

Legends and Legacies Book Chapters

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Genie, age 5, liked kindergarten at Moreland Elementary School in Shaker Heights, Ohio.



Genie joined husband Leonard, Zwelling, M.D., for the Department of Chaplaincy and Pastoral Education's annual golf tournament in 2006.



Sons Richard, standing at left, and Andrew posed at home with Genie and Leonard, in 2006.

(Photo courtesy of Britt Redding Associates)



was always the smallest or next to the smallest in my class. Growing up in the '50s with my petite form, wavy brown hair and name "Genie Sue," no one took me seriously when I declared that I wanted to be a physician. "No honey," they would say as they patted me on the head, "you mean you want to be a nurse. You're too cute to be a doctor." This made me boil inside.

I was inspired by my father, who was an academic physician, and by my pediatrician, whom I regarded as the most caring, funny and dedicated human being on earth. Those were the days of house calls, and as a close friend of my father's (they practiced in the same hospital), Dr. Mortimor frequented our home for both business and social reasons. Measles, chicken pox, rubella, strep throat, fevers — he was there with a joke, a funny voice, a calm soothing hand and reassuring words for my mother. I was devastated when the University of New Mexico recruited him away to be their chief of pediatrics. How could anyone be as good as he?

My dad, of course, thought that medicine was "the only occupation" and was proud, thrilled and supportive of my plan to be a physician. My mother, a woman who preached equal opportunity for women before it was in vogue, was even more encouraging. "You need to have goals of your own, an identity of your own, achievements of your own," she would tell my two sisters and me. She had left graduate school to marry my father and on some level clearly regretted not completing her master's degree. In high school, I excelled in biology and won a "Future Scientist of America" contest. Surely now, I thought, people would see that I was serious.

I arrived at Washington University in 1967 and promptly made an appointment with the pre-med advisor, Dean W., who was, to my delight, a woman. Strangely, she did not pay much attention during the appointment, and I could tell that she, like many others, did not take me seriously. During my undergraduate years, she made it clear that she thought medicine was not in my future. I was a sorority girl, a cheerleader, participated in Greek sing and campus musicals, and was a finalist for homecoming queen in my junior year. How could I expect people to believe that I had the required dedication and stamina for a medical career? I remember boiling inside yet again and thinking, "But my male pre-med classmates are in fraternities, play sports, and get drunk and high every weekend. Does that bring *their* dedication into question?"

So, on my own I filled out my applications, took the MCATs, scheduled medical school interviews, and did not request a letter of recommendation from Dean W. Fortunately, since my father was an academic physician, he could help and advise me — that is, when I would listen. You cannot imagine my excitement when I was accepted to Duke Medical School, my dream school. In August 1971, I boarded an airplane with my microscope

in hand and flew down to the wilds of Durham, North Carolina, scared but excited and elated.

The campus was every bit as beautiful as I remembered it from when I had visited in eighth grade. My fellow students were friendly and supportive. The small class size (115 with 15 women) allowed us to get to know each other rather quickly. The schedule was grueling, as the Duke curriculum crammed all the basic science courses into year one. Year two was spent doing the required clinical rotations. This allowed Duke medical students to either do research or take advanced graduate courses in year three. This option would prove to be of enormous benefit to me by providing outstanding research training that shaped my career. During that first year, we went to class from 8 a.m. to 5 p.m. Monday through Friday and from 8 a.m. until noon on Saturday. Sunday was spent in the library. Anatomy was particularly challenging as the vocabulary was all new and I felt like I was looking up every other word in my medical dictionary. Nevertheless, it was exciting, challenging and also fun. During that first month, I met with my medical school advisor, Dr. R., a pediatric oncologist to whom I was assigned since I wanted to be a pediatrician. As I made my way through the hospital to his office, I was excited, thinking “Certainly this time I’ll have access to a mentor.”

That turned out to be wishful thinking! Dr. R. was cold and tight-lipped and asked me no questions. I finally broke the silence and inquired whether I had done something to offend him. “No,” he responded. “I just don’t think women belong in medicine.” I couldn’t believe my ears. How could this same thing be happening to me again? I shyly asked why he thought women didn’t belong in medicine. He responded, “because they get married or pregnant and drop out of residency programs, putting hardships on the remaining residents.” He then proceeded to relate two more anecdotes. Just this year, one of the pediatric residents had gotten pregnant, developed complications, had to go on bed rest and had left the program. As a result, the hospital was short-staffed and the remaining residents were stressed. A few years earlier, one of the female residents had transferred to another program because she had gotten married and her husband was doing a residency elsewhere. I don’t know how I got the nerve, but I then asked Dr. R., “Have you ever had male residents who left the program?” “Yes,” he said. When I asked what their reasons for leaving were, he replied, “Well, one had a nervous breakdown, and the other was dismissed because he was incompetent.”

I sat in disbelief, thinking to myself, “Well, I guess (in his view) being incompetent or having a nervous breakdown is preferable to leaving due to pregnancy complications or marriage.” That was the end of my appointment, and I never saw Dr. R. again during my four years at Duke.

My 14 female classmates were all amazing individuals. We all recognized the burden on our shoulders. We were being watched. We would be tested. Were we really serious and could we stand up to the grueling schedule and tough “on-your-feet grilling” that goes on during clinical rotations? We had heard that the chief of surgery would never take a woman into his residency program. The Obstetrics-Gynecology program had taken only one or two. In retrospect, it was a fascinating time and exciting to be a part of the change that was taking place. Fittingly, the chief of surgery finally did take a woman into his residency program, and that woman was from my class.

Year two proved to have its own challenges. The call schedule for internal medicine was five nights a week. Unfortunately, there were no on-call rooms for women, which necessitated my leaving the hospital to go home to sleep when I could. Unlike the male medical students on service with me, quick naps in the on-call room were not an option. One late night as I was finishing up with my charts, I looked around to find the ward empty. There were no interns or residents, and the other student with me on the rotation (a male) was not there. “Oh well,” I thought, “finish up and go get a few hours of sleep at home.” As I was exiting the hospital, I walked by the cafeteria, and there, sitting around the table were the two interns, the junior and senior residents, the other medical student, and the chief resident, having midnight coffee rounds. I found out the next day from the other student that this informal gathering was by invitation only. So, I had not forgotten or failed to listen. I was simply not included! But by this time, I had stopped boiling inside when these things happened. Instead, I just shook my head and shrugged it off.

Lest you think that I had only negative experiences at Duke Medical School, let me quickly shift the focus to the attending physician. Dr. Ralph Snyderman was a young faculty member recruited from the National Institutes of Health who was doing research in rheumatology and inflammation. It was fortunate for me that he was the attending during my internal medicine rotation. An animated, enthusiastic teacher, he convinced me to come to his lab to do immunology research in my third year. Next to marrying my husband (whom I met during the first month of year one in medical school and married at the end of year one), this was the best decision I have ever made. It changed my life, started me on a new path, and shaped my thinking as an investigator. Dr. Snyderman taught me to design experiments, to interpret data and to write. I learned how to put together an abstract, a 10-minute platform talk and a scientific manuscript. Many Saturdays were spent writing and rewriting our manuscripts, and to this day I still borrow some of the verbiage we used back then. He was my first mentor, and I owe much of my inspiration and success to him. Under his direction, my research career was born. During that year in his laboratory, I presented at the National Federation Meeting, was interviewed on a local

TV show, “At Home With Peggy Mann,” published three papers, and won a national competition. At my medical school graduation, I received the Sandoz Award for Meritorious Original Student Research. This was an amazing moment for me.

I did my pediatric residency at the Children’s Hospital National Medical Center in Washington, D.C., since my husband had been accepted as a clinical associate in the Medicine Branch at the National Cancer Institute (NCI). I had ruled out the Johns Hopkins residency program for me, as it was in Baltimore and had an every-other-night call schedule. I didn’t think my marriage would survive the schedule and the commute. During those three years of intense clinical exposure, however, I decided that I missed the research, so I applied for and was accepted as a clinical associate in the Metabolism Branch of the NCI, a position that included one clinical and two research years. At the end of my second year, our first son, Richard, was born, and it was then that the reality of being a working mother, with its guilt and torn commitment, hit me. When Richard was a year old, I transitioned to a faculty position at the Frederick Cancer Research facility, 30 miles north of our home in Potomac, Maryland. My husband continued his position at the NCI in Bethesda. My commute was against traffic, but the hour-long drive each way added to the challenges of being a working mother. Carpooling for nursery school was impossible, as was the option to pop out for an hour or so to see the Halloween pageant or get to a teacher conference or school program. But I had an excellent nanny and never worried about Richard’s safety or whether he was being cared for. My greatest fear was that he wouldn’t know that I was his mother!

In Frederick, Maryland, I had the great fortune of meeting my second mentor, Dr. Josh Fidler, who shaped and influenced my most productive years as a scientist. Even more significant, he let me know that family was the most important priority. He pointed out that while balancing work and motherhood was difficult, I would be shortchanging myself if I didn’t do both. Richard was 4 when we followed Dr. Fidler to M. D. Anderson Cancer Center. This was the third best decision of my life.

Houston and M. D. Anderson proved to be the right places at the right time in my life, for professional and personal reasons. Two years after we arrived, my second son, Andrew, was born, adding additional challenges and guilt but enormous joy. One never escapes the “guilty mother” syndrome of trying to be all things to all people, both at work and at home. In managing this situation, there is no substitute for a supportive spouse, an encouraging mentor who advocates for you, a wonderful community with resources and friends who will pitch in and help, and strong support staff at work. An efficient administrative assistant, nurse, or laboratory technician can make all the difference. Look for and recruit such individuals, and be good to

them. They can lessen the wrinkles in your hectic days. I have tried to pass on these lessons to women medical students, graduate students and junior faculty. I let them know that they are not alone in their struggle with guilt as working mothers; that a persona combining determination, focus and poise scores more points with our male colleagues; and, most important, that family relationships are key. Turning down an international speaking invitation, a seminar, or a committee appointment or publishing one less paper will not torpedo your career. My favorite motto has become “Your academic career is a marathon, not a sprint.” The most important thing is to stay in the race. However, you don’t have to proceed full steam ahead all the time. It is OK to stop, slow down, cut back or change priorities, but stay in the game! In the end, at the finish line, you most likely will be toe to toe with your male colleagues. In fact, your energy level may even be greater as a result of your diverse experiences.

However, you can’t expect to do it all. Choices must be made. My choice was to hire help at home. My housekeeper cooked dinner (with my recipes), as I had cherished the family dinners during my childhood. She also often drove my carpool. However, I was at the baseball and basketball games, at school programs, at conferences, at Halloween parades, and I often was the chaperone on school trips. I did Suzuki violin with my older son, Richard, and spent Sunday afternoons at his youth symphony rehearsals. I made out the grocery lists, and my husband did the shopping. I limited my travel when my children were young and turned down or elected not to go to many national and international meetings. Did it cost me? Probably, as such meetings are where the connections are made and where name recognition is gained. I did, however, choose to sit on several NIH study sections. The ability to write and receive grants is the life blood of a laboratory investigator. Without grants, we cannot hire personnel or perform the laboratory investigations that will support our academic promotion and progress. Serving on these study sections turned out to be an invaluable experience. Not only did I see the latest science and learn what made an excellent grant, but I also met the experts in my field and in other related disciplines. These individuals learned to respect me as a result of my grant reviews and discussions, and that in turn opened up numerous opportunities for me. It also helped my grant writing skills tremendously, which added to my success in obtaining peer-reviewed funding.

Making time for oneself is often difficult but nonetheless critical for one’s mental and physical health. For me, exercise was and still is a very important outlet, and I made it a priority to get to my aerobics class at least three days a week. This was tough, as there was always one more thing to do at work, but I made myself get up and leave. Going to a timed class helped because I couldn’t be late. Later I even became certified to teach aerobics

and weight training. Besides being incredible fun and giving me a totally different identity, this activity greatly helped my public speaking skills, my confidence in front of an audience, and my ability to think on my feet and respond to questions. I loved the look on people's faces when I told them what my "day job" was! In addition, exercising allowed me to enjoy cookies a few times a week (I am a cookie and chocolate lover but don't care much for cakes).

Another of my favorite sayings is "It's garbage in and garbage out." Forget the fad diets. Count calories and eat what you want. And this is exactly the philosophy I practiced when my younger son decided in fifth grade that he was tired of being fat. It was interfering with his success as a baseball player, as he couldn't run fast. Together we planned meals on the basis of calories. I showed him how to read labels, keep a food diary and count calories during the week. We cheated a little on weekends so that he had something to look forward to and could stay on the program. I showed him how to gauge exercise calorie output so that he could adjust his diet according to his daily activities. He lost 20 pounds over six months and has never slipped back. I am so proud of him for this. Because of his arm and his ability to cover the territory, he was the starting center fielder on his high school baseball team and was later recruited to Johns Hopkins to play.

An important lesson that I learned from my father is that you must know the rules of the game and what you will be judged on. In academic medicine, what counts for promotion are papers and grants. Rarely are you rewarded for being a good teacher or mentor. That doesn't mean you shouldn't do these things. You should! But understand that such activities will gain you few points, so do not neglect publishing and obtaining peer-reviewed funding. Don't think that being liked, being affable and taking extra clinic duty or extra journal clubs will help you get promoted or receive tenure. When the door is closed, the committee will judge you by the rules of engagement.

I have learned to make choices, to listen to my own internal voice and to follow my heart. I have become better at filtering out the snide remarks and criticisms that one encounters, particularly as a woman with a leadership role in a male-dominated occupation. It is imperative to believe in yourself. Others may feel that you are too quiet, too vocal, too petite, not qualified, too young, too old, without experience. What is important, however, is what *you* believe and know to be true about yourself. Look in the mirror and be honest.

What I have also come to learn is that my choice to be a working mother and my husband's help, respect, and support have greatly influenced not only how I conduct myself but also the attitudes of my two sons toward women. They have seen the satisfaction and pride that I derive from my work. They respect women and recognize the importance of a woman's having an

independent identity aside from wife and mother. In my opinion, this is a very powerful way to change attitudes. I have learned to lead by example, to lead from the heart, and, most important, to listen to those I lead, allowing them to have a voice in decisions that affect them. I was fortunate to have three superb mentors, all of them male. But I am convinced that without the encouragement and support of my husband, Leonard, I would not be where I am today. He believed in my abilities, pushed me to pursue my dreams and cheered every one of my endeavors. He has been my biggest fan and gave me the confidence that I needed. To young women physicians and scientists, I would say that forging a successful career in this field is a struggle that requires hard work, determination, focus, and juggling priorities, but the rewards are rich and definitely worth the investment of time, energy and tears.

