

**QUESTION:** When did you first consider a career in the health sciences, and what inspired your interest in medicine?

**BARBARA  
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So, I grew up in a solidly middle class family in Silver Spring, Maryland in the '50s and '60s. And at that time, there were not very many career options for women. Women were nurses, teachers, secretaries, or housewives.

And my mother, being a depression child-- my parents grew up in the Depression-- and having been on welfare because her father couldn't get a job, and her mother had no marketable skills, she wanted me to be able to earn a living separate from a husband. And so she would say to me, be a teacher or a nurse. Be a teacher or a nurse. You'll always have a job. And she was a nurse. And she was just an interesting person. She told me all kinds of stories from her nurse's training. She did part of her training at Cook County in Chicago, and she just had incredible stories to tell.

And when I was growing up, I didn't have very many friends. And I had a lot of time on my hands, so I read. Truly, I read everything I could get my hands on just to fill the time. And my parents had a book on their bookshelf by A.J. Cronin called *The Citadel*. And I was very young when I read that. And I know that most of it passed me by. I didn't understand the politics of it at all.

But what I did understand were the stories, and the stories were about a doctor who did all kinds of life-saving procedures on people. And the one that really stuck in my mind was-- one of the stories was he was caring for a young child with diphtheria, and she had developed a membrane in the back of her throat, which is what diphtheria does, and she couldn't breathe. And he cut a hole in her neck. He did a tracheostomy.

And I just always remembered that. And I just thought, that's the neatest thing in the world. And I don't know that at the time, I thought, man, I'd like to do that myself. I just thought, that's really cool.

And my mother had a lot of her nursing school study materials, and she had these cellophane overlays of the human body. And you would flip each page and go deeper into the human body through the muscles and vessels and nerves and internal organs and bones. And I used to look at those, and I just thought, those are the neatest things in the world.

But it never occurred to me to aspire to be a doctor, but it was a natural progression for me to be a nurse. And so that was what I ended up pursuing. That's how I got my interest in health care.

**QUESTION:** Why did you first choose to attend the University of Virginia?

So it was in the '60s when I was in high school. And the nursing programs for the most part around the country were what was called diploma programs. There were three-year programs. They did not confer a baccalaureate degree, but many of them were offered by prestigious universities.

And I remember going to Johns Hopkins and applying to the program. They just had the diploma program. Applying there, and it was very tempting to go there because of the prestige of the name. But my mother became aware that the University of Virginia offered a four-year baccalaureate program in nursing, which was just-- that was one of the first schools to offer that.

And she just really wanted me to have a four-year degree. And my father had researched as well, and he thought that UVA was a great bang for the buck, in terms of the quality of education for the amount of money it cost. And so between the two of them, they urged me to go to UVA, and so I applied and got in.

And so at the time, UVA was all men. The only women on the Charlottesville campus were the School of Nursing and then the School of Graduate Education. So I went to the women's campus, which was Mary Washington College, for my first two years, which were basic science years, and then moved over to the Charlottesville campus for the last two years, for the clinical years. So that's how I ended up at UVA. And it's been a great ride.

**QUESTION:** What was the nursing program like at UVA?

Well, at Mary Washington, the first two years I was there, the nursing program was very much like doing college anywhere else. We did biology and chemistry, and English classes and whatever, so there was really nothing distinctive about that at all. When I got to UVA, it was all clinical, so that was really very different.

But I do want to say that my first two years at Mary Washington were absolutely pivotal in my decision to try to get into medical school. Because when I went to Mary Washington, and even growing up, I was a good student, but I didn't see myself as being smart. I didn't see myself as being able to achieve very much of anything.

And when I got to Mary Washington, my professors saw something in me that I didn't see. And they really, really pressured me to stay there instead of going to Charlottesville for the two years-- clinical two years-- to stay there, complete a four-year degree at Mary Washington, and then apply to medical school. And I was like, you've got to be kidding me. I can't do that.

And I remembered all those overlays with all those muscles and nerves and blood vessels, and I can't remember all that. I'm just not smart enough. And they just said yes, you are. Really, it was unrelenting to the point where they actually called my parents in.

Three of my professors-- Dr. Parrish, she was a female, female biology teacher. And Dr. Sletten, who was my sociology professor, and Dr. Nazzaro, who was my psychology professor, sat down with my parents and tried to talk them into letting me stay. And my father, the engineer, said to these professors: with a degree in psychology and \$0.15, I can buy a cup of coffee. He had no regard for that at all. And so, needless to say, I ended up going to Charlottesville for my last two clinical years.

Nursing then was not what nursing is now. I spent a lot of time learning to do things that weren't really academic. I remember the first summer I spent learning how to change the bed sheets with the patient in the bed.

But that's to no fault of the nursing program or the university. That was the order of the day. That's what nursing was. It was hands-on caregiving primarily. And I think if it was then what it is now, which is leagues, leagues, and leagues different, I might have stayed in it. But as it was, I was bored. I was just bored.

And I think the pressures from Mary Washington had just triggered something in me, and it piqued an interest, maybe a realization that maybe I was capable. And then when I got to Charlottesville and was on the wards with the medical students, which we work very closely with, I realized that they weren't made of anything different than me.

They weren't necessarily smarter, wiser, more capable. And I just came to realize that I can do this too. I can do this-- if I can get in. The problem was that they were all men, and they weren't nurses. So that was the challenge then of how to get accepted. What were my chances? My chances were very, very low. A typical medical school class had two to three women out of a class of 100.

**QUESTION:** Can you describe your journey to medical school?

So, I finished my nursing and my fourth year, I remember it was a Saturday morning. And I was walking down JPA, Jefferson Park Avenue going somewhere. I can't remember where. And I thought, you know what, I'm going to apply to medical school.

And so I turned around, and I went to the medical school admissions office, which was open then on Saturday mornings. And I got an application for medical school. And of course, there was no internet. You couldn't apply online. You had to actually go to the institution or write to the institution and get a paper application to fill out.

So I got one, and I filled it out. The application fee was \$15, and I sent it in. Clearly, I hadn't done my homework. I had not done my homework because they sent it back to me. They gave me my \$15 back too, by the way. And they said I wasn't qualified to apply, which I wasn't because I didn't have the requisite courses. I didn't have organic chemistry and physics. They liked a math, and those weren't part of the nursing curriculum.

So, there I was getting ready to graduate, and I had to figure out, how am I going to take those classes. And you had to be enrolled in a college in order to take classes. You couldn't just sign up for a class.

And there were actually-- the university nominally started at women admitting women in 1970 but you would never have known that. I didn't realize that. You didn't see any women anywhere. Nothing had changed.

And the only women on campus were the nurses. I just finished that and the Graduate School of Education. So, I thought, well, let's see what I can do.

So, I went to the Graduate School of Education, and I said-- I lied a little bit. I said, I want to be a teacher, and I want to enroll in the Graduate School of Education. So, I applied, and they accepted me, and then I signed up for organic chemistry, physics, calculus, a psychology class, and an English class. And I know that they kind of wondered what that was about, but I know they had no idea what I was really trying to do.

But I was able to take those classes, and I did OK. I did OK. I didn't get straight As, but I was close. I had taken the MCAT, and I did terrible on it. I was in the lowest 35%-- they told you where you were in the ranking of all the students that took it-- so I was in the 35% from the bottom.

And so I got a study book, and I studied and I took it again, and I was in the 85th percentile. Which, again, isn't stellar, but compared with 35%, it was pretty good. I actually used that because I used everything I had. I used that when I would apply, I'd say, hey, I did really bad, but look, I studied a little bit and look what I did. I went from 35 to 85, so look what I can do.

I applied again that year. I worked. I had a day job, if you will, or I had a means of paying my rent. I worked as a nurse. I worked on the weekends. I worked on the holidays and in the summer. And I just worked on the wards and did those classes, and then I reapplied.

I was still a Maryland resident because my parents lived in Maryland. You have to be out of school for a period of time in order to qualify as in-state, and I had not done that. So, I applied to the University of Maryland and I applied to UVA and to MCV, now VCU, in Richmond.

And I got an interview at the University of Maryland, but I didn't get in. And at that point, it was, well, now what? Do I try again? What do I do? I mean, it really wasn't a question. It was, yes, you try again. But you have to figure out something else, something to change.

So, I decided I had to stay out a year, and I had to be an in-state resident because they were only taken two women a year. My chances as an out-of-state resident were zero. And my chances were probably zero no matter what.

So, I stayed out for a year. That was hard because I had been under the academic umbrella since I was like five years old. It was very disconcerting to not be a student, and I liked being a student. I did. I loved being a student.

And so I stayed out of school. I got a job in the ICU at UVA as a nurse. I was a charge nurse there. I had great patient experiences. Awesome experiences taking care of sick people there.

And then-- and I can't remember if I knew this. I guess I did know this before I applied. The legislature made a ruling. This was a miracle. This was the game changer for me.

The legislature made a ruling that every state-- well, they're all state-supported-- that in order to get state funding for a medical school, the school had to admit 20% women. And Eastern Virginia Medical School opened that year, so that meant-- a typical class had 100 students. That meant that there were 60 slots. Three schools that needed 20 women instead of four students, which is typically what had been the case for two medical schools who took only two per class.

And so that made all the difference in terms of my chances. So I applied to UVA and to MCV in Richmond again. I did not apply to Eastern Virginia because I didn't want to go to a brand new school. I wanted to go to UVA. That's what I wanted to do.

And so I applied. I got interviews at both. And my mother, she sent me a newspaper clipping that she had found that perhaps was in the paper because of the new legislation opening the doors for women in medicine, but it was an article about how to dress for a med school interview.

And I wasn't a fashionista, but I had long, beautiful thick hair and wore contact lenses and I dressed in order of the day, which was really short skirts, among other things. So-- I sewed all my own clothes because I didn't have any money to buy clothes.

So, I made myself a dress that was this mustard yellow. It was A-line. It went to the mid lower leg. It was so ugly.

And I went to Woolworths, and I bought wire rimmed glasses with plain glass, because I wore contacts. And I put that long beautiful hair up on a little bun on top of my head, and I practiced a monotone. I called it the Jackie Kennedy talk"

"Yes, I know. That's exactly what I think. Yes, I do believe that's the way it should be." I practiced that. And when I went for my interview at MCV, that's what I did.

I took the bus. I remember getting off the bus-- I didn't have a car-- and going for that interview in my ugly dress and hoped for the best. I couldn't pull that off at UVA. They all knew me there, so I had to be just myself.

But anyway, I got interviews at both. And when the postman came one day with a thick fat letter from MCV that I had to sign for, I knew what it was. I didn't have to open it.

And I put my arms around him and gave him a big hug. I know he thought I was crazy. And then I went in, and I called my mother, and I said, my life just changed forever. And it did. It changed forever.

And then-- then, I took that letter over to the admitting office at UVA, and I waved it at them. And I said see, see, you're going to lose me. Because they only give you a little bit of time to respond. And I said, I'm going to accept this if you don't accept me soon. And they did.

So, I got my wildest dreams. I got to be a medical student at UVA, which was just so against the odds. But it was wonderful, and it's been wonderful ever since. And I owe the university a lot for that. I really do. And now that-- at this time in my life, I need to be able to pay it back.

**QUESTION:** What was the sentiment about co-education during your time at UVA?

That Saturday morning when I turned around on JPA and went to the admitting office and asked for an application, the secretary said to me, why would a pretty girl like you want to go to medical school? Because you could say stuff like that. You can't get away with that now.

The feeling about women in medicine was that a woman would only do medicine for a few years. Would get married, would have children, would not give a lifetime to medicine, whereas a man would. And so, a woman admitted to medical school was taking a man's place. Taking the place of a man who could contribute to the profession for an entire lifetime.

And so that weighed heavily on me. In fact, that was sort of burned into my soul to the point where it governed much of the decisions that I made throughout the course of my life.

So, that attitude, once the legislation came through and it was mandated that there be women, that went away. It wasn't so apparent. I think it was subjectively there, but it wasn't objectively there.

On the other hand, I never personally felt any gender bias once I got in. In the application process I did, but once I was admitted, I never felt that I was a second class citizen in any way. Maybe people thought that and I didn't realize it, but it wasn't something that was apparent to me, and I think that was true for the women in general in my class.

**QUESTION:** What changes did you witness at UVA related to co-education?

Certainly times changed in terms of what was available for women. When I first went to the Charlottesville campus-- the rules. I mean, there was nothing for women. There were no facilities. You couldn't walk across campus with shorts or slacks on.

I played tennis then. I would walk to the tennis courts from McKim Hall and you'd have to wear a skirt. There was nowhere to change, except a bathroom. And then I'd have to put the skirt back on to get back to the dorm. There were curfews and rules and so on, and that was true at Mary Washington too. That first summer, it was like that.

When I got there then a couple of years later, it was different. It wasn't quite as oppressive, but it was McKim Hall, and so we didn't have a lot of freedom. By the time I got to medical school, it was entirely different. There was a lot more available for women, and the legislation had occurred that said, this is the way of the future. There's going to be women doing this. And so we were accepted. We really were.

**QUESTION:** What was the community like among the students and faculty at the UVA School of Medicine?

In Virginia-- Charlottesville, Virginia, at least at that time, maybe still, pedigree mattered. I didn't have pedigree, but many of my colleagues did, or were legacies. The faculty, as I said, were fairly aloof. I don't ever remember being invited to a faculty member's home for anything. I don't remember having chit chat conversations with any faculty.

There were women-- very, very few female faculty. I don't recall them being particularly-- it's not like they sought me out to try and establish say, hey, this is what it's like and welcome. There wasn't any of that that I remember.

And so, at least I-- just studied. It was all I did. I just studied. Studied my own stuff. We had study groups and helped each other out.

It was competitive. There was no question that it was competitive. You could feel that. Even though whoever graduated last in the class was still called doctor, it was competitive. And that exerted a pressure that I think some weathered not as well as others.

But overall, there was camaraderie. There was definitely camaraderie amongst the students. I mean, we had a great class play at the end of our senior year, that was probably the best camaraderie experience I've ever had in my life. That was so much fun, and pretty much everybody participated, and that was just an awesome experience.

**QUESTION:** Were there any particular faculty members who supported or encouraged you during your time in medical school?

There was one when I was applying: Dr. Carlos Ayers. He just really kind of took me under his wing as a female applying-- as a nurse. Everybody knew me, because I didn't make it any secret of the fact that I was applying to medical school.

That year I was working in the ICU, if somebody-- a physician complimented me on something I did, I said, write it down and send this to the admissions office. Really, I was just out there.

And I had a lot of support from students and encouragement from the docs that I worked with. But Dr. Ayers in particular was really a proponent for me. And you know, again, there's so much-- so many things in my journey that were luck. The legislation was just timing, it was just luck.

But I got interviews at UVA, and I was interviewed by two people, and one was a female and I can't remember her name. She was a hematologist, I believe. But the other was Dr. Ayers.

He interviewed me. And I don't know how that happened, if he had a hand in that. But I remember I walked in his office, and he was sitting there, and he said, all right, let's see what we can do to help you. And that was just such a blessing.

**QUESTION:** Were there any experiences during medical school that had a lasting impact on you or your career path?

I remember I did a Navajo Indian elective. There was an opportunity to do that in medical school, where we went for-- I think it was six or eight weeks-- to Fort Defiance, Arizona.

And I remember how in awe I was of the doctors there. Because there was relatively little equipment. There weren't very many doctors, and they did everything.

They covered the ED. They delivered babies. They took care of kids. They did diabetes and hypertension. They did surgeries.

And they seemed to be using everything they'd ever learned. And that was appealing to me because the way I looked at it, I had worked so hard and was working so hard to learn all these things, and I didn't want to give them up. I didn't want to specialize where I just kind of honed in to one particular little area and forgot the rest or never used the rest. I wanted to use it all.

So, that had a big impact on me. And in fact, when I was applying for residencies and thinking about what I was going to do with my life, I really kind of envisioned myself doing a family practice type of practice where I was out in the boonies somewhere, cutting holes in necks of children with diphtheria. I'm not kidding you. You know those images from childhood, they stick with you.

I just, I wanted to be able to do everything. And I just thought, you know, I want to be able to do it in a place that needs it. I want to be needed.

When I was applying for residencies, the specialty of family medicine had just sort of come about. And I actually applied to a couple of programs, but they had kinks to work out. I could tell that.

And as much as I wanted to have as broad-based an education as possible, I wanted a really good solid education. So, I actually ended up matching at Dartmouth for internal medicine. So I did internal medicine. I did an OB rotation.

We got we got electives, and so I was probably the only internist that did an OB elective, but it was important to me to be able to continue with those skills. So I ended up doing internal medicine. But deep in my heart, I wanted a broad base. I wanted a broad base.

And so I think that Indian Health elective really helped kind of crystallize that for me. I didn't end up doing that, but I did end up using everything I have. Because emergency medicine wasn't a field then. It wasn't an option, or I probably would have picked it.

**QUESTION:** How did you become interested in the field of Emergency Medicine?

So then, again, timing is everything. So Emergency Medicine by then had-- there were some residency programs, a very few, and there became an opportunity to do what's called "grandfathering in" for Emergency Medicine. Where if you were boarded in one of the four major specialties-- internal medicine, surgery, pediatrics, or OB-GYN and you practiced full-time for four years in an emergency department, you could sit for the emergency medicine boards and you could become board certified.

And I thought, wow. I'm boarded in internal medicine. I can become double-boarded, so I just stayed for four years and did that. And then I sat for the boards, and I passed. And by then, it had been too long to go back. And I was hooked. I was really hooked because in Emergency Medicine, you use absolutely everything you ever learned. And it's an awesome specialty, and it provided flexibility. I could work for two weeks and then have two weeks off every month.

I can't do that now. I'm too old. But when you're young, you can do anything. And working two weeks straight was no big deal, and I could have a two-week vacation, go somewhere every month. It was a great opportunity, and so I've been in it now for 42 years.

**QUESTION:** At the time, what did it mean to you to be a woman pursuing a career in medicine?

The Fairfax Hospital Group hired me-- I was the only woman. They hired me because I'd been a nurse. They were having trouble getting along with the nurses, and they thought that maybe since I was a nurse, I would be able to bridge that divide. That didn't happen.

But you know, maybe I just wasn't aware of it. I didn't ever feel any bias. I really didn't. I didn't feel any bias.

Patients, on the other hand, patients had to become accustomed to having women as physicians. And that was a new thing because they were basically used to men. And that took a while. It took a while to gain the confidence of patients and to help them to see that I had a brain and hands and just like the guys, and I could think through a problem. Yeah, so that was a little bit of-- that was a task.

But we managed. I learned how to manage in a man's world. I learned how to negotiate. I had an edge, still do. Try to soften it, but I needed it. I wouldn't have survived without it.

And now, of course, there's-- well, look what's happened with female enrollment in medical school. That hasn't translated so much to Emergency Medicine yet, and that actually surprises me. Probably up until seven or eight years ago, I wasn't the only woman, but maybe there was one or two here and there.

Well, in the last decade, we've had a lot more women. And in our group now, we have 18 docs-- five of them are women. One of them is our chair. Our chair is a female. So, that's definitely a paradigm shift from the way it used to be.

But it was lonely. It was lonely. I didn't have female colleagues to socialize with, but it was OK. Now I do and I love it. I love having female colleagues, but it just wasn't the case.

**QUESTION:** How did you balance your personal life goals with your medical career?

My soul was stamped by the admissions process for medical school that I had taken a man's place and that I needed to practice my entire life. And so that really governed every decision that I made.

It governed the way I spent my time. It governed my husband. I chose a husband who stayed home with the kids, which was unusual at that particular time. Men didn't do that. He was a house husband.

The emergency medicine gave me the flexible schedule that allowed me to-- first of all, I didn't have to work as many days a month, and I could work at night, and I could just balance a lot better. I got enough time off that we could do things.



As time went by and the kids got older and then there were things you needed to go-- soccer games and school meetings and this and that, it was a lot easier to be able to do those. I was able to ask for the time off that I needed, and it just worked out well. That wasn't, I don't know, so much just being a woman because my male counterparts sure do need to go to soccer games and football games too, and they need to get the time off for it. But it wasn't as much as being a mother comes with just obligations that kids expect and need.

And so, my choice of a career allowed me to do that. And I was determined that I was not going to give up. I wasn't going to the abandon the profession.

My kids remind me of that, by the way. They were aware of that. They were. They were aware that when I had to go to work, I had to go to work. You couldn't call in sick because the ED couldn't close.

And once you are there, you couldn't leave. And I couldn't talk on the phone very much while I was there. So my kids got used to that, but they still, I think, there's a little part of them that I think resents that. I do.

**QUESTION:** How has the field of Emergency Medicine changed over the course of your career?

Oh my goodness. Well, when I remember at Dartmouth how the surgery resident and I alternated every other day. If a sick person with a heart attack came in on the days I was working the emergency department, they were doing OK. If the surgery resident was on, maybe not so much, and visa versa for trauma.

Because that's how it was then. The emergency department was staffed by second-year residents. As the specialty matured and more and more physicians-- well, the specialty churned out more residency-trained ED physicians, it changed a lot. And now, I mean, it's just worlds apart.

The care that we give-- the cardiac care, the stroke care, the trauma care, the sepsis care is leagues and leagues beyond what it was when I first started working in an emergency department. When I think back on what I didn't know, because I was an internist coming into the vast field of Emergency Medicine, where you can see absolutely anything. You can see anything.

And again, I looked around me. I watched my partners. I asked a lot of questions. I called a lot of consultants. I was really lucky that I didn't kill anybody, that I was able to figure it out along the way.

Now, Emergency Medicine residents are so highly trained in all the many specialties, and so that's very different. As I watch my colleagues, I mean, I'm the only person-- I'm the oldest person in my group. I've been there the longest. I'm the only non-residency-trained emergency physician.

I would never be able to get the job that I have now applying as a non-ED-trained physician. But I've learned along the way, and fortunately there's a lot of opportunities for learning. And I've just been able to keep up my skills sufficiently that I can take good care of the patients.

But it has changed tremendously, and it's a wonderful specialty. It's an absolutely wonderful specialty. We have the best stories. Truly, the best stories, and we have the opportunity to be so inspired by the patients.

Because we see patients with terrible burdens. We see patients who woke up in the morning, never imagining what their day was going to be like. Nobody comes to see me in the ED because their day is going well.

And to watch people shoulder those burdens with courage and with strength is just inspiring, inspiring to me. That's what keeps me going. And solving the mysteries of why are they sick. Why do they have this symptom or that symptom. Trying to figure it out, that's always been challenging as well. And I think that that's what's kept me going all these years and makes me continue to want to do it.

**QUESTION:** Are there any experiences from your career that have had a lasting impact on you?

There's one that's actually always stuck with me and it was not a medical school experience. It was a nursing experience, but it's kind of stuck with me. As I was a charge nurse in the ICU, and I remember they rolled in a young man in a wheelchair right from the clinic right to the ICU, which was unusual. Because his oxygen saturation was really low, and they wheeled him in on oxygen.

And he had-- a lot of things don't change. He had viral pneumonia, the same kind of viral pneumonia that influenza causes and that COVID causes. He had viral pneumonia, for which there was no treatment. No antiviral that would cure it.

And so he was in the ICU for probably, I don't know, a month or six weeks, and his lung function deteriorated and deteriorated and deteriorated. And I remember the last day that I worked with him, he gave his watch to his mother to give to his brother. And then the next day when I came in, the bed was empty, and he had died.

And you get attached to people, so I was attached to him. I usually worked with him when I was on duty. And I often wondered how-- I envisioned that family grieving and so on.

Well, so then I got to medical school, and we, during our basic science years, we did preceptorships with a practicing physician. And I did a preceptorship for two weeks. I lived in his home.

And he took me to play tennis one night, and the family, they were on the tennis court. And they remembered me, and I remembered them. And that was the coolest thing because we were able to hug, and I was able to hear how-- I was able to get closure, and I think maybe they were too. Able to get some closure on what happened to them after this young boy died. And that's just one of many, many experiences that have stuck with me.

**QUESTION:** Are there other memories from medical school that you would like to share?

So my mother, who hardly ever drove and didn't go anywhere, really, found out about a scholarship for women in medicine in Virginia. So my first year of medical school, I took out a loan for \$1,100. And during that first year, my mother sent me materials to apply for the scholarship that she had found out about somehow.

And so I applied for it. It was Norfolk Foundation, and it still exists because I still get stuff from them in the mail. So I applied, and I got a scholarship that covered half my tuition. And to me, someone was paying me to do the thing that I would have sold my soul for. Really. Someone was paying me to do that which I wanted to do more than anything in the world.

And the other part of that is, well, we all know what tuitions are today. That scholarship paid for half my tuition for three years. You know how much it was for per year? \$750. My tuition was-- as an in-state student, it was \$1,500 a year.

Then I got the job in the CCU (Coronary Care Unit). And it was one night a week, and I worked from 5:00 PM till 7:00 in the morning. I had to stay in the CCU watching the monitors till midnight. Then I could go home. And I lived on Lane Road. I lived right across the street from where we are right now, and I could get to the hospital, the front door of the hospital-- I had to be able to get there in five minutes, so I could get there in five minutes.

So I went home. So, there was a mobile CCU, and the mobile CCU would come by the hospital, pick up me, and so we would go out and take care of CPRs or various whatever kind of calamities happened. They had to be life-threatening. It wasn't like we're going for sore throats. We were picking up people who had severe, life-threatening things happening to them.

And so that was fun. And again, as I look back on it, I think, well, that sort of paved-- or primed me for Emergency Medicine. So, that was a great job. I had that for the rest of my med school career-- or med school time-- and was able to pay my bills, \$50 a week. Paid my rent, my tuition-- the part that I had to pay-- food.

Charlottesville, I loved Charlottesville. I did. I loved it. But there was definitely a class system. There were the students and the townies, and the students looked down on the townies.

And there was a gentility, an aristocratic part of society that was very, very apparent. Mr. Jefferson was equal to God. And the history was, the university was just drenched with history and very, very aware of its own pedigree and its own historical value, and was very serious-- took itself very seriously. It probably still does.

And so, I, not having any pedigree, I didn't feel like I so much fit in with that, but I loved to look at it. I loved to look at it. And I loved-- I still do-- loved hearing those who had been born and bred in Virginia and had that Southern-- just a little Southern drawl. I just love the way they speak, and I still do. I love to hear them speak.

I just love the architecture of the university, the white columns and the serpentine walls. And I love the old medical school, the steps and the columns and standing up there and looking down on the Corner. I just I loved being here.

My brother just recently-- he lives here-- just recently reminded me how I used to say, it's always sunny in Charlottesville. And I probably did say that because I thought that. It's always sunny in Charlottesville because I just loved it here.

The downtown was really nasty. Really, really nasty. What a difference compared with then. But there really wasn't-- I remember there was a Woolworth's. That's where I got my glasses, my wire rimmed glasses with the plain glass.

There are a couple of places down there that are still there, but obviously it's been totally revitalized, and it's an awesome place to go now. I just went there for dinner last night. It's a beautiful place. But it was not that way.

So, pretty much as a university student, we stayed on the Corner. We stayed at within the university physical setting. There was really nothing out 29. There was Barracks Road.

There was the Pregnant Clam, which is what we call the old athletic building there. Now they've replaced it with John Paul Jones. And there was a Hojos on the corner of Emmett Street and University Boulevard, and there was really nothing in between. I used to walk that a lot just back and forth for somewhere to go.

There weren't that many places to go. There wasn't all that much to do off-campus. There was the Corner, pretty much. That was it.

**QUESTION:** Were there any other extracurriculars or activities that you took part in as a student?

Actually there was. I became involved with the Four County Players, which is in Barboursville, and I was in several of their productions. And in fact, someone asked me the other day what I would have done if I hadn't gotten into medical school. And it is important to have a plan B.

And I think-- because I always liked drama. I liked theater. And I remember thinking, well, if I don't get in, I'm going to go to drama school. That would have been a disaster. I'm not that talented.

But anyway, I was going to go to drama school. I had a day job. I could pay my rent. I was a nurse, which is what my mother wanted for me. I had a job I could do, and I would be able to carve out time to do something like that.

So anyway, I spent many nights going to rehearsals. And those were the clinical years, not the basic science years. But the clinical years were so much easier. So much easier for me. That just came naturally to me.

And so I did that, and that was just great. I loved that. That was probably the main extracurricular activity just because that took so much time. When we were doing a play, it was rehearsals every night. And so yeah, that was my outlet. That was my personal outlet.

**QUESTION:** What advice would you give to current medical students at UVA?

While you're in your clinical years, be honest with yourself about how much you like taking care of sick people. What I have seen happen is that physicians get discouraged or they never-- people go into medicine for a lot of different reasons. They go in because it's an expectation, a family expectation or because they have some idea about it. Some go in it for the money probably. Go in for the prestige, go in it to help people.

But I think one needs to be really honest about how much you really like hands-on patient care. And if that's not what really challenges you, there's many, many other things to do. There are so many ways to use a medical education in a way that is challenging and productive that doesn't involve the blood, sweat, and tears of taking care of sick people.

On the other hand-- the stories, if you love stories, that's where the stories are. For those who do choose to pursue serious clinical medicine, listen to your patients. Just listen and allow them to nourish you with their stories and with their challenges and with their strength and their courage. Because that's what will fuel you.

And try to avoid getting discouraged by the paperwork, the rules. There are so many regulations and rules, so many hoops to jump through. And I think it's possible to really get bogged down by that and to let that overwhelm you to the point where you're not able to reap the joys of actually taking care of the patients.

It used to be, when I first started emergency medicine at Fairfax Hospital, everything was written, handwritten. So I saw sometimes 50 patients a day, and we didn't write much. We wrote our orders-- this blood test, that blood test, this X-ray. We wrote like one sentence about why the patient was there and one sentence about what we did, and we wrote a diagnosis, and that's all.

Now, with the electronic medical record, there's all kinds of rules and regulations for billing in terms of what you have to put in there or how it has to be organized. And so that can become really discouraging and overwhelming.

So-- I spend-- on my clinical shifts, I may work 10 hours in the ED and I go home and have five or six hours of charting to do. But it's part of the territory. And in a way, you just get to relive the stories. You're telling the story to the machine or you're typing it in or whatever. So, the story is there for posterity. It's very important to have those stories written down, by the way.

So yeah, I would say to concentrate on the stories, to listen a lot, to be nourished by those things, those positive things, to look for something positive every day. And for those who are applying or trying to figure out what to do with their lives, have a plan B. Always have a plan B. Have a plan B and a day job and then give it everything you got. Absolutely everything you have. And if it doesn't work out, then you go to plan B.

**QUESTION:** Do you have any thoughts or experiences related to the COVID-19 pandemic that you would like to share?

Well, it's been a tough ride, hasn't it? I think that health care workers have gotten worn out. I mean, we have. We have.

I think I've seen incredible heroism, absolute heroism. The heroes were just coming to work every day and doing what they could to avoid getting sick so that they could keep coming to work every day, and trying to protect their families.

In Montana, where I now live and have practiced for 30 years, we weren't as hard hit initially as New York, a lot of the major cities that just had an extraordinary numbers of deaths. But that did catch up with us, and we had some very, very rough times, particularly last year.

And we had to work very hard to try and stay safe. You know, I think one of the biggest challenges was to deal with people who didn't buy into the fact that there was a pandemic.

To say it doesn't exist, to not be willing to get vaccinated, to not be willing to wear masks, that was hard on us because we knew how important it was. But on the other hand, we're taking care of sick people, and I had to take care of the sick people whether they had done those things-- regardless of their philosophies.

And so, we just had to use personal restraint in that regard. And that was hard, because we knew or at least thought that many of these people could have been avoided had they done pretty simple things.

I have to say that I've been very glad that my hospital, Billings Clinic, has never relinquished the universal mask mandate in-- and even now, with the numbers decreasing, you can't walk in the place without a mask. And I figure I'm going to be wearing a mask for the rest of my professional life, but you know what, it's OK.

It provides a barrier. It keeps my hands off my face. It's a simple thing to do. I wash my hands, a lot wear masks. Not rocket science, and I praise the Lord, have not gotten COVID.

**QUESTION:** Are you glad to be back in Charlottesville for your medical class reunion?

I'm really looking forward to the reunion. My 45th reunion starts tonight, and I think we're going to have a pretty good showing. And so I'm very excited about that, about seeing all my old classmates and hearing how they've fared, looking at the collective hair loss. And just the fact that the attendance looks like it's going to be pretty good. And so that'll be great fun.

**QUESTION:** Do you have any closing thoughts or comments?

Medicine has changed a lot over the years. Doctors aren't gods anymore. There's research on how all the medical errors that are made, and there's a lot of negativity I think directed toward physician practice. The opiate catastrophe, and the role of doctors in that, assignment of responsibility.

But I think it's still an absolutely glorious profession. No, we're not God, but believe me, patients want us to be God. They want us to have some-- to be miracle workers. To see inside of them something that is going to help them.

And my job is to tell them, I'm not God, but I'm here to do the very best that I can for you. And then to do the very best that you can for them, and to recognize that we're just all people struggling with a lot of the same things.

It's, again, easy to get discouraged. But if you listen to the stories, the stories will revive you and nourish you, and give you a reason for being, and a reason for continuing. It is, for all the sham drudgery and broken dreams, a beautiful world.

And it's important to strive to be happy because, otherwise, the negativity can overwhelm you. Try to be happy. It's easy to find things to be happy about. You just have to look for them.