an “elderly primipara.” Brandon was a real premium baby, and we saved that baby. You know, it was the right thing to do and the right time.

And I learned to ski from ECMO.

DR. NEWMAN: Well, that’s true from the ECMO conference, because I remember I came to train at Children’s right as the program was rolling out, and it was a very heady time of saving babies.
DR. ANDERSON: And it also made a much closer relationship between the surgeons and the neonatologists.

DR. NEWMAN: Because there had been some separation, some tension over the years.

DR. ANDERSON: Yes.

DR. NEWMAN: I did not remember that.

DR. ANDERSON: But I do want to tell you one thing, and I don’t know whether you even will record it, but you might want to. Do you believe in healing, being a healer?

DR. NEWMAN: Yes.

DR. ANDERSON: I used to touch the babies all the time, and the nurses would notice that, when I would touch the babies, they would calm down. I was so disappointed when we had to start wearing gloves because it wasn’t the same. I’ve done yoga for nearly 45 years, and it’s kept my spine straight, and it’s probably stopped me from getting osteoporosis, because I have all the other risk factors for osteoporosis. But it was very disappointing when we started wearing gloves because I knew that that it seemed to make a difference to me, and I just loved the babies. I could tell which babies would survive, who were fighters. ESP [extrasensory perception] is a real entity. My paternal grandmother and my aunt, Auntie Dorothy, who you have heard about, went to a séance one time in Manchester with her mother and the person who was running the séance was actually a real person, not a quack, and she said, “I can’t do anything because there are 2 people in the audience who are better than I am at ESP.” This is really not for the AAP, but I’ll finish the story. She said, “There you are, you 2. Leave please.” And they had to leave.

On a Sunday, when we lived in Bethesda, we used to go and take tennis lessons every Sunday morning, and I had this kind of relationship with my aunt. French was about to go to China. He was among the first scientists that went to China after the Bamboo Curtain opened a little bit. He went with David Baltimore from Caltech [California Institute of Technology] and other scientists. We went one Sunday morning, and I said, “French, you can’t go to China. You’re going to die. You cannot go.” We went home from tennis. My dad was on the phone. Auntie Dorothy had died.

DR. NEWMAN: Oh, my Gosh.

DR. ANDERSON: I sensed it.
DR. NEWMAN: Wow.

DR. ANDERSON: I went looking for her soul, and her house was cold, and she wasn’t there. I know when my sister is going to call me. Usually, French would call me at the most inopportune moments, but I didn’t have quite the same sense. My older sister, she has the same sense. I was always afraid of it, so I never tried to develop it. I don’t think she was even conscious she had it, but she will say something, and I would be having that thought just before she opened her mouth and said what I was about to speak, and that works vice versa. So I think that this ability to sense -- particularly the babies, because they’re so pure. There are no layers on top of them. I could tell the babies that were going to survive and the ones that weren’t.

DR. NEWMAN: Really?

DR. ANDERSON: Bizarre.

DR. NEWMAN: You are, but charmingly so.

DR. ANDERSON: But you’re agreeing I am. Thanks, Kurt. (Laughter)

DR. NEWMAN: So, you get out to LA, and now you’re the chief of surgery. The Childrens Hospital there was very successful. Dr. [Morton] Woolley, I think, had been the chief, and then Dr. [G. Hossein] Mahour.

END OF TAPE 3

TAPE 4

DR. NEWMAN: Dr. Anderson has just assumed the position of surgeon-in-chief at the Childrens Hospital in Los Angeles and has moved there. Her husband, French, has become a professor at the University of Southern California and had reestablished his lab there. So Dr. Anderson now is in charge, has her own ideas about a surgery training program at Childrens Hospital, and has the opportunity at one of the country’s great children’s hospitals to put some of her ideas into practice. There weren’t many women surgeons-in-chief. You might have even been one of the first one. Jessie Ternberg was head of a division at some point.

DR. ANDERSON: Yes, she was. I think I was the first surgeon-in-chief of an independent children’s hospital. Olga Jonasson had been surgeon-in-chief at Ohio, and she was followed by Carol Scott-Conner. I don’t know whether we were quite contemporaries or not.

DR. NEWMAN: But it was pretty rare.
DR. ANDERSON: But it was rare, and I think Nancy Ascher became chief at UC [University of California] San Francisco, but there weren’t many, and I think I was the first of an independent children’s hospital. Donna Caniano, I think, was the second in Ohio. Ohio has this reputation for having surgical chiefs that were women. It was different. It was a new culture.

Hossein Mahour was the division chief at Childrens Los Angeles. I had said that I would not go to Childrens unless I was surgeon-in-chief and division chief, because I felt that the service needed a unifying person. Well, unfortunately, the person who promised me that was fired before I got there. He was the CEO, and he made me all kinds of promises, a new operating room and to have the double title. When I got there, nothing had happened. They had an acting CEO.

The person who really helped me was chairman of the board of trustees, David Thomas, Judge Thomas, ramrod straight, literally and metaphorically. He was a retired judge, so he was a “rent-a-judge,” absolute integrity personified. He took me and French to dinner at his country club, which was the one that always has the old-fashioned donkeys and horses and carriage in the Rose Bowl parade. I’ve forgotten the name of it. But he took me there, and he said, “I will make sure that every promise that was made to you when you came here is fulfilled.” And he followed through. I had to be the one to tell Dr. Mahour that I was going to be the surgeon-in-chief and division chief. He accepted compensation for his “demotion” and he more or less settled. He was all right and a popular teacher, but he was uncomfortable with a woman boss and would have been anyway. But it was a good time.

DR. NEWMAN: And Dr. [Neil] Sherman was a real advocate.

DR. ANDERSON: Dr. Sherman carried the whole place until I got there, and then I made it very clear to Neil that the community surgeons were welcomed, because I’d been taught by them, so I didn’t have the disdain of some of the academic surgeons for community surgeons, and he was a wonderful surgeon. He’s about to retire. I’ve kept up with him. He was Peter Altman’s great friend, he and Arnie [Arnold] Coran, and he is just a good person.

Dr. Woolley hired a division chief in ENT who said that he was trained in plastic surgery and wanted to do the hair lips and maybe cleft palates, and Mort Woolley wouldn’t let him. So, he had resigned and there was no chief of ENT. The whole country was down on Childrens LA surgery because of the ENT situation, so I talked with the chief of ENT at USC [University of Southern California], and I had a number of people in mind including Ken [Kenneth] Grundfast, who was not yet chair of Boston University, and he
said, “No, none of those are acceptable.” I said, “Why?” “What do you mean, ‘Why?’” At that point, I was Secretary of the College. He was a Governor, so I outranked him at the College, and I went to Gerry [Gerald] Healy, who was chief of ENT at Boston Children’s and a big leader in the boycotting and the blackballing of Childrens, and I said, “Look, I’m different. My name is not Mort Woolley. Any surgeon who is qualified will have privileges at Children’s.” And that was the beginning of a very dear friendship with Gerry Healy and the end of the problem. I hired a community surgeon and the breach healed.

DR. NEWMAN: Did you enjoy making those kinds of decisions and the administrative duties of being a surgeon-in-chief?

DR. ANDERSON: Yes, I did for the most part, but, you know, the plastic surgery chief was a maverick and he didn’t want to adhere to any rules and clearly wanted to be independent. He finally left after I’d left. He was a bit of a problem, but I backed him because he was a division chief. But you know, after a while -- I was there for 13 years -- the administrative problems would go full circle and start again. You’ve probably begun to find this at Children’s. You solve a problem, and then, all of sudden, it shows up again, the identical problem, and you have to resolve it. It got tiring after a while.

DR. NEWMAN: Were you still able to operate and take care of patients?

DR. ANDERSON: Yes. I didn’t do laparoscopic surgery because I knew I would never do enough cases -- because of my administrative duties -- to get really good at it.

DR. NEWMAN: Was that hard to say to yourself? “There’s an area of surgery, a frontier that I’m not going to pursue.

DR. ANDERSON: In a way, it was, Kurt, but, you know, I was doing what I wanted to do, which was be a chief, so I could hardly turn around and say, “But I’m not learning new surgical techniques because of being a surgeon-in-chief.” I mean, that would have been stupid.

DR. NEWMAN: How about building the fellowship program? I think, under your leadership, the Childrens Hospital of Los Angeles fellowship became one of the really coveted spots.

DR. ANDERSON: It certainly wasn’t when I got there. We had a couple of chief residents that I didn’t hire, obviously, because you do it ahead of time, that were really not the best. But then, as people realized it was a new regime, they began to come.
The first person that I hired was Duncan Phillips. Duncan Phillips did not want to come to Childrens -- did not. I don’t know where his first choice was, but we were way down on his list. And when I called to tell him we’d matched, he was not pleased. He couldn’t hide the disappointment in his voice, but he was a good surgeon. He left LA and went to join Don Nakayama, who, at the time, was in North Carolina. He wrote me a very nice letter years later, and he said what good training he’d had. He was our first. There was another one, Gregory Tiao, that the chief at another institution promised a first spot and then reneged. Gregory was angry the whole time, but he was a good surgeon.

DR. NEWMAN: You had an impact on a lot of people, and clearly the impact you had on them was meaningful to you, the training of the residents, but there seemed to be even more so with women residents and women trainees that sought you out as a mentor and a role model. Could you talk about that a little bit? Because I think that is not written down in any resume or CV, but it was probably one of the most important contributions. You gave people a pathway you never had, so that they could see that you could be successful. What would you tell these young women who were interested in surgery?

DR. ANDERSON: Well, first of all, I never planned to be a pioneer. I just wanted to do surgery, and I wanted it very badly. If I ever write my memoirs, which I probably won’t do, it’ll be titled The Unintentional Pioneer or something to that effect, because I didn’t really feel the lack of women mentors. You didn’t think about it since there weren’t any. And I didn’t deliberately set out to be a mentor, but, again, it was the teaching gene. I liked to teach people, and, honestly, it surprises me a little bit that you think that the women sought me out more than the men did because I never distinguished between my mentees, whatever their gender was. They were all equal as far as I was concerned, and I never hired somebody or considered somebody more because she was a woman.

DR. NEWMAN: What I meant by that was that there were many more options for role models for men, but for women of my generation there were very few.

DR. ANDERSON: Yes.

DR. NEWMAN: So, the confidence that having a leader like yourself that became president of the American Pediatric Surgical Association or president of the American College of Surgeons, the first woman leader of both of those, that was groundbreaking. I think it’s interesting that, for you, it was -- I don’t want to say it wasn’t a big deal, but you never wore a hair shirt about that kind of thing.

DR. ANDERSON: Well, I get along well with women. A lot of women, when they reach a certain level, they sort of have the attitude – and this is
more so in women than in men -- “Well, I had to struggle, and so you’ve got to struggle on your own.” I never felt that way. When you’re dead and gone, people forget about you. How many people have never heard of Franny Moore? How many surgeons have never heard of Robert Gross? When I’m dead and gone, they’ll say, “Kathryn who?” but my legacy lives on to the extent that there is one. People like you, Mary Fallat, Fizan Abdullah, who has faced a lot of prejudice as a Muslim, and others have continued to do the same thing that I tried to do. That, like a genetic characteristic, gets passed on through the family. The name may disappear, but the genes don’t.

DR. NEWMAN:    Well, that’s very inspirational, but there is one mental image that sticks in my mind, and that’s the American College of Surgeons -- and maybe you were secretary, but you had to carry this --

DR. ANDERSON:    Oh, the mace.

DR. NEWMAN:    -- this big mace that was bigger than you. What were you feeling like when you learned that you’d been tapped to be the president of the American College of Surgeons? Because, first of all, pediatric surgery had been kind of a stepchild for a long time in the college, and you’re the first woman.

DR. ANDERSON:    Yes. The AAP offered pediatric surgeons a home when the College wouldn’t.

DR. NEWMAN:    And you’re a woman. You’re from England. There were a lot of things there, but here you are. You are kind of at the pinnacle of American surgery. It’s pretty cool.

DR. ANDERSON:    Well, it was a surprise. I never thought I would be the president. I never aspired to anything. I just got on with what I wanted to do, what I liked to do -- very selfish in a way. I wasn’t ambitious for ambition’s sake. I was ambitious for things that I wanted to do.

DR. NEWMAN:    I also remember that you were very gracious and generous, I think it was around the presidency of the American Pediatric Surgical Association. You had been elected, and Dave [David] Tapper was supposed to be following but, sadly, he had developed terminal cancer, and it looked like he might not survive to be it. Didn’t you trade slots so that he could serve as president?

DR. ANDERSON:    Yes, I served as president when he was the president elect, so he had chosen all the committee people and everything. He wanted it, and that was very courageous of him, but he did make it and served out his year and didn’t live long after that.
DR. NEWMAN: Pediatric surgery is a small community of people, and you become very close to colleagues. Are there any colleagues that we haven’t talked about that come to mind? I know Dr. Hendren has been a very close colleague over the years.

DR. ANDERSON: Yes, I met [W.] Hardy Hendren when I was rotating to the Mass General as a pediatric intern. I had to go to the operating room and interrupt him, which he did not like to have done, because one of his patients wasn’t doing well. And I guess he paid attention to me because his service was run by pediatric interns. Can you believe that?

DR. NEWMAN: At the Mass General?

DR. ANDERSON: At the Mass General. I mean, how frustrating is that? I may well have been one of the few good ones who took care of his patients, but, of course, I was interested in surgery. Mike Jabberly, who became a very famous plastic surgeon, was his resident, and he came up to me, and he said, “That was very good.” I didn’t develop a friendship with Hardy until I was a pediatric surgery fellow when he remembered me from being a pediatric intern and invited me to go to Boston. But he was a mentor who became a very, very close friend. His wife is a Scot. We have a very, very similar heritage, background. I feel like she is more like a sister. The Hendrens and I are the closest of friends.

DR. NEWMAN: You have gotten a lot of honors overseas. Are there surgeons that you’re close to internationally?

DR. ANDERSON: I was close to Barry O’Donnell for a while. He rewarded me with friendship and an honorary fellowship in the Royal College of Surgeons of Ireland, and I was able to reciprocate, because I made him an honorary fellow of the American College of Surgeons when I was president, which was just great fun for me. I am also an honorary fellow of the Royal College of Surgeons of Edinburgh, I don’t know how I came to get that, and the Royal College of Surgeons of England -- I don’t have an honorary fellowship. I was the next rung down, fellowship by election, and I really wanted to be in this College. I inquired of somebody who was on the board -- David Carter, I think his name was. He became an honorary fellow, and I said, “You know, I’d really love to take the fellowship exams if that’s possible,” and he said, “Let me see what I can do.” And the result was a fellowship by election.

DR. NEWMAN: You were also very close friends with a surgeon from England.

DR. ANDERSON: Yes, Leela Kapila. Leela Kapila was president of BAPS, British Association of Pediatric Surgeons, when I was president of APSA.
She was Indian-born. She’s an Indian, and I was English-born. So the 2 pediatric surgical associations of probably the most major importance in the world were headed by foreign-born women.

DR. NEWMAN: You’ve had this spectacular career. As you said, you were an unintentional pioneer, but a pioneer nonetheless. And then, when it came time to retire, was that tough for you to let go of your position.

DR. ANDERSON: No. No, I missed it in a way. I didn’t miss the recurring problems. I did miss the operating room a little bit, but I realized that nobody could say that I had deteriorated in my technical abilities. Some of the surgeons that I trained and one of the managers and the LVN [licensed vocational nurse] from the outpatient department, I really fostered their careers, and they take me out -- with a nurse practitioner -- they take me out to lunch once a year. And Kasper Wang -- do you know Kasper?

DR. NEWMAN: Yes.

DR. ANDERSON: He reached over the table. He said, “Give me your hand,” and I said, “What for?” I gave him my hand, and he said, “You know, you could still be operating, because you don’t have a single tremor.” But I retired at the right time.

DR. NEWMAN: Didn’t you and Dr. Guzzetta have an agreement?

DR. ANDERSON: He was supposed to tell me when I should retire, but when he left DC Children’s at the same time as I did, I didn’t have anybody to tell me, so I told myself.

DR. NEWMAN: Looking back, if there were young surgeons coming along that were reading this oral history, is there something you’d want them to know, wisdom you wanted to impart?

DR. ANDERSON: Mary Fallat was so good at that today in deciding what the 3 important things were for residents. My advice, and it’s been more to women in surgery than to men, for obvious reasons, “Don’t try to live your life all at once. Don’t try to decide the end result of the path you’re on. Just do one step at a time what you want to do.” When Franny Moore said he would rather offer me a job in anesthesia, I said to him, “But I don’t want to be 2 feet away from where I really want to be.” So I disregarded the advice of my first mentor, Dorothy Heard, when she said, “Don’t be afraid to do something different from what you really want.” Go for what you want, but do it in stages, and life will help you out or point the way.

DR. NEWMAN: It certainly has for you. Looking back, it all looks so, maybe, planned out, but it certainly wasn’t.
DR. ANDERSON:  It was not.

DR. NEWMAN:  You know, you’ve really had this incredible career and impact on so many people, including me, so thank you for that. And one last thing, I know you’re a big opera fan.

DR. ANDERSON:  I haven’t been to the opera for a long time. I don’t go into Los Angeles anymore, but, yes, I love opera.

DR. NEWMAN:  I remember your graduation present to me when I finished my fellowship was to go to the Kennedy Center and hear La Bohème from the Metropolitan Opera

DR. ANDERSON:  La Bohème. Was it really?

DR. NEWMAN:  Yes. I still have the program.

DR. ANDERSON:  The first opera I ever went to was at the Bristol Hippodrome. I don’t know whether it was when I got into Cambridge. I gave the high school 2 holidays when I got into Cambridge and when I got a state scholarship, and my chemistry mistress took me to see The Marriage of Figaro.

DR. NEWMAN:  So, you paid it back. We sat in the front row, and I remember almost trying to hide the fact that I was sobbing because it’s such a sad story.

DR. ANDERSON:  I cry in movies. I cry in funerals. I cry at weddings. I cry in the opera. I snivel. I don’t wear waterproof mascara, but I probably should. [Laughter]

DR. NEWMAN:  Well, I think we will leave it on that note. Thank you, Dr. Anderson. It’s just been a delight to share these stories and this time with you, and is there any last word?

DR. ANDERSON:  No, thank you for interviewing me. You’re a good questioner, and you’re a good listener. You could be a television star.

DR. NEWMAN:  For me, this is awesome; interviewing one of my heroes.

DR. ANDERSON:  Thank you for that.

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# CURRICULUM VITAE

*Kathryn D. Anderson, M.D., F.A.C.S., F.R.C.S.*

## A. PERSONAL INFORMATION

| Current Position | Professor Emeritus, Surgery, Keck School of Medicine  
|                 | University of Southern California  
|                 | Past President, American College of Surgeons |
| Place of Birth  | Ashton-under-Lyne, Lancashire, England |
| Citizenship     | United States of America, 1973 |

## B. EDUCATION

| High School     | Merrywood School for Girls, Bristol, England, 1958 |
| University      | Cambridge University, England, B.A. (Honors), 1961  
|                 | Cambridge University, England, M.A. (Honors), 1964 |
| Medical School  | Harvard Medical School, M.D., 1964 |
| Internship      | Boston Children’s Hospital, Pediatric Medicine, 1964-65 |
| Residency       | Georgetown University Hospital, Department of Surgery  
|                 | • Resident, 1965-69  
|                 | • Chief Resident, 1969-70 |
| Fellowship      | Children’s National Medical Center, Washington, D.C.  
|                 | • Pediatric surgery, 1970-72 |
| Other           | Advanced Trauma Life Support, ACS (Instructor), 1984  
|                 | Course in Microsurgery, Louisville, KY, 1987 |
Kathryn D. Anderson, M.D., F.A.C.S., F.R.C.S.

Surgical Board Certifications
Diplomate, American Board of Surgery, 1971
Special Certificate of Competence in Pediatric Surgery, 1975
Recertification, 1982, 1993

Licenses
California Certificate #G75363
District of Columbia Certificate #3349
Maryland Certificate #D15169
Virginia Certificate #0101038021

Fellowship
Royal College of Surgeons, England by election, 1999

Business & Management Courses
- Hospital Executive Management, American Management Association, Philadelphia, PA, 1986
- Financial Analysis, American Management Association, Newport Beach, CA, 2000
- Director’s College, Stanford University Law School, Stanford, CA 2003
- Director’s College, American Management Association/Practising Law Institute, New York, NY 2003

Board Memberships

For Profit

1988-1990 Scientific Advisory Board, Pediatric Pharmaceuticals, Inc.
1997-present Scientific Advisory Board, Sensors for Medicines & Science, Germantown, MD
1986-present Editorial Board, Journal of Pediatric Surgery
1992-2001 Trustee, American College of Surgeons Insurance Plan
1993-present Editorial Board, Journal of the American College of Surgeons
1994-present Editorial Board, Pediatric Surgery International
1996-2004 Pediatric Management Group
1998-2004 Editorial Board, Annals of Surgical Oncology

For Profit

Not for Profit

Children’s National Medical Center, Washington, DC
1985-1988 Children’s Hospital Faculty Associates (CHFA)
1985-1988 Board of Directors
1985-1988 Executive Council
1985-1986 Vice President & President Elect
1986-1987 President
Children’s Hospital Los Angeles
1992-2004  Board of Directors
1992-2004  Board of Regents
1992-2004  University Children’s Medical Group Board of Directors
1994-2004  Board of Directors, CHLA Foundation
1995-2004  Board of Governors, CHLA Research Institute

American College of Surgeons
1986-1992  Board of Governors
1992-2001  Board of Regents (ex-officio); Secretary
2000-2001  Board of Regents (ex-officio); First Vice President Elect
2001-2002  Board of Regents (ex-officio); First Vice President
2004-2005  President-Elect
2005-2006  President

American Academy of Pediatrics (Surgical Section)
1979-1987  Executive Committee
1982-1985  Secretary
1985-1986  Chairman

American Pediatric Surgical Association
1988-1991  Board of Governors
1988-1991  Secretary
1999-2000  President

American Surgical Association
2004-2005  Second Vice President

C. PROFESSIONAL BACKGROUND

Academic Appointments

Georgetown University, Washington, D.C.
1972-1974  Assistant Professor of Surgery and Pediatrics

George Washington University, Washington, D.C.
1974-1977  Assistant Professor of Surgery and Pediatrics
1978-1993  Associate Professor of Surgery and Pediatrics
1983-1992  Professor of Surgery and Pediatrics

National Institutes of Health, National Heart, Lung & Blood Institute, Bethesda, MD
1984-1992  Adjunct Scientist, Molecular Hematology Branch

University of Southern California, Los Angeles, CA
2004-present  Professor Emeritus, Surgery
1992-2004  Professor of Surgery
Specific Administrative Responsibilities
Georgetown University, Washington, D.C.
1972-1974 Chief, Division of Pediatric Surgery

Children’s National Medical Center, Washington, D.C.
1978-1992 Senior Attending Surgeon
1981-1992 Vice Chairman, Department of Surgery
1989-1992 Supervisor, Department Business Manager
1991-1992 Acting Chairman, Department of Surgery

Children’s Hospital Los Angeles
1992-2004 Surgeon-in-Chief
1992-2004 Vice President, Surgery
1992-2004 Head, Division of Pediatric Surgery
1992-2004 Director, Operating Room
1992-2004 Executive Committee
1992-2004 Finance Committee
1993-1999 Executive Committee of the Steering Planning Committee
1996-2004 Pediatric Management Group
1999-2004 Steering Committee, Replacement Hospital project

University of Southern California School of Medicine
1992-2004 Vice Chairman, Department of Surgery
1992-2004 Surgical Council, Department of Surgery
2005-present Professor Emeritus, Surgery

Committees
Children’s National Medical Center, Washington, D.C.
1974-1976 Pharmacy and Therapeutics Committee
1974-1986 Hearing and Grievance Committee
1974-1984 Chairman, Infection Control Committee
1975-1977 Elected member, Executive Committee of the Medical Staff
1980 Nominating Committee for Medical Staff Officers and Representatives
1980-1983 Joint Conference Committee
1982-1983 Committee for Reorganization of the Medical Staff
1983-1986 Executive Committee of the Medical Staff
1984-1985 Steering Committee, Faculty Practice Plan
1987-1989 Chairman, Surgical Case Review Committee
1988-1989 Chairman, Operating Room Committee
1988-1989 Ad Hoc Research Advisory Committee
1989-1990 Graduate Education Committee
1989-1992 Medical Records Committee
1989-1992 Research Advisory Committee
1990 Medical Staff Development Plan - Medical Staff Advisory Committee
1990-1992 Appointments, Promotions and Tenure Committee

Kathryn D. Anderson, M.D., F.A.C.S., F.R.C.S.

Children’s Hospital Los Angeles
1992-2004  Medical Executive Committee
1992-2004  Department Chiefs' Council
1992-2004  Chairman, Surgical Division Heads Council
1992-2004  Chairman, Operating Room Executive Committee
1992-2004  ECMO Coordination Committee
1992-2004  Morbidity & Mortality Committee
1992-2004  Trauma Program Committee
1992  CEO Council
1992  Academic Board Committee
1993-2004  Strategic Planning Committee
1996-2004  Committee on Interdisciplinary Practice
1996-2002  Infection Control Committee
1998-2004  UCMG Executive Compliance Committee
1998  UCMG Physician Performance Enhancement Committee
1999-2004  Resource Management Committee
1999-2004  UCMG Ambulatory Care Services Advisory Committee
1999-2004  UCMG Contracting and Practice Development Committee

Related Professional Activities:

American College of Surgeons

Local
1975  Representative to ACS Young Surgeons Council
1983-1985  Chairman, Harry Zehner Education Committee
1987-1988  Vice President
1993-present  Southern California Chapter
1993-2001  Executive Council

National
1975-present  Fellow
1986-1989  Development Council
1986-1992  Board of Governors
1986-1992  Advisory Council for Pediatric Surgery
1991-1992  Chairman, Advisory Council for Pediatric Surgery
1989  Director, Postgraduate Course in Pediatric Surgery
1992-2001  Secretary of the American College of Surgeons
1992-2002  Board of Regents, ex-officio member
2001-2002  1st Vice President, American College of Surgeons
1992-1995  Finance Committee
1992-2002  Honors Committee

Kathryn D. Anderson, M.D., F.A.C.S., F.R.C.S.
National (cont.)
1995-2002 Organizations Committee
1998-2002 Chairman, Organizations Committee
1995-2002 Communication Committee
1992-2002 Trustee, Insurance Plan
2005-2007 Honors Committee
2005-2007 Finance Committee

American Academy of Pediatrics (Surgical Section)
1979-1987 Executive Committee
1982-1985 Secretary
1985-1986 Chairman

American Pediatric Surgical Association
1988-1991 Board of Governors
1988-1991 Secretary
1999-2000 President

Others
1979, 81, 83, 86, 88, 94, 96 Guest Examiner, American Board of Surgery
1987 Site Visitor, Residency Review Committee for Pediatric Surgery, Fellowship Training Program, Babies Hospital, Columbia Presbyterian Medical Center, New York, NY
1988-1990 Scientific Advisory Board, Pediatric Pharmaceuticals, Inc.
1992 Technical Consulting Group, Hsaio Study of Pediatric Surgical RBRVS
1992-present National Association Pediatric Surgery Training Directors
1996, 98 Sr. Board Examiner-Pediatric Surgery Certification, American Board of Surgery
1997 Scientific Advisory Board, Sensors for Medicine & Science, Germantown, MD
1998 Site Visitor, Columbia-Presbyterian/New York Hospital: for Search Committee, Surgeon-in-Chief, Pediatric Surgical Services, NYC
1998 Site Visitor, Department of Surgery, Division of Pediatric Surgery, Memorial Sloan-Kettering Cancer Center, NYC
1998 Site Visitor, Fellowship Review, John Wayne Cancer Institute, Santa Monica, CA
2003 Site Visitor, Fellowship Review, John Wayne Cancer Institute, Santa Monica, CA
Kathryn D. Anderson, M.D., F.A.C.S., F.R.C.S.

Editorial Positions:
1986-present Journal of Pediatric Surgery
1986-present Editorial Board
1992-present Associate Editor
1986-present Practice of Surgery, Advisory Board and Editor
1992-present Journal of Women's Health, Editorial Board
1993-present Journal of the American College of Surgeons, Editorial Board
2002-present Journal of the American College of Surgeons, Senior Associate Editor
1994-present Pediatric Surgery International, Editorial Board
1998-present Annals of Surgical Oncology, Editorial Board

National Committees:
American Pediatric Surgical Association
1977-1980 Program Committee
1981-1984 Membership and Credentials Committee
1986 Nominations Committee for President
1988-1989 Critical Care Subcommittee
1988-1996 Postgraduate Education Committee

American College of Surgeons
1977-1986 Local Committee on Applicants
1986-1992 Credentials Committee

Others
1976-1980 Scholarship Committee, American Medical Women's Association
1985-1988 Chairman, Nominations Committee for Officers, Surgical Section
American Academy of Pediatrics

Visiting Professorships:
1984, March Tripler Army Medical Center, Honolulu, HI
1984, March Queen's Medical Center, University of Hawai'i
1984, March Children's Hospital of Montreal, Montreal, PQ, Canada
1985, June Dartmouth Medical Center, Hanover, NJ
1986, October J. Whitcomb Riley Children's Hospital, Indianapolis, IN
1986, Nov. Mt. Sinai Medical Center and Rainbow Babies Children's Hospital Cleveland, OH
1987, April Babies Hospital, Columbia Presbyterian Medical Center, New York, NY
1988, April Rush-Presbyterian-St. Luke's Medical Center, Chicago, IL
1988, Nov. Children's Hospital of Philadelphia, Philadelphia, PA
1989, Feb. University of California, Los Angeles, CA
1990, August International Visiting Professor, Canadian Association of Pediatric Surgeons
1990, August Lecturer, Royal College of Surgeons of Canada
Kathryn D. Anderson, M.D., F.A.C.S., F.R.C.S.

Visiting Professorships (cont.)
1990, August  Ste. Justine Hospital, University of Montreal, Montreal, PQ, Canada
1990, August  Children's Hospital of Halifax, Nova Scotia, Canada
1990, August  Charles A. Janeway Children's Health Centre, St. John's, Newfoundland, Canada
1990, August  Laval University Central Hospital, Quebec City, PQ, Canada
1990, August  Children's Hospital of Eastern Ontario, Ottawa, ON, Canada
1990, August  James Simpson Lecturer, Hospital for Sick Children, Toronto, ON, Canada
1990, August  Children's Hospital, McMaster University Health Services, Hamilton, ON, Canada
1990, August  Children's Hospital of Western Ontario, London, ON, Canada
1991, June  Children's Hospital of Seattle, WA
1993, January  US Naval Hospital, San Diego, CA
1993, February  University of California, Irvine, CA
1993, Mar./Apr.  University of British Columbia, Vancouver, BC, Canada
1993, August  Cottage Hospital, Santa Barbara, CA
1994, March  Long Beach Memorial Hospital, Long Beach, CA
1994, March  Children's Hospital of Orange County, Orange, CA
1994, April  San Diego Society of Surgeons, University of California at San Diego, CA
1994, Sept.  U.S. Naval Hospital, Portsmouth, VA
1996, January  St. Jude Children's Research Hospital, Memphis, TN
1996, April  Mt. Sinai Medical Center, New York, NY
1998, May  Walter Reed Army Medical Center, Washington, D.C. (Heaton Orator)
1999, July  Delegation visit to PLA Hospital, Beijing, China
1999, August  Christchurch, New Zealand & Melbourne, Australia
1999, Sept.  Perth, Australia
1999, Sept.  Foundation visitor, Royal Australian College of Surgeons, Broome, Australia.
2001, April  Denver Children’s, Denver Colorado
2003, January  Lucile Salter Packard Children’s Hospital, Stanford, CA
2004, April  First Annual Georgetown University Surgical Alumni Day, Washington DC

D. SOCIETY MEMBERSHIPS:

Local
1972-1992  Washington Academy of Surgery
1975-1992  Metropolitan Chapter, Washington DC, ACS
1992-2004  Los Angeles Surgical Society
1992-2004  SC Women’s Faculty Association
1993-present  Southern California Chapter, ACS
1993-2002  Southwestern Pediatric Society
1993-2000  Los Angeles Pediatric Society
Kathryn D. Anderson, M.D., F.A.C.S., F.R.C.S.

National
1975-present American College of Surgeons (ACS)
1975-present American Academy of Pediatrics (Surgical, Oncology and Critical Care Sections)
1975-present American Pediatric Surgical Association (APSA)
1976-1990 Pan Pacific Surgical Association
1976-1992 Southeastern Surgical Association
1981-present Society of University Surgeons
1990-present Association for Women Surgeons
1993-present International Federation of Surgical Colleges
1995-1999 The American College of Physician Executives
1996-2001 Western Surgical Association
1992-present American Surgical Association
1996-2004 Chairman, Honorary Members Committee
1999-2003 Chairman, Honorary Members Committee
2004-2005 Second Vice President

International
1980-present British Association of Pediatric Surgery
1991-present Canadian Association of Pediatric Surgeons (Honorary Member)
1999 Fellow by election, Royal College of Surgeons, England
1999 Australasian Association of Pediatric Surgeons (Honorary Member)
2005 Fellow of the Royal College of Surgeons of Ireland (Honorary Fellow)
2007 Fellow of the Royal College of Surgeons of Edinburgh (Honorary Fellow)

E. CONSULTANTSHIPS:

1976-1992 Surgical Consultant to the Army: Walter Reed Army Medical Center, Washington DC
1978-1992 Consulting Surgeon: National Cancer Institute, National Heart, Lung and Blood Institute, NIH, Bethesda, MD
1984 Surgical Consultant to the Army: Tripler Army Medical Center, Honolulu, Hawaii

F. AWARDS:

1995 Nina Starr Braunwald Award, Association of Women Surgeons for service to women surgeons
1998 Fellow by election, Royal College of Surgeons, England
2005 Honorary Fellow, Royal College of Surgeons Ireland
2007 Honorary Fellow, Royal College of Surgeons of Edinburgh
G. RESEARCH ACTIVITIES:

Major Areas of Research Interests:

1990-1992 Transplantation of vascular grafts with gene-engineered endothelial cells into rabbits.

Research Grants:

1984-1992 Exogenous gene expression in rat hepatocytes, supported by the intramural research program, National Heart Lung and Blood Institute, NIH.