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April 29, 2015 – Mary Osbakken (PhD 1969) speaking with archivist Kelsey Duinkerken at Thomas Jefferson University in Philadelphia, Pennsylvania

*Guide to abbreviations:*¹

KD: Kelsey Duinkerken

MO: Mary Osbakken

{CG} cough

{LG} laughter

{BR} breath

{NS} noise

- partial words

-- restarts

MO: My name is Mary Osbakken. I'm an MD PhD. I got my PhD from Jefferson in 1968. I then taught for four years at Beaver College, which is now Arcadia University. I then went back to school and got a biomedical engineering degree from Drexel. And after that I went to medical school. And I went to Temple, Medical School. Um, I did of course internship, residency, all those other things. Uh, I ended up with a, a fellowship in cardiovascular medicine. One year at Temple, one year at Penn, and one year at Mass General in Boston. I was their first nuclear cardiology fellow and their first nuclear magnetic resonance fellow. This is a long time ago.

KD: Mm hm.

MO: Um, when I finished that I went to Hershey Medical Center and started nuclear cardiology and also N M R imaging. And we were the second, um, imaging university in the United States after M G H. Um, I stayed there for about four years and then came into Penn, University of Pennsylvania, where I was working with Britton Chance and his lab in biochemistry, biophysics, for a number of years. I also had an appointment in anesthesia and an appointment in cardiology. I'm a cardiologist, so I did a cardiology fellowship in the interim in there. Um, and I did basic research and also saw patients. And I was at Penn from nineteen eighty-four to nineteen ninety-three. Full-time.

KD: Mm hm.

MO: Uh, I was then recruited out of academe to the pharmaceutical world where I became a Director of Clinical Development at Bristol-Myers-Squibb. But they allowed me to keep my basic science research lab at Penn, and I had lots of uh grant funding and I was able to keep it until two thousand three. So ten years. Uh, after which time I was at several pharmaceutical companies in the area. I became Chief Medical Officer for a small biotech in Boston named Inotek Pharmaceuticals. I was there for a few years and we out-licensed our I P, and uh, to Genentech, and I decided I didn't want to go back to big pharma and I didn't want to go back to small pharma so I started a consulting company. And I consulted from nineteen -- two thousand

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

and seven until now, um, with small startups and, and biotechs, helping them go from pre-clinical to clinical. I also work with big pharma. I'm consulting now with J and J, and I'm -- do some other consulting, but I also have an appointment at Drexel in biomedical engineering. I'm a research professor there. And I have a PhD student, and we're working on anesthesia monitoring device. So that, in a nutshell, covers it.

KD: OK, great. How did you get into science, and medicine?

MO: That's a very interesting and long story. But starting when I was like five or six years old I had read about Madame Curie and read about Albert Schweitzer. Don't ask me how. They were small little books at the time, and I decided I wanted to be in medicine and I also wanted to be in science. And so I had that goal from very young.

KD: Mm hm.

MO: And I was able to gradually get myself into the position to do all that. Now I have to tell you, when I tried to get into medical school back in nineteen, oh god, it was nineteen sixty-five. Very few women got into medical school, and I didn't get in. Um, they said they had a quota of two women, and um, most women didn't finish, and most women got married and had babies, blah blah blah. So I got a PhD, then I did the biomedical engineering, then I applied to medical school, and then I got accepted into almost every place that I applied to. And because of my background, I was able to do medical school in two and a half years. So.

KD: That's incredible.

MO: Yeah. So, so my, my -- I love medicine. I love uh, science. And even though I could be retired today I continue to do it because I love it. So.

KD: Yeah. So can you tell me about your time at Jefferson here getting your PhD?

MO: Well, I was here I think only two years.

KD: OK.

MO: From sixty-six to sixty-eight. Um, the head of the department at the time was Moe Big -- Moe Hegby Fred Friedman. He was a physiologist, and he was from Canada. Really interesting person. You probably can go in the archives and find anything you want about him. My thesis advisor was Donald Doemling, and I've lost touch with him. I tried to Google him and I can't find him. So I don't know if he's died. I know Moe Hegby's died a number of years ago. Um, there were a number of graduate students. In fact, there were three women. Myself, there was another one named Jackie Laxon, and there was another one, Laretta Pierce. So there were three women, which is unusual. When I was um, um, undergraduate in physiology at University of Illinois there was no other woman in my group. And when I did my master's degree at the University of Illinois there was no other woman. I was the only woman. But here, out in the east, they were a little bit more liberal, I guess, and Moe Hegby liked the idea of having women in his programs. So I was one of three women. I think there were ten people in the PhD program, the rest were men, the year I was here. So, um, what I did for my PhD thesis was I looked at the,

um, interaction of autonomic nervous system in the G I track with the cardiovascular system. So basically, if you know anything, and you probably do, people coming in with chest pain often don't have a heart attack but they'll have G I pain. The G I pain could come from cholecystitis, which is a gall bladder problem, it could come from ulcer disease, it could come from a number of other things that have to do with the G I track. Esophagitis, esophageal cancer, gastric cancer, etc. So, what I studied was how the autonomic nervous system influenced, uh, the G I autonomic nervous system influenced the cardiovascular autonomic nervous system.

KD: Alright. Do you have any specific memories of your professors? Of other students in your program?

MO: The only two that I can remember were um, Mo Hegby.

KD: Uh huh.

MO: Fantastic guy. And Don Doemling, also a fantastic guy. I, I can see in my mind's eye the -- some other people, but I can't remember their names. I tried to write their names down, but I, I can't. But there was another graduate student who was before me, his name was Eli Fromm, and he graduated a couple years before me and went to Drexel, in the biomedical engineering department, and he's the one that convinced me to come there and do a biomedical engineering degree. I think he's professor emeritus still there. So I'm trying to think of anybody else. Uh, oh, Marion Siegman was here. I think she's still here, right?

KD: Her name's familiar.

MO: In, in physiology?

KD: That could be.

MO: I think she is. She was on the staff. She was a very young staff person. Um, only woman on the physiology staff, at the time. And I'm -- I don't remember any of the other people, but there were a lot. I remember some of the graduate students. There was a guy named Dominick Cinti who went on to Natick, which is a, um, government research center in-- outside of, um, I think it's in New Haven, or something like that. And he studied high altitude sickness and work-went to the Himalayas and boot camp and all kinds of things like that. But, as I said, my memory -- I've tried to figure out some other people, and that's it.

KD: Mm hm.

MO: So, I'm not sure I'm going to be a very good.

KD: Oh, that's OK. Do you have any other, just general memories of being on campus, being in Philadelphia, your time here?

MO: Well, I loved the area.

KD: Yeah.

MO: I didn't live in the area, I lived in the Germantown area. But um, I loved the area. I took the subway in. I loved walking around. Um, Jackie Laxon lived over on Clinton Street and I visited her a lot. We uh, spent a lot of time downtown together. Um, things have changed. The place was decrepit at the time. It certainly has improved significantly, both the medical school and the area. I think, it wasn't even a university. It was Thomas Jefferson Medical School when I was there.

KD: Not yet. It became a university in nineteen sixty-nine.

MO: Yup. So, before I graduated, I graduated in sixty-eight.

KD: Mm hm.

MO: Um, it was not a university, it was a medical school. Um, have fond memories of being here, but uh, other than that, I can't really remember too much.

KD: So, can you tell me in a bit more detail then, where you went after Jefferson?

MO: Well, after Jefferson, interestingly enough, I went to teach at Beaver College. And the reason I did that -- I had interviews with pharmaceutical companies, and they offered me jobs, but, the pay was like, maybe a third or more less than they paid the guys. And I said "forget that." So I went to academe. Um, and I actually taught at Beaver College for four years. Uh, two of those years I was also doing my, um, biomedical engineering degree. And, when I taught there, I taught a course called um, oh, it was called Biology, the Root. And in it, they were all honors students, and we started with one-celled organisms and went up to communicating organisms, so they did everything from, from um, basic science, physics, math, biology, um, history, communication, um, law. So we, we included everything in the class and it was about -- there were about ten students. It was a lot of fun. And we wrote a little book at the end of it with all the people's theses that they put together. After that, also in parallel with that, I was at Drexel for two years. And I was there getting a biomedical engineering degree. Um, I got a master's, and I was toying with the idea of getting a PhD, but I didn't really want another PhD. I really wanted to go to medical school, and one of the students that was in biomedical engineering with me decided that he was going to apply to medical school, and he did, and so he induced me to apply at the same time. So we both applied. And we both got in. And I got in at Temple, and I got in here, I got in a number of other places. Um, I decided to go to Temple because my husband was on staff, and I didn't pay any tuition.

KD: Oh, that's awesome.

MO: I know. Can you believe? Back then -- and even if I'd had to pay tuition it was like three hundred and seventy-five dollars a semester.

KD: Wow.

MO: And now it's fifty-five thousand dollars a semester. I just attended my fortieth medical school reunion, last weekend. And I didn't remember any people there. I remembered a few. A few came up and remembered who I was. But I did medical school in two years, so I had two

medical school classes, and uh, basically, it's hard to -- when you have one year of class and another year of class, it's hard to really kind of remember all of the students, but I did remember a few. And it was a lot of fun, to go to the reunion. Um, after that I did an internship at Pennsylvania Hospital and a residency at Pennsylvania Hospital. So I was there two years. Which is right down the road from here.

KD: It is.

MO: And then I went to Temple and did a year of cardiovascular medicine. Their department had fallen apart in that time, and I was able to go to Penn, for the last year. The reason for that was -- as I told you I finished medical school early. I finished in January, after my second year, and you can't really get a residency then. However, Pennsylvania --um, P G H, Philadelphia General Hospital was still in existence, and they always needed residents. So I got a position there, as a resident for six months before I went to Pennsylvania Hospital, 'cause I matched at Pennsylvania Hospital for June, or July I think. And I met the people from Penn. And the head resident was a guy from Penn. And when the, uh, department of cardiovascular research at Jeff -- at Temple, fell apart, somehow I talked to him and he said, "Oh, let me see if I can find you a position here." And, that's how it happened, and I was able to go from Temple to Penn. And when I finished Penn, I knew I didn't want to do just general cardiology, I wanted to do some sub-specialty. And through different people that I knew I was able to arrange for a fellowship in Boston at Mass General. And I did -- I was there for about a year and a half, and when I finished that I was ready to start a department. So I started nuclear cardiology and um, nuclear magnetic resonance at Pennsylvania -- at Penn State at Hershey. So I was there four years, and then I was recruited away to Penn. So I was on staff at Penn, first to Britton Chance's lab, and then to the anesthesia people because I was doing research with the anesthesia people, and since I'm a cardiologist, then to cardiology. So, that's, that's it in a nutshell. I don't, you know, I'm not sure what else you need to hear.

KD: Yeah, it's really what you're interested in sharing. We're here to hear about your life.

MO: Well! My life has been very interesting. I always -- I -- the, the place I'm going after here is a mentoring group that I mentor that are graduate students and PhD students and medical students with American Association of Women in Science. And I always tell them, don't think that the first job you get is be your last. Always prepare to do something different, don't worry about if you don't like what you do at first. You're trained, you can do all kinds of other things. So, move on.

KD: Mm hm.

MO: And that's what I did. So I've basically -- once I left Penn -- I was at Penn, I loved it there, but once I left there to go into the pharmaceutical industry I moved up very quickly to be a Vice President of Clinical Development, Vice-President of Global Clinical Development um, at um, Sanofi-Aventis. I started at Bristol-Myer-Squibb, went to Covance, then went to Sanofi-Aventis -- and then now it's Avent-, it's, it's Sanofi, but it was Aventis at the time I went there. Um, then I was kind of recruited away to a small biotech in Boston, who were doing, um, research in cardiovascular disease, heart failure, and also oncology. And that's where I went next. I was

there for about two years, until our I P was, uh, licensed. And then I started my consulting firm. And I've been doing all kinds of things. I've been Chief Medical Officer for two other companies, I've done a lot of consulting for small biotechs and pharma, and uh, you know, most of the things -- you -- don't really want to go into. I think that's enough of a story.

KD: Yeah. So it seems like you've spanned a wide variety of medicine and science throughout your career.

MO: Right, right.

KD: Have you seen big changes in those major fields?

MO: Absolutely. Lots of big changes. Um, when I first started out, very few women. Now it's more women than men. But there's still a pay gap, between men and women. Women get paid seventy-seven percent of what men get paid. It has not equalized yet. Now, there's some very high paid women who actually move to the top and get paid very well, but even at the top they don't get paid as much as the men, which is not really equitable, equitable. But, you know, once -- when you get to a very high position, it's hard to complain too much, you know.

KD: Mm.

MO: Even though you, you really want to. Um, my -- young women who I mentor now, um, are much more secure in what they're doing than they were when I was a student. The women were very insecure.

KD: Mm hm.

MO: Um, when I was a student. Much less secure than the women today, but they still have similar problems. They have problems with the, with their, um, mentors, if they're men. They have problems of being maybe mentored but not being brought into the fold. That is, not being help- helped to find jobs. Um, so there's still very similar kinds of things going on today as there were back in the nineteen sixties and seventies. So it's changed some, it's for the better, but it hasn't changed completely. But now when you look at the other world, the rest of the world, then you say, "Oh my god, we're so far ahead with respect to what women can do." Um, it's hard to complain too much.

KD: Mm hm.

MO: But, anyway, so some of the same problems exist now that existed forty years ago.

KD: Alright, so any other memories or thoughts that you'd like to bring up that haven't been mentioned yet?

MO: {LG} I thi- you know, I basically think I've covered.

KD: Yeah.

MO: Pretty much of the, the territory. There's all kinds of things that happened to me in between, but, you know, I think I've covered the territory. I don't really have anything more substantial to say.

KD: OK. Alright. Well, thank you!

[End of recording]