INTERVIEWEE: Samuel Katz
INTERVIEWER: Jessica Roseberry
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PLACE: Dr. Katz' office in the Children's Center

KATZ INTERVIEW NO. 1

JESSICA ROSEBERRY: This is Jessica Roseberry. I'm here with Dr. Samuel Katz. He is the Wilburt C. Davison Professor and Chairman Emeritus of the Department of Pediatrics.

SAMUEL KATZ: I like to say Chair Emeritus, because I think there should be chairwomen as well as chairmen. I mean, this is true nationally, and we have an association—of which I was president one year of—Pediatric Department Chairmen. And I've tried to get them to change the name to Pediatric Department Chairs, since deservedly there are a number of women in the country now who are department chairs and others who should be.

ROSEBERRY: Thank you. This is May 10, 2007, and we're here in Dr. Katz's office in the Children's [Hospital & Health] Center. Thank you very much, Dr. Katz, for agreeing to this interview. I really appreciate it.

KATZ: You're welcome.

ROSEBERRY: You became chair of the department in 1968?

KATZ: September of 1968.

ROSEBERRY: What did the department look like at that time?

KATZ: Well, it was a small but very good department. Dr. Jerome Harris had been the chair for a number of years, and he had built a very nice, but small, cadre of mostly

specialist pediatricians. He hadn't invested much in general pediatrics but had developed a group of specialty people who were really quite good. He had come here actually to be a professor of biochemistry, but the original dean—Wilburt Cornell Davison—was a pediatrician, and he was also the chair of the Department of Pediatrics, which in part was why it was a small department, because he bent over backwards not to favor the department. And he used many—used may be the wrong word—but he encouraged many of the practicing pediatricians in Durham to spend part of their time here as teachers, so that he hired very few full-time faculty. And after a number of years he realized that perhaps it was hard being both the dean and the chair, so he got Dr. Harris out of the Department of Biochemistry to come over and be the chair of Pediatrics, so that Jerry Harris was the chair when I came.

ROSEBERRY: Was there research going on in the department?

KATZ: There was some research going on, yes—not a great deal, but there was. He had—as I say, he developed the subspecialties in Pediatrics. There was research going on in Endocrinology, a very good couple of faculty in that area. There was research going on in Cardiology, an area which he had personally invested in very heavily. And there was some beginning research in Immunology, so that those were areas that were vibrant.

ROSEBERRY: And what was the relationship of Pediatrics maybe to the other departments as you saw—?

KATZ: That's a good question, and it's a little hard for me to say, because when I came the Department of Medicine—which had been Duke's premier clinical department—had been dominated for years by a great leader, Eugene Stead. And he hadn't cared much about other departments. He'd focused very much on his own. But Dr. Jim Wyngaarden

had come prior to my arrival as the new chair of Medicine. And he was someone I had known previously, and we were able to develop some good relationships with Medicine at that time. In fact, one of the reasons I came to Duke was the attraction of a medical school on a total university campus. I had spent all my previous years at Harvard, where the medical school was in Roxbury and the rest of the university was across the Charles River in Cambridge, and ne'er the twain met. It was really sad, because there were wonderful people in both locations, but the amount of collegiality and joint projects was almost zero. And coming to Duke was very exciting, because all you had to do was walk out of the door of the medical school, and there was all the rest of the university. And actually, within a very short period of time, we were able to develop joint activities with people at the law school, people in Biomedical Engineering, people in the History Department, people in the Divinity School, people in the Psychology Department and this—what I had anticipated proved to be true—that you could take advantage of the intimacy, if you will, of a university where everything was within walking distance. So we were able to develop a number of good programs. Dr. Harris had not been able to do this, not because of any lack of desire, but because of a small faculty, and being constrained with their responsibilities to teach and take care of patients, and do what research they had been able to generate. I would say the only group in Pediatrics under Dr. Harris who had a good ongoing relationship on campus was Cardiology, who had learned to work with the biomedical engineers. And Dr. Madison Spach, who had become the chief of Pediatric Cardiology, was able to exploit that very effectively. But as far as the other clinical departments were concerned, as I'm sure you've learned from the history of this institution, this was a Hopkins stepchild and many of the people in the

other departments—Dr. Sabiston, who was the outstanding leader of Surgery—were accustomed to the Hopkins system, where Pediatrics had not been an equal partner at the table. And that tended to persist in many ways. As I mentioned, Dr. Gene Stead, who was the chair of Medicine, although he was not a Hopkins person, nevertheless felt that what he thought was right, and everyone should agree with that. (*laughs*) He was a wonderful scholar and teacher and greatly revered, but he wasn't very interested in developing the other departments. Obstetrics at that time, which is a natural colleague of Pediatrics, was again not a—it was not a very academic department. It was a very practice-oriented department, and they hadn't yet developed a real academic nurturing environment. They were very good obstetricians and gynecologists and did good clinical care, but they had hired a PhD who did some research, and that was their idea of research.

ROSEBERRY: So how were you able to grow the department under those constraints?

KATZ: I was very fortunate in that just before I came, a former Duke resident and graduate, Dr. George Brumley, had come back to Duke, being trained as one of the early neonatologists. And he had found an ally in the Department of Obstetrics, Dr. Carlyle Crenshaw. And together they developed a research program which was really the first real research program in obstetrics, other than the PhD whom I mentioned. And they had a joint laboratory; they had an animal farm where they were able to do sheep research. And this served as a model, really, for what could be done in integration of departments, both the clinical as well as the basic science. Again, I was very fortunate in that I arrived simultaneously with Dr. Bill Joklik, who came as chairman of Microbiology. We knew one another. In fact, we talked about this before either of us came here. And we were able to establish the virology program in Pediatrics—Infectious Diseases—to coordinate

with his department. In fact, our laboratories were eventually in his department. And Dr. Wilfert, whom you've already talked with, was located in the Jones Building, in his department. And there was a lot of mutual benefit from that. And these served as models for what we felt Duke offered and Duke could develop.

ROSEBERRY: So was it the research then, and maybe those collaborative efforts, that helped the department to grow and—?

KATZ: (*cough*) Pardon me. Yes. I think what I brought to the department, which hadn't been possible under Dr. Harris, not because he didn't believe in research—he was a great scholar himself—but because he had not been given the wherewithal to do this. By the time I came the dean was Dr. Anlyan, and with his help I was able to mobilize funds, as well as reaching out in other ways to generate funds for the department—both through grants and through public programs, such as our golf tournament and the Ronald McDonald activities—things that we were able to initiate that brought new funds into the department, so we could hire new faculty and broaden the purview of the department and enable it to grow.

ROSEBERRY: Before we started you mentioned that there were one-and-a-half women working in the department.

KATZ: Right. That's a good point to go back to. There was Dr. Susan Dees, who herself is a wonderful story of women at Duke. Dr. Dees came here from Hopkins with her husband, Dr. John Dees. Dr. Davison hired them. Dr. John Dees was a urologist, and I believe he may have been the initial chair of the Division of Urology. And he had a wife, Dr. Susan Dees, who was a physician. And the story, which I have been told repeatedly—and I think it's more truth than apocryphal—is that Dr. Davison interviewed

Dr. Susan Dees and said he thought we needed an allergist in Pediatrics, would she be willing to learn pediatric allergy? And she said, "Sure." He said—now this is the punch line—"Of course, I won't have to pay you a salary, because I'm paying your husband so well." So she came with no salary. And with the development of the PDC [Private Diagnostic Clinic] system at Duke, she was able to generate personal funds by seeing private patients through the PDC. She always felt a little bit bitter about this, for which I didn't blame her. The half-time person was Dr. Shirley Osterhout. She was married to Dr. Syd Osterhout, who was a member of the Department of Medicine, and was the dean of Admissions. And Shirley was a good general pediatrician, and she inherited the Poison Control Center, which Dr. Jay Arena had started. And she really ran the Poison Control Center, and also did some general pediatrics. So those were really the two women who were here on the scene when I arrived. There was a third, Dr. Rebecca Buckley. Dr. Buckley, however, was over in Immunology with Dr. Bernard Amos, but I had been told by an immunology colleague at Harvard that I should look for Dr. Buckley when I got here, because she really would be a star in the department. And indeed that was totally prophetic, because I was able to encourage Dr. Buckley to participate in the department, and we developed a division of Immunology. Now, there had been Allergy-Immunology, which Dr. Dees was nominally in charge of, but there was really—other than Dr. Dees, that was it. But we brought Becky Buckley over, gave her an office, got her some laboratories set up independently, and, as you know, she matured as one of the international stars in immunology. She was always very grateful to Dr. Dees for Dr. Dees's support, but she really was the other woman who, in part, was here when I arrived.

ROSEBERRY: Let me start with Dr. Dees and just what were maybe some of her contributions that you—

KATZ: Well, Dr. Dees was, again, nationally reputed because of her skill in allergic diseases. And she worked with children with allergies, all the way from funny food allergies to asthma. And the other thing she did, of course, was to teach allergy to our residents and students and this is a—it still is—a very important component of pediatrics. And her teaching was recognized not just locally but nationally, and she got many awards from the national allergy associations of one sort or another. People were very respectful of her, and she merited it. And, again, an indication of her intellectual prowess—once Becky Buckley was on board and we began to build a division, she took a sabbatical to work in immunology to learn more about the fundamental science basis of allergy so that—and this was at an advanced age. I mean, it wasn't when she was a twenty-eight-year-old resident. I don't know how old she was at that point, but she was certainly in her forties or fifties, and took a year off to learn about immunology, and then returned to her allergy activities, so that she was a very remarkable woman. And right up until the very end, she saw patients. And she saw a lot of patients. She had the ability to see patients rapidly—not in any way failing to give them what they needed in the way of sensitive interviews, but nevertheless not wasting time. She was very efficient. And we all admired her greatly.

ROSEBERRY: So you say she was well respected. Do you feel that she ever received any negative comments or—?

KATZ: Not that I was aware of, certainly, no. The only criticism was she smoked. As an allergist especially that wasn't too good, but she would go outside the building. She never smoked in the building. (*laughter*)

ROSEBERRY: Well, tell me about Dr. Osterhout.

KATZ: Dr. Osterhout, as I say, was the spouse of Dr. Syd Osterhout, and she was a very enthusiastic proponent of the Poison Control Center. And as you probably know, Dr. Jay Arena, who was in practice in town, he was one of those that Dr. Davison utilized as earning his living practicing in town but coming over here to teach. But I think that Jay's Poison Control Center was only the second one in the country, and was a very important part of the teaching program and of health for children, and not just in North Carolina, but the whole Southeast. And Shirley took the leadership of that as Jay got older and as he spent more time with his practice and with national activities. He became president of the American Academy of Pediatrics, and that's a full-time job, so that Shirley really was the leader—and the residents found her very, very favorable. One of the rotations that our residents had was in the Poison Center. And they covered the calls in the Poison Control Center at nights and weekends, so they got a lot of practical experience. And Shirley was their mentor.

ROSEBERRY: So that was within the Department of Pediatrics?

KATZ: Yes, absolutely.

ROSEBERRY: And did it remain in the department, or did it—

KATZ: It did throughout its existence, and then as time progressed—and I can't tell you what year it was but it was probably in the 1980s—it became apparent that there needed to be a state program, rather than just Duke's program. And I think it entered the era

when there was much more to be done in computerized material and the ability to communicate throughout the state. And at that time the Poison Control Center closed, and we turned the whole thing over to the state.

ROSEBERRY: Then you also mentioned Dr. Buckley as well. Tell me a little bit more about her.

KATZ: Dr. Buckley, of course, came over and became an integral part of the department and developed her research on children with immune deficiencies and, as I say, has become recognized as an international leader, both in the understanding of these children's problems and the diagnosis and treatment. And obviously, in more recent years, treatment with transplantation—umbilical cord cell transplantation—for these children, and I think has treated more children than anyone else in the world. And until recently—well until 9/11—we always had children from the Middle East who were here with these deficiencies, because these are genetically determined and there were many consanguineous marriages, so that if you have consanguinity, you're more apt to have the pairing of chromosomes that carry genetic defects. And we always had folks who were here who were from many of the Arab states who were Dr. Buckley's patients. Not exclusively—we had patients from the United States and elsewhere. But it was interesting, because Duke Medical School or Duke Hospital opened an international office, mainly because of Dr. Buckley's patients, because she had so many from abroad and they needed help with translation, orientation to whatever the local facilities and rules were. And this was pretty, you know, rude and primitive when it began, and it eventually developed into a very effective system.

ROSEBERRY: Now, was it fairly typical for a department to have maybe one or two women or—?

KATZ: There was only one in Medicine and none in Surgery. I think it varied, but at that point in life and, you know, these four women—Dees, Buckley and Osterhout and soon Wilfert—were unique in the sense that they were married and had children. In pediatrics in general in those years and earlier, the great leaders who were women were spinsters, because you couldn't have a career and have a family and a husband and all the responsibilities of being a wife and mother. People like Hattie Alexander at Columbia, Helen Taussig at Hopkins. I can go on and on and give you a list—Millie Stahlman at Vanderbilt, Mary Ellen Avery at Hopkins, McGill, and Harvard, Jackie Noonan at Kentucky—these were women who never married and yet became leaders in pediatrics because pediatrics was their whole life. And that was what it took. But it was refreshing for us to have these four women, because they were "total" women who were fulfilling their roles as spouses and as mothers and as family leaders, and not just as pediatric leaders. The next—I'm trying to think chronologically. I think the next two women in the department were Dr. Catherine Wilfert, who came here in 1969 and led the division of Pediatric Infectious Diseases into its prominence, and, as you said, you've already interviewed her, so there's probably little I need to tell you about Cathy. Her national eminence is exemplified by her election to the Presidency of the Infectious Diseases Society of America, only the second woman in its 37-year history. She married the chair and preserved her name as Wilfert, which we felt was valuable, because it would have been difficult for her to be known as the chair's wife. And it was a long time before a lot of people realized that she was. (*laughter*) Did she tell you the story about the student

who went to Harvard? (*laughs*) [*see Dr. Catherine Wilfert interview*] I always get such a kick out of that. And, as you know, she's become an internationally prominent leader in the field of pediatric AIDS. Before I left Harvard, there was a woman who had come there as a resident to the Children's Hospital, whom I had interviewed, who was very interested in general pediatrics. She had been a nurse at the Children's Hospital in Pittsburgh and eventually went to medical school there—and at a somewhat advanced age—I don't remember how old she was. Her name was Lois Pounds. And when I came here, it was very apparent there was no leader in general pediatrics. There were these people—like Jay Arena, Angus McBride, and both Arthur and Will London—who came and did teaching, but they were, you know, part time. They were working in town to make a living with their practices. We needed a full-time leader, and I recruited Lois Pounds to join us from Harvard. She became very effective and, again, a person that everyone respected—the students and the house staff. And she developed a very good program in general pediatrics. And her history is interesting, because she inspired so many of our young students that when several of them went to the Children's Hospital in Pittsburgh as residents, they complained to the chair of the department there, Dr. Tim Oliver, that his program in general pediatrics wasn't very good. And he asked, Well what should I do? And they said, Well why don't you have a good program like they do at Duke? So he came down to visit, and he met Dr. Pounds. And he discovered, of course, that Dr. Pounds came from Pittsburgh, originally, and he recruited her back to Pittsburgh. (*laughs*) So she went from here to Pittsburgh and developed the general pediatrics program there. Dr. Oliver had been divorced, and Dr. Pounds became his hostess in many ways—for department parties—and the next thing we knew, he married Dr.

Pounds, so that they were a couple. And then when he retired from the chair in Pittsburgh, they came back here. He came to work at the American Board of Pediatrics in Chapel Hill, and Lois came back here as a member of our pediatric faculty and very quickly was appointed the director of admissions. And she served as the director of admissions after Dr. Syd Osterhout had retired. So that again, I think, we had an advocate in the admissions office who was interested in good women coming to Duke Medical School. And, you know, that has continued, of course, in that Brenda Armstrong, who is now the dean of admissions, was one of our residents and one of our cardiology fellows—who was a faculty member in Pediatric Cardiology—and now has become the Dean of Admissions. So Pediatrics has had a good role in the admissions office with medical students. Now, I don't accredit it solely to those individuals, but, as you know, this has happened nationally now. At least half of the medical students in most medical schools are women. And in pediatrics, even more than half of the residents are now women. So there's been a marked change. (*telephone ringing*) Can I excuse myself?

ROSEBERRY: Of course.

(*pause in recording*)

KATZ: I think that the policy of the admissions department has certainly been influenced by having a) women, and b) pediatric women responsible, and I think that's greatly to Duke's credit, and to the credit of the deans who appointed them.

ROSEBERRY: So has there been a specific relationship between the Department of Pediatrics and the admissions department, or is that—?

KATZ: I think in a way—in the sense that on the admissions committee, that the director of admissions utilizes—there have always, in these last years, been pediatric representatives. Among the assistant deans of student affairs, there have always been pediatric representatives. So I don't think that's by accident. And by and large, entering medical students are in some ways still children, so I think pediatricians can deal effectively with them. I would say, as a matter of fact, yesterday at the School of Medicine awards ceremony, one of the very special awards, the Palumbo Award, was given to Dr. Robert Drucker, a pediatric faculty member, who is indeed one of the assistant deans, as well as the leader of our selection program for residents, and is recognized because of his ability, sensitivity, and intellect—so that we've done well in that respect. I want to tell you about one other pediatric faculty member who came to us very early, who again became a national leader, and that's Dr. Deborah Kredich, who regrettably died this year. Deborah came, again, in a way as the wife of a medical faculty member, Nick Kredich, who is a rheumatologist. And she and Nick were at NIH [the National Institutes of Health]. She had gone to medical school at Michigan, and done a year or so of residency here when Nick then went up to NIH, and obviously she went with him and she worked with the Montgomery County Health Department. But then when they got ready to come back here I was now the chair, and she needed at least another year of residency training to be certified in pediatrics—and I was able to arrange that for her. And then, I think in part because of her husband's work in rheumatology, but also because there was no field of rheumatology in pediatrics, she spent time as a fellow with the adult rheumatologists and then developed our program in Pediatric Rheumatology. And indeed, she became a national leader in pediatric rheumatology;

there were only a handful nationally. And she helped to develop the standards for the field, she trained people here at Duke who became leaders elsewhere, and she was always very proud that when they developed board certification in pediatric rheumatology, hers was certificate number zero-zero-one. (*laughter*) So that—she was really a nationally recognized and distinguished leader in pediatric rheumatology. One of the good things she did, which typified what we tried to do at that point, was she developed a joint program for the University of North Carolina—they had no one in rheumatology—and she trained a fellow who then went over there and became their pediatric rheumatologist. And as a result even to this day, it's a joint fellowship program. And the pediatric rheumatologist over there comes over here for joint specialty meetings and things, and they work together very closely. So that was another area where a woman had an influence—not just at Duke, but nationally. I think we've been very fortunate with people like Shirley Osterhout in Poison Control, Becky Buckley in Immunology, Susan Dees in Allergy, Cathy Wilfert in Infectious Diseases and Debbie in Rheumatology, to have real national leaders. We have younger people who are emerging the same way—Joanne Kurtzberg and Louise Markert—who have, again, become nationally reputed because of their work in transplantation of immune deficient children, transplantation of cancer patients, and Duke is recognized internationally because of these two women, so that we've done well. Women have done very well at Duke. I don't know if Dr. Wilfert told you her Harvard story. Cathy was a Harvard medical student, and we met, obviously, working in John Enders's lab at Harvard. But she went to Harvard when there were six to eight women in a class of 125. And it took a long number of years before that changed. When they had—in 1995, they had their fiftieth anniversary of women at

Harvard. The first class was in 1945. And I don't know for how many years it was restricted to six, but it was always six to eight in a class.

ROSEBERRY: So that was a set parameter?

KATZ: Well, Harvard "had no quotas," but somehow or other there were six to eight women and two blacks and ten Jews in every medical school class. "We had no quotas," but somehow or other it always worked out that way. Well, when they had the fiftieth anniversary, they contacted Cathy and asked her if she would be willing to come and participate in their celebration and give a talk. And, you know, now they were very pleased that there were—1995, there were lots of women in the class. And she said, "Well, can you tell me about tenured women faculty?" And they rather embarrassedly wrote back, "We're working on that." (*laughter*) Cathy is a strong woman. All of these women are strong, or they wouldn't have gotten to where they have. I mean, as we mentioned, again, the contrast—these were women who had families and careers and were able to manage both very successfully. And it wasn't by (*laughs*) being shrinking violets. So Debbie Kredich was a real feminist—in the most positive way—and she and Cathy and Lois Pounds and Becky Buckley all were very prominent in making sure that women had their recognition, their deserved recognition.

ROSEBERRY: How did they do that?

KATZ: Well, I think by their influence locally as teachers, and their recognition by the residents and by the students and by the fellows as strong, effective leaders, and indeed by their colleagues in other Duke departments, which at that point, had very few women early on in those years. Pediatrics was recognized because of our faculty with so many women. It took a long time, and I can't tell you when, but, for example, Obstetrics—

which deals totally with women—there were no women on their faculty. There was a group of women medical students—I don't know if HIPPA [FERPA—Family Educational Rights and Privacy Act] permits me to list their names. One of then was Nancy Milliken. And you'd have to look and see what year she was a student, but Nancy was from South Carolina, from a very prominent industrial family who were in the textile industry. And it was when Keith Brodie was Duke's president, whenever that would have been. And Keith cultivated the Milliken family, because they were obviously big potential donors. And Nancy Milliken and a group of young women—now there were more women in the medical school class because we had the women deans of admission—but Nancy was, again, a very strong woman. And she said, "We'll show those bastards; we're going to castrate them." And these women all went into obstetrics and did obstetrical residencies and became very prominent in obstetrics. Nancy is the head of Women's Studies at the medical school of the University of California in San Francisco. But given this change, this became something that had a real mark, not just on Duke, but on obstetrics nationwide. But Duke, as a result, began to recruit women faculty in obstetrics and indeed, more and more women—not in a feminist, we're going to punish you way—but because this is a good field for women, began to go into obstetrics, and we've had lots of women residents now over the past years in obstetrics. But that wasn't true until the Nancy Milliken revolution. (*laughs*) One other thing, as I think back on that, the chair of Obstetrics at that time was Dr. Roy Parker, a very lovely man, raised here in North Carolina—but had very traditional North Carolina style. And I think it took a while for him to adjust to this idea, but it worked out well. I mean, and certainly by the time Dr. Hammond came along to succeed Dr. Parker, the role of women in obstetrics

was beginning to be well established, even at Duke. But I want to tell you one story, which maybe you can or cannot include in whatever you do with all of this rambling. And that is, when I stepped down as the chair—I was chair for twenty-two years, from 1968 to 1990. Actually, I asked to be relieved in 1988, figuring twenty years was a good figure, but it took them two years to recruit and identify a new chair. But when I met with the search committee, I gave them the names of six women who were outstanding in pediatrics nationally, that I felt should be considered as possible candidates. They never even interviewed any of the six. And pediatrics, which, as a field nationally, had become so hospitable to women and had produced so many women leaders, has not had a woman chair at Duke. And as we said, there's not been one Duke clinical department yet that has a woman chair. Graduates of the Duke Medical School have been chairs elsewhere. Judy Swain was the chair of Medicine at Stanford for a number of years. She had been a Duke resident, a Duke Cardiology fellow, a Duke faculty member—went from here to Penn, and then went to Stanford as their chair. We haven't yet had a woman chair in a clinical department at Duke. Please don't misunderstand—I think our new chair in Pediatrics is absolutely the best in the world, Dr. Joe St. Geme. And I don't mean to replace (*laughs*) him with a woman, but the fact that in 1990 they weren't even willing to interview women was to me very, very distasteful.

ROSEBERRY: So you think there's perhaps some resistance to women's leadership on the departmental level?

KATZ: I don't know, you know, I've been out of the chairmanship now for seventeen years, so I don't go to those meetings of the executive committees, et cetera. I can't imagine that they don't look at themselves and say, Why not? But, as I say, I'm not privy

to those discussions anymore. (*laughs*) We've had two black chairs. I mean, as you think of affirmative action, we have chairs in both Obstetrics and in Surgery who are black Americans, but we haven't had (*laughs*) a woman yet in a clinical chair, although the basic sciences have had several.

ROSEBERRY: So are some of the women that you mentioned actively promoting women's issues? We kind of talked a little bit—

KATZ: Yes, I think there is a group here at Duke. Again, I'm not totally familiar with them, but Dr. Coleen Cunningham could tell you about them—she's our chief of Pediatric Infectious Disease. There is a women's caucus, or group, or I don't know what they're called. Dr. Nancy Allen, a medical rheumatologist, has been a leader. Dr. Laura Schanberg, who's one of our pediatric rheumatologists, is also involved with them, and I've heard them discuss this, but I haven't been involved with them. As I say, I've retreated from that arena. Not from the women's arena—I mean, I'm still an advocate for women—but from the aspect of making decisions that influence what goes on at Duke.

ROSEBERRY: How were you an advocate while you were chair?

KATZ: Well, I think that both nationally and locally I was an advocate, in the sense that I recruited wonderful achieving women to our department. And as I think I said to you when we started—I thought about this knowing you were coming today—and was able to make a list of twenty-three women that I recruited as department faculty, and worked very hard to get them promoted and recognized. That was, of course, the other thing which we didn't even get into, but women's salaries were always less than men's. I shouldn't say always, but pretty much. Secondly, promotions were more difficult for women, because most of these women I've mentioned to you were married and had

family so it took them longer to publish "x" number of papers, or get "y" number of grants. So that the idea that within so many years you had to do this to get promoted from assistant to associate professor, or associate to professor was, you know, those were hurdles we had to help to overcome. But we advocated for them with the appointments and promotions committees, and I think most of them eventually got where they deserved to go.

ROSEBERRY: Is that medical center-wide, or is that within departments that—?

KATZ: I think it's become medical center-wide now in the departments, certainly in Medicine and Obstetrics and Pediatrics. I can't speak for all the departments, again, because my sphere of activity these days is so different. I know there are even women in the Surgery Department now. I know there are women in every clinical department, but you know—how their pathways have gone, I don't know. But there are certainly division chiefs in Medicine who are women, and the leader of research now in Obstetrics is one of my former residents, Dr. Phyllis Leppert, who came to us from New York where she had been a midwife, a nurse midwife. Came to Duke Medical School and did very well and did her residency with us in pediatrics, then went to Yale and did a residency in obstetrics—so she was the complete perinatologist. And then joined the faculty, I think, at Columbia in New York, and later in Rochester, next in Buffalo as department chair, and then at NIH, and then was brought back here by our new chair of Obstetrics to head up the research program in Obstetrics. So this is coming home for her, which is very nice.

ROSEBERRY: Were those decisions about appointment and tenure—are those within the department, or does that happen on a medical center level?

KATZ: Department can make its decisions, yes, with department appointments and promotions committee. But then that goes to a medical center-wide committee. And that's the committee that makes the recommendations to the chancellor and the president. So there are two steps. I mean, you can do things within your own department, but then what happens in the A&P [appointments and promotions] committee, you probably only have one vote out of eight or nine. I don't know of the size of the committee now, but it isn't as if the department deciding it automatically gets it through the A&P committee, no.

ROSEBERRY: Do you know if there were women on that committee?

KATZ: There must be now. There weren't, again, during my early years, but I'm sure there must be by now. I think—matter of fact, probably is even—may even be in here. Let's see if we can find out—appointments and promotions—. Yeah, here we are—clinical sciences appointments, page 92. Appointments and Promotion and Tenure committee: Frank, Buckley, Coleman, Maureane Hoffman, professor of pathology. So there's one women out of one, two, three, four, five, six, seven—one woman out of eight members.

ROSEBERRY: And that's 2007?

KATZ: That's 2006-2007.

ROSEBERRY: Okay. Thank you for looking that up.

KATZ: In the basic sciences, there are—let's see. Blanche Capel and Ann Marie Pe—[Pendergast] So, there are two out of eight in the basic sciences appointments and promotions committee.

ROSEBERRY: Interesting.

KATZ: I have the data right here. (*laughter*)

ROSEBERRY: Right at your fingertips, right. Well, when you were kind of—when you were hiring women, and other departments maybe were not hiring as many women, was there a sense that that was—?

KATZ: I think that most of the other clinical departments said, Oh, well, Pediatrics, you know, that's a woman's specialty—because, certainly nationally, pediatrics was always more attractive to women. It was looked on as sort of natural, you know, women are mothers, they're interested in children, so that's why they go into pediatrics. In fact, there was almost a reverse phenomenon for a few years in the early feminist years, where a lot of women felt, Well, we're expected to go into pediatrics, and that's why they—that's not the reason, but it is one reason why for a while there was actually a decline in the number of women entering Pedi—. That's totally reversed now, and, as I say, more than 50 percent of the graduates who go into pediatrics now are women. But for a while, it was a sort of, Well, we're expected to do pediatrics, so we won't. And I think that was the attitude among many of the nonpediatric faculty here: Oh, well, you know, pediatrics is a field for women. But even at that time, you know, there were only like four or five women in the nation who were chairs of departments of pediatrics. One was a graduate of Duke, Dr. Beverly Morgan, who chaired the department at the University of California Irvine. Another was a former Duke faculty member, Doris Howell, who was a hematologist, who chaired the department at what was then called the Women's Medical College in Philadelphia. I don't know if you ever heard of that. You ought to look into the history of that. I don't know it that well. But because women were so excluded from medical schools, a number of wealthy philanthropic women in Philadelphia underwrote

the foundation of a new medical school in Philadelphia, and it was called the Women's Medical College. And it was precisely for women. And, as I say, one of the hematologists who had worked here—she wasn't a student here, but she had been for a few years a faculty member here—became initially Professor of Pediatrics and then the dean—Dr. Doris Howell became the dean of that medical school. We've had somewhat of an influence on women in pediatrics nationally, but also, as I say, it began to change, so that women became leaders in clinical departments—not yet at Duke, (*laughs*) not yet chairs at Duke—but in other schools in medicine and obstetrics in addition to pediatrics and psychiatry. No, go ahead.

ROSEBERRY: Was there a sense that, Women would not do research—that that was not a woman's—?

KATZ: Well, I think it was hard. Not that they weren't intellectually prepared, but, again, in the balance of, you know, How much time can I devote to clinical care, to teaching, to my family, and to research? It was harder for women in many respects, particularly those who chose to be spouses. And it took, again, a greater number of years to develop the wherewithal to show that you were good, so that when you applied to NIH or elsewhere for grants, you were successful. And again, it was a long time before NIH had women leadership, so that, you know, this was not just one place or another—this was national.

ROSEBERRY: So were the women that we mentioned able to effectively balance those—?

KATZ: Yes. Well, certainly Becky Buckley has always been very successful at getting grants, Dr. Wilfert was very successful at getting grants—those who did the kind of

work, you know, that merited that kind of recognition. I'm trying to look at the list—Dr. Kurtzberg and Dr. Markert have been very successful at getting grants, so that, yes, this has developed. But I think there were probably more of the women whom we recruited to the faculty who made their mark as great teachers and clinicians and didn't do basic laboratory research. Now, they participated in clinical research, but not in basic research, because it became increasingly difficult, not just for women, but for everyone to have what used to be called the three-cornered stool where, you know, your three corners were research, clinical care, and teaching. And it became much more difficult and much more demanding that you spent at least 75 percent of your time in the laboratory if you were going to be a successful grantsman at research.

ROSEBERRY: Who were some of the clinicians that you—?

KATZ: Well, as I say, like Debbie Kredich for example, was the ultimate clinician. She was superb and, again, recognized not just locally, but nationally. She never put her foot in the lab, other than visiting her husband's lab, but she made her distinction by her contributions to clinical research and teaching, as well as clinical care, of course. She was absolutely wonderful with patients. Again, Dr. Pounds, the same way—she never did laboratory research, but she was an excellent clinician and teacher. Who else are we looking at? Debbie Squire, whom we didn't mention, but who came here as a resident, and then became one of the first people interested in sports medicine—and, again, one of the first women interested in sports medicine. If you go the women's basketball game, she's sitting there on the bench, I was going to say along with Gail Goestenkors, but it'll be a different (*laughs*) person this year. But she's been the physician for the women's basketball team for a good number of years, and teaches sports medicine. Again, we've

developed a new role, in the sense that now we have women orthopedic surgeons who do sports medicine, but that didn't exist when Debbie Squire came along.

ROSEBERRY: Many of the women that you mentioned were married to men in the medical center.

KATZ: That's—you know that's—. As I looked through this last night I thought, You know, that's really very interesting. Susan Dees, Becky Buckley, Shirley Osterhout, Joanne Kurtzberg, Debby Kredich, Cathy Wilfert, eventually Lois Pounds. And I didn't mention, but should have, Laura Gutman, who became a strong leader in Infectious Diseases, whose husband was a nephrologist. Those are—. You're absolutely right, a good number of them were spouses of—. But they, you know, they carried their own weight. It wasn't that they were riding along on their husbands' coattails.

ROSEBERRY: Well, I know that was also your situation, as well.

KATZ: Absolutely. Absolutely. And you know, it was very important to me, as a husband, that Cathy receive her recognition. She always had the lowest salary of any woman professor, and, you know, I could never complain about that. (*laughs*) But that was my only resentment of Dr. Anlyan. (*laughs*) Not that he tried to hire her like Susan Dees was hired, but she never quite made the salary that the other women professors did. But that was just, you know, a little irksome; it wasn't financially disabling in any way. But no, you're quite right. I was always very anxious that Cathy receive—. I don't know if you know, in the last year I've been very fortunate to get two very large awards. The DuPont Foundation gave me a $50,000 prize for my work, and just last month the Pollin Foundation gave me $100,000, and I took that $150,000 and used it as the base to establish the Catherine Wilfert Global Child Health Fellowship, which will come to

fruition very shortly. Duke now requires $750,000 to endow a fellowship. When I came here all you needed was a million dollars to endow a professorship. (*laughs*) But thirty-eight years later, it's $750,000 to endow a fellowship—but we have nearly that amount raised already, from many friends and donors and other groups who recognize her achievements. So I'm very happy about that.

ROSEBERRY: Well, if you don't mind my asking, were there any complications of a department chair being married to a division chief?

KATZ: I don't think so. You know, if there ever were, they never came to the surface where I—. I can think of only one faculty member, in my thirty-eight years, where that might have been an issue and *he* didn't come to me. He was obviously a male faculty member. His wife came to me and complained. And you know, her complaints were groundless. But I listened to her and tried to reassure her but that was the only time anything of that sort ever came to my attention. No, I think each of these women was so accomplished in her own way that I don't think any of their male counterparts ever had a feeling that they were getting special benefits because they were women, or that, particularly Cathy, was being favored in any way. As a matter of fact, as I say—not that everyone knew everyone else's salary (*laughs*)—but she was never favored that way. She was never favored with having larger lab space or anything than anyone. In fact, as I say, her lab space was collaboratively developed with the Department of Microbiology, so she didn't even really impinge on Pediatrics lab space. I don't think she ever had a problem in that respect. You can ask her that and see if she feels that way, but I certainly was unaware.

ROSEBERRY: I'm not sure that we talked about Brenda Armstrong's scientific—

KATZ: Brenda's a very interesting story. Brenda was here before I was here. She was an undergraduate at Duke, and she was one of the leaders in the famous episode when the black students occupied the president's (Doug Knight's) office and put on a real demonstration. And she's a very active, very appropriately aggressive woman. She grew up in Rocky Mount, North Carolina, where her mother was a schoolteacher at the black high school. Her father was a coach of one of the athletic teams at the black high school. But he later went to medical school at Meharry, which was one of the traditionally all-black medical schools in Nashville. She left here and went to medical school at St. Louis University, and then, after an internship at UCLA, came back here as a resident and then a fellow in Pediatric Cardiology and has distinguished herself as a very accomplished pediatric cardiologist—and has been here on the faculty ever since. One of the things about her that is in some ways unique is that she has three children, though she's never married—so that she's had that aspect of being a fulfilled woman and raising three sons but without a spouse to help her—so I think that that's even more remarkable that she's achieved so well as a single parent. And her recognition by being appointed director of admissions, I think, was very appropriate, and I think she's received a national award for Duke having the most diverse admitting medical school class of any in the country, and that's obviously totally due to Brenda. I shouldn't say totally—she has an admissions committee that works with her—but certainly the impetus comes from her.

ROSEBERRY: Is it difficult to balance those things such as the family and the work, medicine being such a demanding—?

KATZ: Are you talking about in general, or for Brenda in particular?

ROSEBERRY: In general.

KATZ: Oh, sure. I think it's more difficult. I think that there's no question, you know, men don't have pregnancies, so that there are certain aspects of being a family that fall more heavily on women. On the other hand, I've been increasingly impressed how many of the husbands—and this again is a more recent role, it wasn't true thirty-eight years ago—but how many of the husbands share many of the child-rearing responsibilities that previously were totally the wife's. I mean, as I look at our young people, even our fellows and our junior faculty, I'm always very impressed with how much the men do in regard not just to being there to lift the heavy (*laughs*) loads, but to take care of the children, to stay home several days because the wife is going off to do something at a meeting, or something. It's a very much more equitable situation now than it was, and I give credit both to the men and the women for that.

ROSEBERRY: Was there maternity leave built in to—

KATZ: Yes. And, again, I can't give you the exact programs now, but yes, there is maternity—. Is there paternity leave? I don't know. It's an interesting question—

ROSEBERRY: When you were chair, is that—?

KATZ: When I was chair, there was not, and we had to fight for that. I even had a couple of women faculty who took as much as six months off. But at that time, it wasn't the medical school—it was the university—rule, I think, that if you worked less than six months and one day, you lost a lot of your benefits and privileges. So that if we—well, Mary Ann Morris was one, for example, where she was a pediatric nephrologist, and I think she did—we arranged a period like that for her. But with my administrator, we were able to arrange so that it was a little more than six months that she was on the faculty full time, so that she didn't lose her benefits. And I don't know what the situation

is today. I mean, there've been so many changes, you know, about couples who are two women rather than a woman and a man, women who are unmarried and have children. I'm not sure—those are good questions, and because I haven't been responsible in those areas for seventeen years, I don't really know exactly what's happening. My hope is that things are good, but I can't vouch for it.

ROSEBERRY: Are there other women that maybe we haven't talked about that were in the department?

KATZ: Oh, there are a lot that we haven't talked about, but I don't think they have any of the unique aspects that I felt were important to mention in regard to the ones we have.

ROSEBERRY: Would you say that you were actively trying to allow women a place in the department?

KATZ: Absolutely. You know, I think just from a point of equity, you know, if we were looking for a new faculty member in a given field, I made certain that we found out who the good women were in that field as well as the good men. I don't think we favored women in the sense that if a woman wasn't as qualified as a man we bypassed the man and appointed the woman. But I think we made a real effort to find and locate the outstanding women. And we nurtured our own in that a number of the women who became faculty members were indeed women who'd begun here as either medical students or residents or fellows. I mean, Brenda's a good example, Debbie Squire is another example, Sara Chaffee, who has left here and gone to Dartmouth, but was with us on the faculty in Hematology. Joanne Kurtzberg, Laura Schanberg, Louise Markert—they were good examples of women who came up through our own system and became faculty members, but a number were recruited from elsewhere. And a number, as you've

already pointed out, came because they were joint appointments of a husband and wife. And we were always certainly very open to that. If somebody in the History Department called and said, You know, I have a medieval historian I'd like to hire, and his wife is a pediatrician, we would certainly interview that person, and if she were deserving, fine. We had the reverse, actually, in that we had a woman in romance languages whose husband was a pediatrician, and we were able to find a slot for him, which he deserved, but it was interesting to see it in the reverse form.

ROSEBERRY: Well, in general, what makes a good pediatrician?

KATZ: What makes a good pediatrician? Somebody who's intellectually keen, somebody who's interested in children and appreciates that children are the future of our world, someone who's sensitive and is able to deal with the anxieties and problems of parents, even before they're dealing with the anxieties and problems of children. I think those are the qualities I would want: intellectually keen, emotionally balanced, sensitive to the needs of others, and foresighted enough to realize that dealing with infants and children, this is what we have to look forward to as the world in which our children and grandchildren are going to live.

ROSEBERRY: Is the medical aspect different in pediatrics than—?

KATZ: Absolutely, because you're going through—. It's the opposite of Medicine in the sense that you're going through the maturation phase of life, not just emotional maturation but physical—the immune system, the heart, the lungs—everything you can think of is, beginning from in utero, is maturing, and I guess I would use the word *strengthening*, in many ways. On the other hand, with adult medicine, you're pretty much dealing with the deterioration and the senescence. I mean, as one who has spent his life

working with vaccines, we know that in the early weeks or months of life, the immune system isn't ready yet to cope with many of the antigens that you meet naturally, as well as those you might put into vaccines. But as you get up into the early years—two, three, four years of age—the maturity of the immune system is such that those individuals respond best to antigens and vaccines. And once you get out to the fifty years of age, it begins to go downhill. You get to my age, and it's really getting senescent. So that there is a—. And this is, of course, increasingly apparent as we deal with a lifespan that's in the mid-seventies now instead of life ending in the fifties or sixties, forty or fifty years ago. So yes, there is a difference. And there's a difference not just in pediatrics but people in radiology, people in surgery, people in other disciplines who deal with children, I think, have many of these same attributes, or they wouldn't deal with children, because it's not easy always. I mean, pediatric surgeons, pediatric orthopedists, pediatric radiologists have to deal with very different problems—not just technically, but, again, emotionally and sensitively—than do their colleagues who just see adults. The other thing that's happened that's remarkable, of course, is with the great progress in medicine and in genetics. So much of what we dealt with in pediatrics that often was fatal before you got to be an adult now continues on through lifespan: heart disease, congenital hearts, which is what Brenda dealt with, sickle cell disease which Dr. [Thomas] Kinney and his colleagues dealt with—(*cough*) pardon me—immune deficiencies such as Becky Buckley and her people dealt with. These things—rheumatologic disease, such as Dr. Kredich—these don't end now at age eighteen or nineteen. These—cystic fibrosis. When I first came here, we had patients on the pediatric service who were in their twenties and thirties with cystic fibrosis. Why? Because the adult physicians weren't interested in cystic

fibrosis. They didn't know how to take care of these patients. We'd send them to the adult pulmonologist, and they'd come back to us and say, I know more about cystic fibrosis than they do, what are you sending me to them for? Now that's changed, fortunately, in that pulmonologists and rheumatologists and hematologists and cardiologists have to know about many of these congenital and childhood-acquired disorders, because they're going to see adults with these disorders who have survived childhood, due to the care of pediatric physicians and specialists. And now there's much more interaction between Pediatrics and Medicine in those areas. Brenda Armstrong, for example, developed a congenital heart clinic where the adult cardiologists and the cardiovascular surgeons work with the pediatricians, because they're going to be acquiring these youngsters who've had congenital heart disease that's been operated on, repaired, but are going to have different situations arising as they get older, and this is a good example. But the same thing is true in so many of these areas now.

ROSEBERRY: Do you mind telling me a little bit about your own work?

KATZ: I think I'm getting tired. (*laughter*) My own work. I began in virology, because when I was resident years ago in Boston we had our last and worst epidemic of polio, and I got very interested in viruses, and fortunately at the Children's Hospital was Nobel Laureate John Enders, who had gotten the Nobel Prize for his work in showing how he grew polio viruses in cell culture in his laboratory. Well, I went to work with him as a fellow, and he had become interested in measles. So I was assigned measles, and I worked with him and a number of other colleagues, and worked on attenuating the measles virus in the laboratory and eventually in laboratory animals (monkeys), to show that we had achieved a virus which was still able to produce protection against measles,

but which didn't produce the disease, so that we had a measles vaccine. And by the mid-1960s, we had a measles vaccine that was licensed in the United States and was enormously successful, and within a period of five years we had reduced measles in the United States by 90 percent. But then I went to Nigeria at the invitation of people there, where the mortality from measles was 5 to 20 percent among children—not because it was a different virus, but because these were children who also had malaria, they had protein malnutrition, they had intestinal parasites—and we were able to do studies showing that the vaccine was not only effective but safe in those children, too. So that sort of opened my eyes. You know, I had been fascinated by measles more as a laboratory phenomenon and again, you know, excited about the effectiveness of the vaccine in this country, but I had limited appreciation of measles in resource-poor nations. And the work in Nigeria opened my eyes so that I then became very interested in developing global policy for measles. And that's my work even today, but working on extending the benefits, not just of measles, but of other vaccines—but obviously the card that gets me into the WHO [World Health Organization], into UNICEF and other groups, is measles vaccine. But extending the benefits of these wonderfully preventive vaccines—polio, hepatitis, measles, pneumoccocal vaccine, Haemophilus influenza—to the populations where they have so much more morbidity and mortality than in this country. So in recent years, I've worked with a United Nations program which has a laboratory and an extensive program in Korea—not just for Korea, which isn't a resource-poor nation, but for Asia and Southeast Asia, for nations where there are not these benefits, and with the India-US vaccine program which is more a technology transfer program to get vaccines into India that children need there that are licensed in the western

world. So that's been—I've done a lot of traveling through—not as much in Africa as my wife, but a good bit and also in India, in Malaysia, in Vietnam, in Korea, in the Philippines, in Latin America—very much interested in extending these benefits to children in these nations.

ROSEBERRY: Do you feel that Duke has been supportive of that?

KATZ: Yes. I think that—I think that Duke—I mean, in a positive way, I don't mean to sound like they exploit me in any way, but I think Duke enjoys having international leadership recognition, and I think because of that they've always been very supportive of me in that respect, yes.

ROSEBERRY: Well Dr. Katz, what have I not asked you today?

KATZ: Nothing. You haven't missed anything. (*laughter*)

ROSEBERRY: All right.

KATZ: It's very nice talking with you, Jessica, but as you can hear, I'm getting laryngitis. (*laughter*) I don't usually talk this much in one sitting and certainly not about myself or my department. But I enjoy the opportunity, thank you.

ROSEBERRY: Well, I appreciate it. Thank you very much, Sir.

KATZ: Okay.

(*end of interview*)