

UVA Health Sciences Library – Dorothy G. Tompkins Oral History Interview - TRANSCRIPT

QUESTION: Why did you want to be a physician or pursue a career in the health sciences?

DOROTHY G. TOMPKINS: I'm Dorothy G. Tompkins. The G was my maiden name, Guild. I graduated in '66 from the School of Medicine.

Well, why did I want to become a physician? Actually, my senior year in college, I realized that I really didn't know what I wanted to do. I kind of assumed I'd be a teacher. But I grew up in Louisa County, and the quality of the schools there was not very encouraging to people who really wanted to teach.

Nobody in my family was in medicine. In fact, my father was what is commonly called a dirt farmer. He had an eighth grade education. But he was very well-read and really inspired in me a lot of curiosity. And that's where my love of nature came from.

My younger sister became a nurse. But that was, of course, after I was already in medical school. So there was nobody in the family.

I think two physicians that I came across probably were one of the reasons that I was inspired to go into medicine. I had an accident my sophomore year in college with a lawn mower. And the physician that I saw was very compassionate, very considerate and also gave me a lot of hope because at the time, it was so painful that I was just having difficulty dealing with it.

I had spent a couple of summers doing research. I had a National Science Foundation grant one summer. And I realized that I could probably spend my entire life doing meticulous research. And I said to myself, I'm not a genius. I'm probably not going to make some breakthrough discovery. So maybe I will help other people who might make a breakthrough discovery. I mean, I literally remember thinking that because I like to help people. And so maybe some of the people that I help will make really major contributions.

So by then, it was too late to take the MCAT for admission to medical school. But I got admitted and took the MCAT later because it was a requirement that you had to have it in your records. But anyway, I only applied to-- I had to go in-state, both the college and medical school because I was putting myself through school. So I only applied to one college.

I was very naive. I thought if you could get into college, you could get into any college. So anyway, I applied to UVA to medical school, not knowing, really not knowing what I was getting into. I mean, I had some idea. But I didn't know much about medical school.

QUESTION: What was the community like among the medical students and faculty at the UVA School of Medicine? Where did you live while you were a student?

DOROTHY G. TOMPKINS: Well, we were-- I mean, the class-- what was the community like in the medical school? Our class was-- we started out with 70 some students, I think. And we ended up, I think, with 66 or something like that. And so it was almost like a big family. I think most of us genuinely cared about each other. The first year I lived in the dormitory, Mary Mumford dorm, which was the only women's dorm because there were no undergraduate women here then.

The end of our first year, there were three of us women. And we decided we would try to get an apartment together. We thought that would be more fun than living in a dorm. So Linda Thompson and Barbara Starks and I decided we'd find an apartment together. Well, Barbara was black. And the Dean of women called us in individually, Linda and I.

And I remember what she told me. She said, you realize if you are going to return to school in the fall that I have to approve of where you live. And if you get an apartment with Barbara, you're not coming back. She was convinced that our parents would support that view, which I didn't even tell my parents about it. I was, I guess, kind of ashamed of it.

But anyway, Linda and I decided we would test it. And we couldn't find anybody to rent to the three of us. And Barbara was very sweet. She said, if you two want to get an apartment, that's fine. She said, living in the dorm is fine with me. So the second year, Linda and I got an apartment. I think it was \$80 a month. And then I got married to my husband Bill between sophomore and junior year. So I roomed with him after that.

QUESTION: Were you involved in any extracurricular activities or student organizations in medical school?

DOROTHY G. TOMPKINS: Not really because I was working 20 to 30 hours a week. So I really didn't have time for-- I mean, there are a lot of other things that I'm interested in, but I didn't really have time to do much else. At the end of our first year, they chose the two top students in anatomy, well, they offered us a fellowship. And we were

paid something, which was helpful. But we helped teach the next year's class, anatomy. So I don't know whether that's extracurricular or not. But anyway.

It was a Whitehead Anatomy Fellowship or something like that, they call it.

QUESTION: What was the sentiment about co-education while you were at the School of Medicine?

DOROTHY G. TOMPKINS: Well, my experience with co-education, both in college and medical school, was that nobody seemed to be against it, co-education in general. But even in college, I remember being told that women shouldn't be taken organic chemistry. The women's place was in the kitchen.

So then when I got to medical school, both students and faculty would make comments about, well, you're taking up the space of some guy, who's going to work a lot harder and longer than you, which of course, I was then determined that I was going to prove them wrong. But there were still a lot of people that felt that it was a waste of resources for women to go to medical school.

But it's interesting. I think there are more women in medicine in like 1900 than there were in the 1960s. It was kind of interesting.

QUESTION: Were there challenges that you faced as a female medical student in the 1960s?

DOROTHY G. TOMPKINS: Yeah. There was one thing. And this was something that when you all first asked me about this that I said I felt ashamed of. I came in one time into anatomy-- I think it was anatomy class. Yeah, it's got to have been. --and put on my white coat. And there was a man's appendage in my white coat pocket. And I did not know who did it. That was one reason I didn't-- I mean, I'm sure it came off a cadaver.

But also, I've been around enough to know that this kind of thing was going on. And I mean, I was speechless. So that I didn't give the perpetrators the kind of reaction I think they were hoping for. I just kind of ignored it. But I also realized that since I didn't know who did it that if I went to the faculty about it, that there were some faculty people who would not have been sympathetic anyway. So I just I chose to make it a non-deal, so to speak, I guess.

But the other thing about it was that I did feel ashamed about it, that my somebody in my class didn't think any better of me than to do that. And I realized that-- and you all ask me about doing this-- that that's a pretty common theme among women who something like that happens to, that they feel ashamed of it.

But some of the classmates would-- I blushed very easily from my neck up. And I overheard one of them say one day, she didn't turn red. Tell it again. They told some off-color joke, or what they thought was a joke. So I mean, so that kind of thing was-- but I guess, you know, it wasn't unexpected. So I mean, I didn't like it. But I wasn't too surprised by it, I guess.

And one of the reasons I'm telling all of this is because things are a lot better. That kind of thing doesn't happen anymore. I don't think.

QUESTION: Did you have any encouraging or discouraging experiences while you were in medical school (with faculty members or classmates?)

DOROTHY G. TOMPKINS: Well, yeah. The faculty-- once your admitted, I guess-- the faculty are not going to discourage you from continuing. I did have another experience with my classmates that was kind of amusing, talking about discouraging you.

I came in one day and one of them told me, one of my lab partners said, well, we were just taking bets on you all. I said, what do you mean. They said, we're taking bets on whether you're going to finish or not. And I said, well, why do you think I wouldn't finish? Oh, you came to medical school to get a husband. I said, I'm working 20 hours a week and going to medical school. I think there are easier ways to get a husband. That was kind of a little bit discouraging to think that I wasn't serious about it.

But some of the faculty were more verbal about saying that you're just taking up space that some man would put to better use. And others just kind of treated me like everybody else, which is reassuring. You want to kind of fit in. We're social beings. I don't want to be some outlier.

QUESTION: Were there any specific faculty members in the School of Medicine who had a lasting impact on you or your career path?

DOROTHY G. TOMPKINS: I don't think so that much in medical school. There was a woman that I didn't really know that well, Catherine Russell in basic sciences. And I admired her. She was kind of a no-nonsense kind of person. But she obviously liked what she did. And she wanted to be a good teacher. So I will say that I have fond memories of her.

QUESTION: Were there other women on the medical faculty while you were at the School of Medicine?

DOROTHY G. TOMPKINS: Almost none. And then I did a straight medical internship at Case Western Reserve. There were no women in the department. No women as house staff. You're talking about being, at times, feeling kind of isolated. But still, all of the medical school classes throughout the country had very few women. There was only one in the class under us. So there just weren't very many women.

Linda and I got along well. Unfortunately, I don't see much of her anymore. We're both very busy, I guess. We just had a nice, easy relationship. And I think I had that with most of the classmates. I remember one classmate used to get angry at me because I would help others in studying for tests. And he said, you're just bringing down the mean or whatever. I forget. That wouldn't be correct.

But anyway, he felt like by helping the people that were having the most trouble that it was not fair to the rest of the class for some reason. I don't know what his problem was, but he didn't particularly seem to like what I did. But I did have jam sessions for my classmates sometimes. I taught some while I was in college, so I was kind of used to it. And it was a natural for me to help people prepare for tests.

QUESTION: What do you remember about the City of Charlottesville during your years in medical school?

DOROTHY G. TOMPKINS: And like I said, our class was almost like a big family. And so we would do things together. I remember going out, going ice skating-- of course, you don't have ice anymore to go skating on-- but going out ice skating with several of my classmates. So we would do things like that for fun. But I think we were so busy, we really didn't get involved in the community that much.

Then when Bill and I got married, we didn't have a car. So I went everywhere on my bicycle. I remember going to the laundromat on my bicycle, which I'm not sure-- nowadays, I think it doesn't look very safe. But I guess it was. When you're young, it's safe. You think it is, anyway.

QUESTION: What led you to pursue Pediatrics?

DOROTHY G. TOMPKINS: It was a multitude of things, a plethora of things, I guess, that led to me going into pediatrics. One of the things was that I always loved children. I was the oldest of four. And I had an older half-brother and half-sister, but us four. And so I had helped take care of my younger siblings. And I still take delight in babies.

And the other thing is that it was a more accepted field for women, not that I was aiming to go into, quote, an accepted field. But I think women just felt more comfortable. And I liked dealing with parents. I know I overheard one male pediatrician one time say something, that he couldn't stand the parents. And I was like, why the world's you go in to pediatrics? Because I like trying to help the parents deal with things.

And then especially when I was in pediatric cardiology, the parents would, if their child had-- some of them had just what we call an innocent heart murmur. Nothing serious. But some of them had really serious heart problems. And helping the parents to deal with that, it could be exhausting. But it was something I enjoyed doing.

QUESTION: Were there other specialties that you had an interest in pursuing?

DOROTHY G. TOMPKINS: Well, I liked neurology. But the problem back then was there wasn't much you could do to help people who had neurological problems. There's still a certain amount of that, but at least they can do a lot more now than they could then. There was nothing to be done like for a stroke. You just had to let nature take its course.

But I found the nervous system in neurology fascinating. So I was tempted in that field before, actually, I was interested in pediatrics.

QUESTION: Are there other memories of your time in medical school that you would like to share?

DOROTHY G. TOMPKINS: Well, I'll tell you one thing that was a pleasant memory. The summer that we got married in '64, I think there were either five or six classmates-- well, four to five if you don't count us-- who got married that same summer. And we did some things together, which was nice because like I said, we were all very busy. But all of us that got married that same year, that was kind of a bond that we all got married the same summer.

And I remember going to Ruth Weeks house. She was away. And she told us that we could all gather there to have a dinner. And it was a really nice experience. For the most part, even though they would tell dirty jokes and expect me to blush, for the most part, I think it was more like sibling tension than it was-- like I say, when I think about it, it was kind of like a big family.

Brothers will do that kind of thing to sisters. And I remember thinking, I mean, that's the way I kind of took it, was that they weren't actually trying to harass me. It was just kind of like sibling torture. And I guess we were all pretty immature, too.

QUESTION: What was your experience like during your residency at the University Hospital of Cleveland?

DOROTHY G. TOMPKINS: Well, I'd lined it up to do what was called a mixed medicine pediatric residency. And in general, internal medicine residencies at well-known hospitals were among the strongest training programs. They tended it like-- the pediatric program here was pretty small. And so I felt like it would be a better education to do a mixed medicine pedes, knowing that I was probably going to go into pediatrics. So that's how that got lined up.

And I had gotten interested in Case Western when I first got interested in medicine because the way they structured their classes. There was more of a systems approach rather than just pathology, histology, anatomy, whatever.

I was very interested in their school. Of course, as house staff, we didn't have that much experience cross coverage with the students. But of course, the faculty who taught the students were also the faculty for the house staff. So that's how come we it was our first choice for internship. So that's how come we went there.

Dr. Lieberman was the pediatric cardiologist there. And he was one of these really enthusiastic people. I was already getting interested in pediatric cardiology. And it was one of the few specialties. You know, back then, there were very few specialties or sub-specialties in medicine or pediatrics or surgery or anything.

And the other thing that was exciting about cardiology was open heart surgery was pretty young. They had just started doing any of it like in the '50s In the '60s, they weren't even doing kids. So I remember growing up with a neighborhood kid who's growth was very much slowed down by, quote, he has a heart murmur. And since nobody could do anything about congenital heart problems, they didn't even know what was wrong with him. There was no reason to do diagnostics tests if there was no treatment.

So surgery for children with congenital heart defects was just getting started in the '60s. There was no ultrasound. So all of this kept evolving. It made the field really challenging and fun because there was always something to be learned. It wasn't static at all. Not that medicine is static now, but it was changing very rapidly.

Of course, I did one year of pediatric cardiology fellowship there. And then it was a two year fellowship. So I did the second year after we did our stint in the army. All the guys had to go in the army back then. And I can't think of any cases that early, but certainly later on.

There's some families that still keep in touch with me, and even some whose children have died. I think one of the things that's helpful to them is that their child is remembered, if I send them a Christmas card, that kind of thing. They always send me a card. But I think it's very comforting to them to know that their child is not forgotten.

QUESTION: Where did you go next after your residency at the University Hospital of Cleveland?

DOROTHY G. TOMPKINS: Well, I worked for the army then. I told them that I thought I was one of these people that believed that young people should give some time to their country, whether it's Peace Corps or whatever. And my husband had to go in the Army because all of the doctors then were drafted if you didn't join.

And so I told them I'd be willing to join also. And they told me, don't worry. You can get a job with the army because they're short on physicians. Don't join because then the two of you may be sent in different places. So maybe even the army told me not to join, just to work for the army. So I did pediatrics and pediatric cardiology during those two years.

QUESTION: What brought you back to UVA in 1972?

DOROTHY G. TOMPKINS: We weren't sure because we realized-- I told Bill that I said I'm not dead set on doing pediatric cardiology if you want to go someplace where there are no opportunities. To get a little bit into the weeds here, at that point, all pediatric cardiology was done at University Hospitals because the major method of diagnosis was cardiac catheterization. And community hospitals didn't do them.

So virtually all pediatric cardiology was practiced at university hospitals. But I told Bill, I said, you know, I would be happy doing pediatrics if you really want to go to a certain place. And he wasn't set on any particular place.

So we looked around a lot. We really liked Oregon and the Willamette Valley. And by that time, we had two little kids. And I said to Bill, I said, the Willamette Valley reminds me a lot of the Shenandoah Valley. If we move here, we're going to spend every vacation taking the kids home to Virginia to see their grandparents. We might as well live in Virginia. And we both like Virginia. I love where I live now. So that's why we came back.

QUESTION: What was it like to be a female faculty member at the UVA School of Medicine?

DOROTHY G. TOMPKINS: Well, one of the department chairmen says, we've got too many women. There was a little bit of that carryover from earlier. I was like, too many women? I think there was one woman in the Department of Medicine at that time. There were several in pediatrics, but certainly not the majority by a long shot. It was still an interesting time.

Dynamic with my colleagues? I think I got along pretty well with most of the people in pediatrics. I was thinking about that because this whole thing got me to thinking about the past more. And there were a lot of pediatricians on the faculty that I truly cared about. If they were having a tough time, I think we all cared for each other.

The faculty thing was interesting in that the department chairman told me that I did not need to make as much money as the men on the faculty because my husband had a good practice. Things have changed. They would never say that nowadays.

And one of them told me that-- well, lots of times if somebody wanted to negotiate something and work towards something-- it often was not personal. It might be just for their department, their division-- they would start looking around at other medical schools. And if you got an offer, say if I went down to Vanderbilt-- and the reason I mentioned that was it was a pediatric cardiologist that wanted me to come there-- but obviously, I could not because I was married to somebody who was in practice here.

So since I couldn't move to another institution, that was kind of used against me in a way, if you will because the department chairman said, well, you're not going anywhere else. How did he put it? You're not-- I was trying to negotiate something. And he essentially told me, just forget it because you're not going anywhere else to get an offer, so that I could have something to negotiate with.

But certainly my relationship with my equals, if you will, the other people in the department, I think was pretty good.

QUESTION: Can you talk about your passion for teaching?

DOROTHY G. TOMPKINS: Yeah, I still teach. I teach botany for the Master Gardeners because I taught botany when I was in college, actually. And when the Master Gardeners found that out, they were like, would you teach our class? I said to somebody the other day-- well, I was on Virginia Home Grown recently. I don't know if you know what that is. Anyway, is it's an NPR program or PBS program.

And they were saying that when we got into the teaching part of it that I got all invigorated. And I said, yeah, if I know something, I really like to share it. What's the use of knowing something if I don't share it with other people? And so I've always had that desire to pique your curiosity about the latest thing on fungi. In case are reading anything in natural history, but there's a lot we don't know about fungi.

QUESTION: What are some of the changes you have seen during your years at the UVA School of Medicine?

DOROTHY G. TOMPKINS: I think people became, I think the faculty became more aware of the race problem. I was on the Appeals Committee for five years. And if the Promotions Committee recommends or rules or whatever that a student has to withdraw or repeat, the student can appeal it to the Appeals Committee.

The first three years of that, all of the-- I think there was one white guy that came before us one time-- but other than that, they were all Blacks. And I would sit down with them to try to help them figure out where they were stuck. Why was it that they came to medical school totally unprepared? Now, I know that people were very well-meaning about increasing diversity.

But I said to the Dean of Admissions, I said letting unprepared people into medical school and then asking them to withdraw after one or two years is worse than not admitting them in the first place. Because one or two years of medical school doesn't train you to do anything, and it's just humiliating to flunk out.

And one of the students was a bright young man who had gone to Brown University as an undergrad. And when he came, he got very depressed. And he wasn't going to class. It's no wonder he failed. And so when he came in front of the Appeals Committee, he said, I just wasn't prepared for the degree of racism in Charlottesville. And some of the other faculty just didn't believe him.

And I told him, there's a lot of it out there. And I'm not sure why-- I guess people tend to stay in their own little group of friends and don't realize that it's still out there. I think it's a lot better than it was. Luckily my own kids and grandkids don't seem to be as biased as when I was growing up.

So when I talked to the other faculty, people about this kid's racism that he had faced here, I told them that it's very real. And I even, I don't want to get into it too much, but I gave them some examples in my own family of racism, or my in-laws. I said, it's definitely hasn't been very well ameliorated.

QUESTION: Are there any other changes in medicine that you have observed over your career?

DOROTHY G. TOMPKINS: Well, I guess one of the obvious things is IT. When I heard that students don't go to class anymore, I was kind of amazed. They just they watch the instructors on their computers. I've had to do some with, the teaching that I'm still doing now, I had to do some by Zoom in the last year and a half, two years, which is not as fun.

You being able to actually see somebody perplexed look. And so you realize you need to make things a little more clear.

QUESTION: What inspired your interest and involvement in addiction treatment programs at UVA and in the Charlottesville area?

DOROTHY G. TOMPKINS: Well, one of the things that got me started on that was my own personal experience. Alcohol became a problem for me. And when I got into recovery, I was very fortunate. I never drank during the day, so I never showed up at work impaired. I didn't know how to deal with some life experiences that were overwhelming to me, I guess, is a way to put it.

I mean, people use mood altering substances to change how they feel. And there's nothing wrong with wanting to change how you feel. Except for me, a little wine became a problem. So when I got into recovery, I felt like it was such a gift.

And then I started looking around. And I realized that there were no addiction specialist in Charlottesville. And we had a bunch of pediatric cardiologists. So I said to my husband, I said, this community needs some addiction treatment specialists.

So then I started doing some volunteer work also. I was volunteering at the jail with the women. And I realized that virtually all of them-- and this is true for most women with an addiction problem-- they experienced trauma. They don't know how to deal with life. They turn to drugs and alcohol. I mean, alcohol's a drug.

But most of them get trapped in this situation where they're living either with an abusive person or an addict or both. They get incarcerated for all kinds of things. A lot of them actually get incarcerated for probation violations. They don't commit another crime, but to go back to jail. But when they get released from jail, they go back to where they came from.

And so you'd see them. There was this revolving door. They keep coming back to jail because they start using again. And I'm a volunteering down at Region 10, which is community service board. And I'll never forget one woman describing-- I was facilitating a group. And this one woman was describing how she was being dragged down the hall by her hair with a knife at her throat by the man she was living with.

And I was like, how in the world does she stay clean and sober? No wonder these women relapse. And so I became really aware of the need in the community. And then one of my patients was named Georgia. Some of the people in the community still remember her. Lovely lady, very kind, very interesting person, but she could not stop drinking.

And she had multiple arrests for being drunk in public. And one time she said-- and she kept going to outpatient treatment. And we couldn't get her to go to residential treatment or inpatient. I'm not sure why. But she made this comment that if she got arrested again for being drunk in public, she was going to commit suicide. Well, she did.

And a bunch of us that knew her felt like if she had had a structured program or recovery house where all she had to really do was concentrate on getting better, getting into recovery-- and I won't go into what I mean by a structured program. But the women have, we give them a pretty structured environment-- we felt like that maybe this wouldn't have happened.

And there was no recovery house for women in the area. There were two for men. But there were none for women.

So we formed Georgia's Friends, named after her. We weren't really sure in the first place what we were going to do. We thought maybe helping women get into the Oxford House. But most of the women that we came across needed more structure than the Oxford House. Oxford House is a self-run sober living house. It doesn't provide any kind of programs.

So we visited a lot of recovery houses. We got incorporated. We got bylaws. We got a 501(c)(3), started looking for a house. And because of zoning around here, the zone ordinance in Charlottesville says no more than four unrelated people living in one residence, you can get a variance, which is what we ended up doing later, we couldn't find a house.

And then we finally found a house, which is right over the county line. It was down in the Woolen Mills area. It was actually in the county, but it looks like it's in the city. So we rented that, signed a three year lease back in 2015. And then the landlady sold it to a developer.

So we scrambled. And we found the current house that we were using, which was a B n' B, got rezoned for a recovery house. And it's been a really rewarding experience. Some of the women come directly from jail. A number of them go to a residential treatment program from jail. It's up in Boxwood. It's called Boxwood up in Culpepper. And then they come to us.

But it's interesting. But it's very rewarding. It's a great example of how if people can become motivated, how they really can change. So that's how Georgia's House got started. It took a while.

I stopped doing pediatrics, I think, in '99 because I realized I was getting too scattered. I had this bunch of patients whose major problem was addiction. And then over here was pediatric cardiology. And it was just too confusing to try to keep it all separate.

Yeah, I stopped doing it when we started First Step. At that point, there was no outpatient treatment program around. And there were four of us that started Blue Ridge First Step. And I did that until I retired. I've got to say, I'm still kind of doing what I was doing before.

I know one thing I was thinking about was that some of the women who've gone through Georgia's House, I was just telling them at the house meeting last night, that they are all an inspiration. They really are because like I say, one of our newest women had been in prison for a while. And she's just blossoming.

And one woman that I went to court for, this was a while back, the judge released her on the condition she'd come to Georgia's House. She's now an employee of Georgia's House. She's our evening monitor. And so she's an inspiration to the women who are there now, that if you work your program and are serious about it, things will get better. Life out there's not going to change. But you will be better.

QUESTION: In 1980 UVA contemplated moving the Medical Center to the site of the former Blue Ridge Hospital (just south of Charlottesville). What do you remember about that controversy and those involved?

DOROTHY G. TOMPKINS: It was probably Dick Crampton. When you mentioned that, I'd kind of forgotten about it. I wasn't a real major player in that. So I think Dr. Muller was the predominant faculty person who wanted everything to stay here. And I can't remember who was in favor of the hospital going out to what was the old Blue Ridge Sanatorium.

But the major reason why-- there was a group of us that thought we should not move-- was we had a wonderful library here. And this was before the time of everybody getting on their laptops and everything. And I liked libraries. If I didn't know something, I'd go to the library and try to find out more about it. And I always felt like having a really good medical or health sciences library was really important.

So the library was going to stay here. The basic sciences was going to stay here. And the inpatient hospital was going to move over to Blue Ridge. And so in retrospect, maybe that would have been the best thing with communication the way it is. You don't have to go to the library for everything anymore.

But a lot of us felt like separating the basic sciences from the clinical side of medicine was a mistake. And I really liked the basic sciences also. And I felt like it was very important for clinicians to keep up with what was going on in basic science. So that was where that came from.

Certainly the hospital itself would have had a lot more space if they moved out there. But some of us were saying-- I remember thinking about how often I would go to conferences that were put on by the basic sciences. I said, if you're over there by Blue, you're not going to schlep all the way up back over here just to go to one hour conference.

So that was the feeling then. But I wasn't a major player. And I don't know. I wasn't in on all the high-level discussions that went on.

QUESTION: Ultimately the Medical Center did not move and instead stayed and grew on its original site.

DOROTHY G. TOMPKINS: It's amazing all these little nooks and crannies. No, while I was still here, somebody stopped me and say, can you tell me how to get to such and such place part of the hospital. I said, I don't know. Everybody keeps moving around. My own office got moved. I don't know how many times with all the upgrades. It's amazing how quickly health providers facilities get out of date and need to be upgraded.

I was just telling somebody that where-- I guess it's called Hospital West now. I don't know. But it used to be the new hospital.

Well, my first office was down off the Cath Lab, which was in the basement. No windows. And I can't remember now where other pediatric offices were. I think they were up on Barringer. And then we kind of moved around pretty close to old medical school entrance there on the corner of Hospital Drive and University Avenue, I guess. And my office was there for a while.

QUESTION: Are there any important or defining moments from your career that you would like to share?

DOROTHY G. TOMPKINS: Well, yeah. There are a couple of things that went through my mind. One that was memorable, one of the students was asking me-- well, to backtrack. Since I did a straight medical internship and continued to do some general medicine, I did a seminar class called Introduction to Clinical Medicine. So I kept up with medicine. And that was one of the reasons why it was easy to do a fellowship in something that was quite different than pediatric cardiology.

But I remember one medical student asking me about, well, I guess the student was concerned about relapse when you're treating patients with addiction. And I commented to him that-- he said, what do you do when the patient doesn't get any better? And I said, well, you run into that in all fields. There's nothing unusual about it in addiction medicine.

But I think one of the things about addiction medicine that makes it, I don't know where the fun is the right word to use or not, but it's very much a team effort. And I like working with other people. And I really like it when the patient is a part of that team. And the thing is also that a lot of addiction treatment is just, well, I'll just give you an example.

In the 12 steps of AA, the word alcohol is mentioned once in the first step. And that's it. And I remember talking to a bunch of psych residents about what the 12 steps were. And we got up to about step five or six. And one of the residents says, this looks like a good way to live. That's the point. It's not to focus on drugs and alcohol. It's to focus on how to live.

That's one of the reasons why it's so rewarding working with the women at Georgia's House is to see them. Like there was a nurse who had lost her license. Everybody told her, forget it. With your prior charges, you're never going to get it back. She's now working as a nurse. She persevered. And she jumped her a whole bunch of hoops. And she looks like a different person than the first time I met her.

QUESTION: Were there other women physicians at UVA who inspired or influenced you during your career?

DOROTHY G. TOMPKINS: Well, Carolyn Bruner was in internal medicine. I never knew her very well. But she seemed, I mean, she was the kind of person that would inspire, I think, other women to persevere in the field. Excellent physician, very caring person, I think she was one of the very few in internal medicine. I think at one point, maybe she was the only one.

I think somebody asked me about having a mentor. And I said, I'd really never had a mentor. And I think part of it was just the paucity of women in medicine.

QUESTION: What was your experience balancing a medical career and a family?

DOROTHY G. TOMPKINS: When I first came back to UVA, I would come back sometimes to do mostly with cardiac cath reports, to work on them after I put my kids to bed. And somebody told me, mentioned to me one time that I should take up tennis. And I was like, when in the world would I play tennis? I enjoyed my work enough that I didn't feel like I had to do something else like tennis. I mean, thank goodness.

I told the person, I said, you know, I feel like I don't spend enough time as it is with my kids. And this, taking up tennis or something like, quote, for myself, would just take away time from my family. But that was all right with me. I guess I'm a workaholic.

QUESTION: How did your lifelong interest in gardening and botany pair with your career in medicine?

DOROTHY G. TOMPKINS: Well, I look upon medicine as being a science. I was somewhat interested in how people in the past had used herbs and things like that. But I never really got into it. But I think just being fascinated by life in general, especially being in pediatric cardiology, you would realize how fragile life can be.

Any field of medicine I guess is, especially the primary care fields like medicine, pedes, surgery, general surgery, and so forth.

But the flip side of that is how amazing life is, how much the body can go through. That's one of the things that's, to me, is amazing about natural history is just how complex it is and how interrelated everything is.

QUESTION: How has COVID-19 impacted your life? Are there any thoughts or experiences about the pandemic that you would like to share?

DOROTHY G. TOMPKINS: Well, yeah. I've had a lot of thoughts about it. One of the things that my husband and-- I am so grateful that I'm living with somebody who's easy to live with and supportive. We're supportive of each other. I can't imagine how it would have been in this pandemic to be a widow, for instance, living by yourself.

It has been hard on everybody because we don't see our friends. I made some crack the other day about this. And I think this is the first time I've had anybody in my house in months. You know, Thanksgiving, we got a whole bunch of people coming.

But human beings are social creatures. And we need to have a sense of belonging. I think teaching is kind of integral to all of that because then when you're teaching and helping people to learn things, you're communicating with them in very basic ways.

So one of the things from a professional standpoint that has been really sad is that the treatment center's closed because of COVID. We saw this drop in applicants to our house when COVID hit. And first, I was like, I would think people would be looking for a place to live. We're just we're not just a shelter, but to see a drop in applicants.

But then I quickly realized, because I'm on the board of the Virginia Affiliation of Recovery Residences, everybody's applications were down because treatment centers were closed. And we're not treatment centers. We can't detox people. So if somebody's going to come to Georgia's House, they have to be stable. And if they just had an overdose of heroin or something, they're not stable.

But I was just reading the statistics about 100,000 people died last year from opioid overdoses. And closing the treatment centers was one of the big reasons. So it's been very sad from that standpoint. Even though I'm not working in an ICU where you see people with COVID, it just has really had its ramifications everywhere.

And I think that the isolation is the other thing that has really adversely affected the recovery community. Because when people go to 12 step meetings, they feel safe there. They feel supported. And we were doing all these Zoom 12 step meetings. It's better than nothing, but it's not the same.

So anyway, I really hope that it gets under control enough that people can be more social, get support from the people around them.

QUESTION: What advice would you give to medical students in 2021?

DOROTHY G. TOMPKINS: That was one thing that crossed my mind a while ago. The students, when I was still doing the Introduction to Clinical Medicine and the first year class, The Practice of Medicine, one of the students was asking me about the increase of bureaucracy and paperwork and all this kind of thing.

And I said if you like people, if you enjoy finding people strength, you will enjoy medicine. I said, it's not anything that I cultivated. So I'm not bragging about it. But it's just the way-- it's part of my nature that I like looking for the positive qualities of people. And it makes being their physician fun.

Granted, I don't like all the paperwork. That's one of the nice things about running a recovery house rather than a treatment center is that the recovery house, we are certified by the state agency. But the bureaucracy is so much less than an actual mental health treatment program. But that's one of the things I tell students, is if you really like people, you'll enjoy medicine.

I mean, I think that basically-- I've been accused of being naive about this-- I think that basically, most people are altruistic. Most people want to do what's right. And medicine is a field in which you can spend all your time doing that, being altruistic and being compassionate and trying to help people. You do need to take care of yourself. That was one of my problems was that I didn't properly take care of myself for a while there.

It's really hard to predict about medicine. I suspect that nurse practitioners are going to be doing a lot more. Making diagnoses is, I'm not convinced that it can be all done by robots or whatever. I mean, some people seem to think so.

But I think there's something, the nuances of communication between people is still very important. And it makes life a lot more fun, too.

QUESTION: Have you kept in touch with your UVA medical school classmates?

DOROTHY G. TOMPKINS: Well, every five years, we have a regular alumni meeting. And on Sunday morning, they all come to my house. Yeah, we've been doing the Sunday brunch. And I always find it fun to see all of them.

It'll be interesting to-- we had our last one bumped a couple of times. So I think we're finally going to get together the last weekend in March. But it'll be fun to see them.

QUESTION: Are there any final thoughts you would like to add?

DOROTHY G. TOMPKINS: Now, I'll just reiterate what I said about if you enjoy people and enjoy trying to help them best utilize their strengths--

One of the things I was telling somebody was that if I'm not very good at something, it's OK if I want to spend some time doing it. But it's a waste of time for me to try to become an expert at that.

And so in practicing medicine, if I'm really good at something in it, go for it and enjoy it, because you certainly will enjoy it better if you feel that you're doing a good job at it.