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April 22, 2015 – Anna Marie D’Amico (JMC 1972) speaking with archivist Kelsey Duinkerken at Thomas Jefferson University in Philadelphia, Pennsylvania

*Guide to abbreviations:*¹

KD: Kelsey Duinkerken
AMD: Anna Marie D’Amico
{CG} cough
{LG} laughter
{BR} breath
{NS} noise
- partial words
-- restarts

AMD: OK. My name is Anna Marie D’Amico, and I am a graduate of Jefferson. And it’s still Jefferson to me. Um, graduated in seventy-two, and it was I guess about the tenth year that they had women in, in class, and uh, it was a very interesting time. I uh, came to Jefferson from um college. I really wanted to come here, um, and I was lucky enough to get in after three years of college. I applied to several places and this was my first choice, and I was very, very fortunate to get into my first choice. No regrets there at all. They train good clinicians, I think.

KD: Alright, so could you tell me how you got interested in medicine and what made you decide to become a doctor?

AMD: Yeah, well, I mean the standard answer to that when you’re interviewing to get in somewhere is, “Well I had an interest in science and I like people and you put them together and that’s medicine” and that’s the answer that you gave when you interviewed for medical school. But I think the real thing is life is a very serendipitous and um, our family doctor in our home town when I was growing up was just sort of a role model and if he hadn’t been I probably wouldn’t go into medicine. I do believe so much is just where you happen to be, the right place the right time the right person. He was an amazing person and uh, he subconsciously had a lot of influence in my career path.

KD: Mm hm.

AMD: But I haven’t regretted it because I do like science and I do like people {LG}.

KD: {LG}. Alright. Can you tell me about your time at Jefferson? So, maybe starting off, your experiences when you started off in medical school, what that was like for you?

AMD: Well, it was a lot of very good stuff and a lot of very um not so good stuff. But the really good stuff, we were the first class to be in Orlowitz, is that the residence?

KD: Mm hm.

¹ Transcription rules are based on the University of Pennsylvania’s February 2011 Transcription Guidelines: http://www.ling.upenn.edu/~wlabov/L560/Transcription_guidelines_FAAV.pdf

AMD: And so, essentially the entire apartment building, or whatever you call it, student housing, was my class. So that was a very unique opportunity. It was like living in one big giant dorm and it was -- that was fun. It was a lot of fun. And um, um, you know I think the education was really good, I have no complaints about that. Um, being at that particular time there were, uh, ten percent of the class was female. So the class was about two hundred and there were twenty women. At that time that was unheard of nationally, and I did not know until maybe five years ago that Jefferson was the last school to admit women. It was five years ago that I learned that!

KD: Wow.

AMD: Never heard that anywhere. So, in nineteen sixty eight, I guess, when I came to Jeff, um, they were really trying to make up for that. And that's why they had such a large percentage of females, again, you know, it sounds low now, but it was, it was unheard of at that time to have, uh, that high a percentage. Ten percent.

KD: Yeah.

AMD: So we weren't, uh, a single person. It wasn't like you were the only um, person on the block that was different, so we had enough women that we were, had some bonding. But um, it um, it was um -- in some ways they'd bend over backwards, I think, to make up for things, and um, one of the very good things for me, well, bad things for the country was I applied at the height of the Vietnam War. And at that time the only deferral from military service was medical school. It was the only one left. Everything else, all of the other deferments had disappeared. So there were probably more applicants than ever that particular year at medical school and uh, women were not suspect for their motivation for applying. That helped me, uh, get in. Um, grades were OK too, but it certainly helped a lot at that particular time in life. But so, know you want to hear, that was the good, now you want to hear the bad and the ugly?

KD: Sure!

AMD: {LG} No one's ever going to hear this so we can speak frankly. Um, not everyone got the memo that women should be treated equally in school, and I tell people to this day -- by the way, I'm O B G Y N -- but um, I have never examined a male, professionally. Um, at that time we were not permitted to examine men because, quote one of my professors, "Men have examined women from time immemorial, but women do not examine men." So whenever I had a male patient I could do the heart, lungs, and so forth, but I was told to leave the room and a male doctor would take over and do the uh, uh, pelvic exam or the genital exam or the testicular exam, whatever, rectal exam. And um, it was a different time. I would not have stood for that nowadays. But back then you meekly left the room. So it was interesting. It was a real, uh, dichotomy. However, I got a good education, I went into O B G Y N, I didn't have to examine men {LG}, so it all worked out OK. So, it was fun, fun time.

KD: Do you have any specific memories of professors, of classes?

AMD: You're too young to, obviously, to know anybody from back then, but I'm sure if you've interviewed people in my age bracket, it was Aponte. The uh pathology uh doctor. He was so much more than pathology. He was, he was just, you know, Renaissance man, he knew

everything. And I don't know how he, how he slept. I mean he did so much. He couldn't have ever slept. He, he taught us so much in that class -- clinical stuff, not pathology, just clinical medicine. And he's the one I remember immensely. I'm actually volunteer teaching at uh, Academy for Lifelong Learning in Wilmington, and one of the, the guys there that teaches some uh, Medical Myths is, is the course right now, came up to me and, and he was apparently one of my professors my freshman year.

KD: Oh wow.

AMD: I don't remember him at all {LG}. I mean, he just knew from my bio that I had to be at Jeff at the time that he was teaching biochemistry, but no memory. Just Aponte. Aponte's the one that sticks with me. Um, very good guy. So.

KD: Mm hm.

AMD: And again, uh, I said that I got a good education, that Jefferson graduates clinicians. You know, it had the reputation that Penn graduates researchers and Jefferson graduates doctors who take care of patients, and I think that was a lot do to uh, Aponte's uh, influence in our, in our time here.

KD: Mm hm.

AMD: Yeah, no regrets about that. Hm.

KD: Do you have any other memories about your time at Jefferson in general?

AMD: You don't want to hear about the partying, and the uh, and the taking amphetamines, do you?

KD: {LG}

AMD: {LG}

KD: Ahh.

AMD: And the falling asleep at a test at two o'clock on a Friday afternoon after, after having taking amphetamines for three days and three nights to stay awake to study, you don't want to hear that, right? {LG}

KD: I will -- anything you want to share I will be happy to hear {LG}.

AMD: {LG} No, we did stuff like that back then, you know, we did a lot of things that probably weren't so smart back then. And well, I do remember, um, well you come to medical school wanting to be a doctor, and you spend the first two years in the classroom except for one night, I think it was freshmen year, you spent one night in labor and delivery. And so that was your only -- your first experience and only experience for years with a patient, and that's a lot of the reason why I went into O B. I came here with the intention of, of being a trailblazer, and in those days it would have been to be a general surgeon. A woman being a general surgeon would have been a trailblazing specialty, and I was going to do that. But I spent that one night in O and

D, and it was the perfect delivery. It was, you know, textbook perfect. It was natural childbirth at a time when that wasn't done, a very supportive husband. This kid was really desired. Um, they were Italian, which, if, if you know anything about the culture, a male child is worth more than a female child, and it was a boy, and the baby was born, and the mother cried, and the father cried, and I cried, and it was all over {LG}.

KD: {LG}

AMD: So, it was a very, very moving time. So. If they had done such a thing for, I don't know, E R medicine they'd have more E R doctors probably.

KD: Mm hm.

AMD: But, yeah, I do remember that. It was a real good time. So a lot of good memories, yes.

KD: Anything else before we move on?

AMD: Mm, nothing that really pops up. I didn't prepare, uh, other than what we talked about, the you know, a little bit of the, I wanted to get in the, the good and the bad, you know, I think that's very important to be recorded. Maybe someday somebody'll care that women had to fight a fight. I mean, we're not like the Suffragettes, but in a minor way we had to fight a little bit for people to come after.

KD: Definitely.

AMD: And, I mean, it's fifty-fifty now. They don't -- the kids in medical school don't realize what it was like. So, yeah, that's it. I've, I've said my piece about the good, the bad, and the ugly. {LG}.

KD: Alright, so where did you go for your internship and residency?

AMD: Uh, Wilmington Delaware, uh, in uh, did both there. Internship. It was still internship in those days. And um, again, rotating internship so I knew how to take care of medical problems, and um, loved the O B there at -- they did uh, I think they still do, well I think they do seven thousand deliveries a year, but when I was there about six thousand a year, which is a, a big number. Again, you may not know that, but that's a huge number. That's much bigger than Jeff even.

KD: Mm hm.

AMD: So you got to see so much and, and there was no complication that you didn't see and take care of during your training, which was good. So it was a good place to, again, learn how to practice and take care of patients. And I met my husband there!

KD: Oh, how exciting!

AMD: So, that was good. DuPont company, provides lots of PhDs {LG}.

KD: And where has your career taken you since then?

AMD: I stayed in Wilmington, and I did something which also was unheard of nowadays, hung out my shingle and started to see patients. And first day saw a patient. A patient. And the second day, two patients. And the third day, four patients, and the exponential curve continued.

KD: Sure.

AMD: Uh women were, again, a rarity in those days and uh, women were gravitating towards women for O B in, in that time. So um, I got good training there and as I said, stayed there. Wilmington is a reasonably good town. I guess I've sort of retired, and we decided to stay in Wilmington, midway between New York and D.C., two major cultural centers in the U.S. So uh, we have, my husband I have enjoyed time there. I uh got into this specialty because of the O B experience I described to you, but unfortunately, as a lot of people do, they get out of O B kind of early 'cause the extremely demanding time, uh, time demands on you.

KD: Sure.

AMD: Group practice, again, wasn't done in those days, it was solo practice. Very, very tough. So uh, then I did G Y N only and um and uh enjoyed that and then uh, sold my practice to a hospital, and enjoyed that, and left there and became Medical Director of Planned Parenthood of Delaware for a couple of years, and got that ship all cleaned out and straightened up and growing in the right direction, and left there. And um, do some volunteer work at a clinic for uninsured women and uh -- although there are fewer and fewer of those nowadays, uninsured people I mean.

KD: Mm hm, yeah.

AMD: And I just -- I mentioned on the way up here -- that I just started my reinvention of myself again. I'm Medical Director of a medical spa, which is opening its doors in five days. So that's a whole new fun thing, and I've only been a consumer of uh {LG}, these kinds of products, and now I'm directing it. So, a lot of fun. Just uh, doing nothing, every time I've done nothing, which is, I've done nothing for eighteen months between practice and Planned Parenthood and nothing after that for a while. And that's not for me, at this point. I don't know when it will be, but not yet.

KD: Sure.

AMD: It's, it's fun to be doing something.

KD: Mm hm.

AMD: So.

KD: Yeah.

AMD: And, well you're too young. You have to do something {LG}.

KD: {LG} That's true. Um, how did you see the field change while you were in it?

AMD: Well, uh, um. There are a lot of things. Uh, the big thing that I alluded to already was, was solo practice in O B back when. And um, that was just too difficult for people, so it's all of course group practice now. You're probably aware there are mega-groups that cross-cover with one another and people are on call maybe three nights a month as opposed to being on-call twenty-seven nights a month. So that's really changed the lifestyle. And that's the X Y generation. They don't want to postpone the gratification of the um, post-war babies, what are they? Not the baby boomers, there's another term for before the baby boomers. The um, well anyway, the war babies. Um, they work hard. I think it's the Eisenhower ge- era.

KD: Years.

AMD: Or something. And those, that generation, was willing to work hard and enjoy life later. Well, the X Ys are not. And I don't blame them. I'm, I'm kind of a cross between a boomer and an X because in some ways I don't want to wait forever to enjoy things, and, so that's why I gave up O B, unfortunately, some years early. The other thing is, um, in G Y N, we see a real tra- change from major surgery to alternative therapy. Um, I mean, you see that in, in other areas too. I mean, everybody had a mastectomy for breast cancer years ago. Now everyone has a lump out. Uh, hysterectomy was the operation of choice, now we, you know, cauterize the lining of the uterus or we take out fibroids. We just -- hysterectomy is, is not nearly as commonplace. I remember doing a couple hysterectomies a month, early in my career, and by the end I was maybe doing -- I mean a couple a week, I'm sorry -- and I was doing maybe one every six weeks towards the end. And my, my indications hadn't changed, but, it's just, you know, the norm had changed. That's one of the big -- and women always had tubal ligations years ago. Nowadays uh people, women, can stay on the pill until they're fifty-four. Or men are having more vasectomies. So, just a lot of changes. Um, I don't know if there's any one major thing that I would say, but um, changes in that regard. And of course, we talked about ten percent of my class was female, and now it's what, fifty-one percent?

KD: Yeah, I think it's over fifty percent

MD: About fifty-fifty. Yup, it's a little bit higher. So that has certainly changed a lot. I talked to somebody young -- I'm on the Executive Committee of the Alumni Association and so I talk to some of the students at some of the events, and they don't experience any discrimination. They're not aware of any discrimination if they're experiencing it, so I guess that means they're not. They -- they're like, "What do you mean, treat us differently?" {LG} "We're in the majority!" So that is a good thing, that's a real good thing. Um, that's about the things that come to mind.

KD: OK. Do you have any other thoughts or memories that you'd like to bring up that we haven't talked about yet?

AMD: Um, I think ending on a positive note is the important thing. Always end with an upbeat thing. By the way, I -- you said, to tell you a little about myself. I also need to put in the record that I am the first and, at this point, the only woman to chair district three of ACOG. ACOG is our national American Congress College of O B G Y N. District three is Pennsylvania, Jersey, Delaware, and the Dominican Republic. And don't -- we're not gonna go there, but {LG}, or explain that. Um, and um, that has, even though there we're fifty-fifty, you know, women,

female, uh, females and males, they've only had one woman chair, uh, in their history, and I, am it. Hopefully in a few years we'll have another one, but. So that is my one big claim to fame. I think it's the highest I've risen in the practice of medicine.

KD: Thanks a lot.

AMD: I'm proud of that.

KD: Definitely! Anything else?

AMD: I think that's it. Thank you for inviting me.

KD: Yeah no, thank you.

[End of recording]