Warren: This is Mame Warren. Today is the fifteenth of November, 1999. I’m in Baltimore, Maryland, with Dr. Cathy De Angelis. How do you pronounce that?

De Angelis: De Angelis. It’s a misnomer. [Warren laughs.] It is.

Warren: You’re just going to say that right off the bat.

De Angelis: That’s right. [Laughter]

Warren: So what brought you to Johns Hopkins in the first place? You had kind of a winding trail getting here.

De Angelis: Actually, I didn’t. Actually, when I was five years old—I remember this very distinctly—I decided I wanted to be a doctor when I was four. People kept giving me nurse’s kits, but I knew I wanted to be a doctor. And when I was five, my dad took me down to the corner drugstore. There really was a corner drugstore in Old Forge [Pennsylvania]. And in the window were these old Parke-Davis “History of Medicine” pictures, and there were three in the window, and all three had to do with Johns Hopkins. One of these days I’m going to get Parke-Davis to see if they can dig these out for me, because I’d love to have them.
I looked at them. My dad read them to me. I assumed from that day until I was in nursing school that all doctors came from Johns Hopkins. It's bizarre, but I did. So in my head, I was going to be a doctor, which meant you go to Johns Hopkins.

Now, as my career evolved, it became apparent to me that only very special people come to Johns Hopkins, especially for the medical school part. When the time came for me to apply to medical schools, I applied to Johns Hopkins, knowing that I had not much of a chance to get in, because I knew what the competition was. I was kind of an unusual student, being older, etc., etc. So I applied and, of course, didn’t get in, which didn’t surprise me, but I remember that it was a beautiful letter. I wish I’d kept it. I would have put it right next to the letter that made me a professor here many, many years later.

So I went to a different medical school, University of Pittsburgh. Then when I made the decision that I wanted a pediatric residency, I applied to Hopkins again, thinking I’d never get into the Harriet Lane Program, which was the best in the country, but I applied to it. At that point they had a “B” part, a community-based pediatrics program, so I applied to that, and I also applied to several other programs. I was accepted to several others, and the one that I was going to go to was at University of Colorado, but I thought, “Well, look. Let me just take a chance. I will call Johns Hopkins and see if there’s any chance of me going there in their community program.”

And I called Bob Cooke, who was the chair at that time, and he said to me, “Oh, you didn’t get my letter.”

I said, “No, sir.”
He said, “We want you to come to Hopkins.”

I said, “Oh, my.” My heart just fell. I felt so terrific.

And he said, “But not in the community program, in the Harriet Lane Program.” And probably for the first time—maybe the only time—in my life, I was speechless. I just thought God just touched me, and I came here and I spent two marvelous years as a pediatric resident here.

Then Dr. Cooke wanted me to stay on to kind of upgrade what we were doing in the outpatient department, because most of medicine back in—this was 1972—was inpatient, very esoteric subspecialty oriented. That wasn’t where my interest was. I was interested in a lot of the children and people sitting in the outpatient department, where it could be anything from a wart on their nose to meningitis. You just didn’t know.

So he wanted me to stay on and help, and I told him I didn’t even know the questions, much less the answers, that I needed to go someplace, or places, to figure out what the questions were and how to answer them. So I went away, actually went up to Harvard [University], and I went on an NIH [National Institutes of Health] scholarship. To get the scholarship, you had to apply for the MPH [Master of Public Health]. I didn’t want an MPH; I just wanted to learn about law, economics, which I realized very quickly was going to be a very important part of anything you’re interested in in medicine. So I went to Harvard and then I had to make a decision about where I was going to work.

In the meantime, every year I’d get a letter from Hopkins asking me to come back here and work. I thought, “Well, I think I know the questions, but I’m not sure. I need to get some experience.” So I took a job at Columbia Presbyterian [Hospital], but I kept in touch with Bob
Cooke, who, incidentally, had left Hopkins. He’d gone to University of Wisconsin. When I had asked him where I should go for that first job, he told me, “Go to Columbia.”

I said, “Why Columbia?”

He said, “Because I know you. You’ll last there maybe two years and then you’ll come with me to Wisconsin.” [Laughter] And he was correct, because I learned a lot at Columbia, but I became very frustrated. So he said, “Come with me to Wisconsin and let’s try your ideas here,” which I did. I knew at that point that I had enough experience that I was now going to go back to Hopkins, because that was the whole idea, to get the right questions and the plausible answers, to come back here and to do for general medicine, general pediatrics, what we were so good at doing in subspecialties. So I came back here.

Warren: So what were those questions and those answers?

De Angelis: Oh, it was all kinds of issues of how do you convince people that the undifferentiated patients that come in are as fascinating, if not much more than the ones that you sieve through and say, “Well, he’s got ratzafratz disease,” or whatever, and deliver to the inpatient, you know, exciting kinds of things. And how do you make outpatient medicine as exciting as inpatient? And how do you approach a patient with a disease from the perspective of a generalist, an academic generalist, rather than a subspecialist? So I worked on ways of doing that at Columbia and at Wisconsin.

So when I came here, I almost didn’t come here, but that’s another long story. I’m not sure you want to hear that.

Warren: Let’s keep it here.
De Angelis: No, it was here. It was here. I had come here to look at the job in the outpatient department, and I’d also been offered the position at the University of Rochester, which tells you something about Hopkins, so maybe you should hear this. I was offered the job at the University of Rochester, which was then one of the best-known places in general pediatrics in the country, and they offered me the directorship of their ambulatory pediatric program.

I was interviewed there by the dean, the chair of the department, etc., etc. I came here and was interviewed by Dr. [John] Littlefield, then chair, and I was taken around and out to dinner with the two chief residents. That was it.

Then they offered me the job, which I flatly turned down, and I said, “I’m going to Rochester.”

The following week I came back, because my husband asked me to come back to go to a party with him, and at that party was Dr. Littlefield. He said to me—he came up to me at the party and said, “I can’t believe that you would turn down a position at Hopkins, knowing why you went away and what you told me. And here’s Hopkins, and you’re going to take a job at Rochester.”

I’d had a glass of wine at that point, and I said, “I can’t believe that you had the nerve to recruit me like you did.” And I love John Littlefield. He is a gentleman, a scholar, a wonderful man, and very much what makes Hopkins great.

He looked at me and he said, “You mean there’s a chance you might be interested?”

I said, “There was a chance. I haven’t officially accepted the job, but I’m going to on Monday.”

He said, “Well, what are you talking about?”
I said, “Let me tell you how I was recruited at Rochester, where they value what I have to offer versus what you did to me here.” I said, “Would you have recruited a division chief for pediatric cardiology like you recruited me, letting the person go out with two chief residents?”

He got all red and he said, “I goofed, didn’t I?”

I said, “Yep, big time.”

He said, “Would you be willing to talk to me?”

I said, “Sure.”

So I went to his house the next day for breakfast. We worked out a deal, and I came here and did pretty well. I built from scratch what became the largest division in the pediatrics department, the Division of General Pediatrics, and we added adolescent medicine. Then I took over the emergency room, and we started doing research in what is now called outcomes research. It’s a big deal now, but back in 1978, when I came here on the faculty, there was no word, no phrase like “outcomes research.”

Warren: Outcomes research?

De Angelis: Yes.

Warren: What is that?

De Angelis: It means you look at all kinds of problems. I was interested in general problems. You look at what ultimately happens to a patient if you do X versus Y versus Z. And you look at the cost and you do cost-effective studies, not cost-benefit, because you can’t put a dollar sign on everything, but you do as much as you can. So we did things like looking at putting all febrile infants in the hospital because it was being safe, and we showed it wasn’t very safe to be in the
hospital and it cost a lot more money, and we weren’t doing anybody very much good. And etc., etc. We did a whole bunch of studies like that.

You know, to me it displayed how you could come to Hopkins, and people said to me, “You’re committing academic suicide. Generalists don’t even exist at Hopkins,” etc., etc. And they were wrong, because they were people who had never been here and didn’t understand the specialness of this place, which is, if you’re tenacious, you’ve got a good idea and you’re willing to work at it, people will cooperate with you, and they did. I mean, I went from division chief and then I became deputy department chair and ran the residency program, etc., etc., and it was just spectacular.

I’ve been on the faculty here, this is my twenty-first year, and how did I get into the dean’s office? I was on my way to UCLA to be the chairman of the Department of Pediatrics. This was nine years ago. I had served on the committee, the search committee to pick the new dean, and my big bugaboo was, “We haven’t done anything in education for the med students since the Flexner Report. What are you going to do about it, Mr. Candidate or Ms. Candidate?” And so we chose Michael Johns, who was phenomenal, and so I was coming over to get one last shot at him as dean and saying, “Remember you told me you were interested in education? Well, I’m going to watch you from L.A.”

He said, “You can’t go anywhere. I called you in here. I’m going to call you on it. You want to do this stuff? You think it’s important? Stay here and do it.”

So I did, and here I am, nine years later.

Warren: What’s it like moving into the dean’s office? What’s the difference?
De Angelis: What's the difference? You know, it's very, very interesting. About every three to five years of my life, I sort of go and take on something new, and each time it feels--there's a quantum change, but going from being a member of the faculty, an administrator in the department, to coming to the dean's office was a sea change, because suddenly, even though I'm still faculty, even though I'm now vice dean of faculty and academic affairs, you sort of view differently and you constantly have to remind yourself that your job is to serve the faculty and to serve the students and everyone else, whereas a lot of people think, "Oh, yeah, you're going to go in there, you're going to work nine to five and you just make the rules, and you don't care about us." And you have to work very hard to make sure that people understand that that is absolutely the furthest thing from the truth, but it's tough, because you have to learn how to work top down, bottom up.

I learned a long time ago that if you're not in an administrative position, you really can't effect big change. On the other hand, the further you get removed from the problem you're trying to resolve, the harder it is to convince the people who are in the midst of it that you really are interested in changing it. So you have to walk this line of being in the trenches and letting people know and you're listening to them, while you're also looking at the bigger picture because you're looking at everything, not just one thing.

And it's the difference, I think, if you want me to use a metaphor, it's the difference from being the first violinist or the concert pianist, to being the orchestra conductor. Suddenly, everyone who's playing in that orchestra is a better musician than you are on that particular instrument, but there is nobody there who has a better sense of the big picture. And your job is to
make sure that the people are playing the same symphony, that would be nice, and, number two, that they’re playing together. That’s a totally different job than being the best concert pianist or the best first violinist in the world, because there you’re concentrating on one thing and doing it so well. But if you don’t have a good conductor, unless you’re playing a solo, it’s not going to come out too well.

Warren: So when you decide you’re finished here, you can go on up to Peabody.

De Angelis: [Laughter] I can’t even read music. I play by ear, and I love music, but I never took lessons. I can’t go to Peabody now. We’ll leave that to Bob.

Warren: That’s a really interesting, succinct explanation of the difference. I really appreciate that.

De Angelis: Okay.

Warren: That’s really helpful to me.

De Angelis: Okay.

Warren: I have heard that another one of your bugaboos that you’ve been a great champion of is our fair sex and making sure that we get a fair deal around here.

De Angelis: That’s right. Fair sex, fair deal. I like it.

Warren: Tell me about it.

De Angelis: Well, all my life I have been the first girl—which drives me crazy—then the first woman XYZ, and it drives me crazy. It was no different anywhere I worked and when I came here, it was the same thing. I sat on the Advisory Board as the only woman who wasn’t a
secretary for years. I'm the only woman senior dean in the dean's office. This is the highest position any woman has ever achieved in 106 years of the school. We still only have one woman chair, but we're working on it and we're getting there, and at least we've offered chairs to women. We've had good women candidates for just about every chair we've looked at.

But the thing that bothered me is that I really don't think—in fact, I know—the vast majority of men do not deliberately put women down or don't think about them for leadership. I don't think they do it deliberately. I think it's just part of the way they grow up and the way they think.

And the other thing is, if you're not with them all the time, or if there's not a woman or, hopefully, several women in the room when decisions are being made, men think differently than women. They honest to God do. I think that's wonderful. I don't have any problem with that.

It's just that it's always such an uphill battle, partially because if you look at childbearing and caring, no matter how wonderful your husband is, most of the responsibility for care of the family falls on a woman. It's rare that it's different. Well, that sort of interferes with your being 110 percent engulfed in your career, and that makes it different.

The other deal is, I never realized how many decisions were made in men's rooms. [Warren laughs.] And I made a rule when I started serving on different committees that if there were going to be discussions in the men's room about what we were talking about, I was coming in. I had told them, "You guys, I'm not embarrassed. If you are, then don't talk." I mean, I never would have walked in there. I don't think I'd have the courage to do that. But at least it sounded good. And they knew that I was serious. They didn't realize. I don't think they honest to God didn't.
When they’d come out, I’d say, “So tell me the truth. Did you talk about it?” And almost to the person they’d say, “No, we started to, and we didn’t realize, and we stopped. No, we didn’t talk about it inside.” Or if they did, they told me what they said, and then I had my chance to put my two cents in, which was very nice.

The other thing is, even being in a higher position, it’s different. I remember the dean saying to me, when I said to him, “We relate to each other differently, and I have to have the opportunity to meet with you in a different way from the other—” at that point it was associate deans or vice deans.

And he said, “What do you mean?”

I said, “Well, you know, you and X can go and have a drink or you can play tennis with him in the morning, or, you know, you go out at night and whatever you do.” I said, “You can’t do that with me.”

And he said, “What do you mean, I can’t?”

I said, “You go home tonight and you talk to your wife. You ask her what she would think if tomorrow evening you and I go out and have a beer after work.” Now, his wife and I were good friends, and I love my husband very much and he loves his wife and she loves him very much. Okay? So there was no question of impropriety.

He came back the next morning and he said to me, “God.” [Laughter] He said, “You are right.”

So I said, “Just keep it in mind that we have to have a way to communicate that’s different from when you’re communicating with the guys.”
The other issue is, how do you get people to understand that there is inequities? The opportunity came before I came to the dean’s office, but I was the only woman sitting on the Advisory Board, which is made up of all the department chairs and two departments. Peds and medicine have big departments, so they each have two representatives. So as deputy chair I served on the committee.

The provost put out a report looking at salaries of women across the university within the different schools, and their report came out making the School of Medicine look like, I mean, it was an abomination, but it looked like ten abominations. So the dean was beside himself. This was Dean [Richard] Ross. So he asked me to look at this before he would bring it before the Advisory Board, and he said, “What do you think of it?”

I looked at it and I said, “I think there are about ten flaws in this. I think the bottom line is probably pretty accurate, but if I were a department chair and you presented this to me, I’d throw it on the table and say this is garbage.”

And he said, “Why?”

And I pointed out the reasons whoever was doing it was mixing apples and oranges and all kinds of things. And I said, “I’m sure that woman are not paid the same as men. I’m sure they’re not being promoted at the same rate. I’m sure there’s not the same mentoring. But this isn’t the way to show it.”

He said, “Okay.” He said, “Would you be willing to do the study for us the way it should be done?”
I said, “You’re going to have to give me access to all the records. Of course I’m going to keep everything quiet. And I need to go and talk to all the department chairs.”

He said, “Done.”

So I did. And I did the study, and it blew everybody’s mind, because it showed women were not paid at the same rate for the same—I mean, using all the criteria that you’d want, allowing for rank and allowing for years and all this stuff, okay, and eliminating all the department chairs and all that other stuff. They weren’t being paid the same. They weren’t being promoted at the same rate. They weren’t being mentored. Etc., etc., etc. But now all I did was present data, just presented data.

Well, the department chairs were going bonkers, because nobody wanted to be seen as unfair. I mean, these are truly great people here, and they didn’t like it. I said to the dean before I started, I said, “Look. If we come out and find out that there’s inequities in salaries, it’s going to cost you money, because the departments aren’t going to be able to foot the bill.”

He said, “Okay, I’m ready for it.” And God love him, he kept his word.

It took us two years, and for the last seven years I repeat this. I did it every year for about five years, and now I do it every other year. I just completed the last one I’m going to do here. For the last seven years, there’s been salary equity. Women are being promoted. I mean, in the 106-year history, two-thirds of all the women professors have been promoted in the last ten years since we started this initiative. We have not the greatest mentoring program, but it’s a heck of a lot better than it used to be. And we’ve got a ways to go, but we’re getting there.
And even this morning, after all this, we were sitting at a meeting, with wonderful people sitting around the table, including a number of women, which is the way it is now, women at least two, but usually three, whenever we can, serve on—and never one, except me—sit at a meeting. Okay? And all the important committees. They presented a list of fifteen faculty members for a very important committee. They asked for comments. I said, “Look. You guys have to put up with me for five more weeks. I see fifteen men’s names on here. You mean to tell me 28 percent of our faculty are women and you can’t find two or three women to go on this committee?”

And, of course, all the guys went, “Oh, God,” you know, and they didn’t think about it. They weren’t trying to eliminate anybody. They honest to God weren’t. Not for one minute do I believe that that’s true. They just didn’t think about it. Now they’ll think about it and they’ll put it on.

Warren: At least until you go.

De Angelis: No. Oh, no, no, no. No, I don’t think so, because one of the things I did about five years ago was to start a Women’s Leadership Council. And the reason I did is because I was feeling pretty lonely always being the one who—you know, I’m pretty thick-skinned, I’ve got a good sense of humor. I like the faculty very much and I love my colleagues very much. They’re just spectacular. But it’s tough always being the one to, you know, bring this stuff out. I thought, you know, this doesn’t work doing it alone.

My husband and I were in Africa. We’d been on a photographic safari. The day before we were to come home, we did one of the balloon trips, which is incredible. I sort of fell in love with elephants when I was there. I never thought much about elephants, but they are such an incredible
herd animal. They do things—like it’s very much a matriarchy. The bull elephant, when he’s in trouble, lets out a call. All the females and babies come and surround him so the hunters can’t get at him. It’s interesting. After the babies are born, the females go off with the babies in sets of two or three, and they live that way.

But it was interesting, the day before we left, we went up in the balloon and I was thinking, “Oh, God, I’ve got to go back and I’m going to bang my head against the wall, and this is crazy, you know. I’ve really got to get more women really involved in this.” And I’m thinking about it, and I’m looking down from the balloon and the mist is rising and there’s some high grass, and you begin to see the elephants come out. What they do in the morning is all the female elephants with the babies, even if there’s two of them in a little group, little households, they all come together in the morning, sort of a coffee clutch, I guess. I don’t know what. But I’m looking down and I’m seeing in the grass is this network. I thought, “De Angelis, you’re so stupid. Networking! They’re out on their own doing their thing all day, but in the morning they get together. I don’t know what the heck they do, but there they are every morning, and look at that network.”

So I came back and I told the dean, Mike [Michael] Johns, I said, “Mike, we need a Women’s Leadership Council here. We need the women professors to get together. They have to be professors. They have nothing to risk. We will say it like it is,” and blah, blah, blah.

And he said, “Great idea.” He said, “I’ll come and give the charge.”

I said, “Time. You didn’t hear me, Mike. Women’s Leadership Council. We’ll call you when we need you.” [Warren laughs.]
He said, “You’re right. Go ahead.” He is wonderful, just a wonderful dean. [Laughter]

So I did it, and now we have a Women’s Leadership Council.

Warren: What happens at those meetings?

De Angelis: Well, unfortunately, we can’t meet enough to really do things, but what we do, first of all, the Status of Women report is a venture between the dean’s office—me—and the Women’s Leadership Council. A lot of the input for what should go in there, what shouldn’t, and all that came from looking at the original reports and adding some things.

We set up a mentoring. Well, what we try to do is get every woman who’s at the associate professor level for at least three years and to assign one-on-one mentoring. Now, that’s a drop in the bucket. On the other hand, you know, there are only so many women professors. What happens at Hopkins is a woman becomes a professor and everybody in the world wants her, so they go off to these wonderful positions, which is great, that’s what Hopkins is about, but when you have a small hand to begin with, we consistently have about five to six percent of our women are professors, whereas about twenty percent of the men are professors.

So, you know, what it is, it’s seen as the Women’s Leadership Council. We sponsor for the last four years the Mary Elizabeth Garrett lectureship. Mary Elizabeth Garrett you know about. Terrific lady. If it wasn’t for her, maybe I wouldn’t be sitting here. Certainly a lot of women wouldn’t have graduated from Johns Hopkins.

Warren: And none of the men would have either.

De Angelis: Probably not. [Laughter] There you go. That’s well said.
So in her honor, the Women's Leadership Council picks a very prominent woman in medicine or medical science. She comes and she gives a talk. She may spend a day here with different people in the different departments. Then we have a reception, and then afterwards a group of us go out to dinner with her. And it's wonderful. You know, it's one more thing.

Oh, let me tell you one other thing that happened. See, the one nice thing about being the vice dean of academic affairs is I get to name all the committees. I mean, the dean does it, but he mostly is interested in about three or four, and the rest are like there are about eighty-some more, and he pretty much says, "Okay, you use your judgment."

Warren: Eighty-some?

De Angelis: Committees. Oh, yes, there's a committee for everything. But by doing that, it means that you put women on all the major committees. The other thing is that I get to sit with the dean and make recommendations for the dean's lectures. The dean's lectures, every year there are four lectures. This is a very prestigious thing. The dean picks four people who present at four o'clock on a Monday afternoon, four times a year, they present their research.

So the first year I was to do it, I looked at it, and there had been seventy-some people who had given the lectures. Guess how many women? One. One woman. So I went down to Mike and I said to him, "Mike, how would you like to make a statement?"

He said, "What do you mean?"

I said, "How about naming four women dean's lecturer's this year?" Of course, one of the other deans said, "Do we have four women?" And I absolutely kicked him. I mean, I was playful.
And then he said, “Oh, oh, I didn’t mean that.” He said, “I just mean we don’t want to use them all at once.”

I said, “You won’t. You won’t. They’re coming along.”

We named four. So that year, four women gave the dean’s lectures, and now it’s two and two every year, and we’re running neck and neck with them. [Laughter] And it’s great.

See, what this does, it gives a different flavor to the place. It shows the medical students and the grad students and the postgrad students they’re not only seeing guys up there, they’re seeing women. They’re not only seeing guys who are the professors, they’re seeing women. And bit by bit by bit, it’s happening. It’s not going to happen overnight, but it’s happening.

Warren: You’ve made quite a dent.

De Angelis: Well, we cracked the ceiling.

Warren: You sure have.

De Angelis: It’s there, but it’s higher and it’s cracked.

Warren: I want to ask you a big question and I want to make sure I’ve got enough tape.

De Angelis: Sure.

Warren: You keep using a word, and I want you to talk about this word more in depth: “mentored.” Tell me what mentoring means around here.

De Angelis: Well, first of all, I’ll tell you that—just as a sort of aside, I got to give a lecture at a Women’s Health Conference held by the Vatican, and I started the whole conference by saying, “I wish someone here would explain to me why so many women’s problems begin with men:
laughs.] And I said “mentoring” first.

Mentoring is something I never had, and I know how important it is. Mentoring is having
someone who takes you by the arm and leads you through the politics, the science. It’s more than
a teacher, though. Not teaching you the science, although that’s part of it. But I think the best
part of mentoring is someone who’s there to advise you on the politics.

Let me tell you what I think about politics. I go to a meeting and I take one of my mentees
with me or I meet him or her there. He or she’s seen with me, and so when I meet my friends, my
mentee is there. I introduce him or her to a group of people. Time comes for a job, I pick up a
phone and say, “Joe, you’re looking for a ratzafratz? I’ve got a wonderful person here.” A mentor
can get a mentee through the door. Maybe not keep them in the room, but you’ve got to get
through the door. If you don’t have someone who’s there pulling for you, you’re going to have a
heck of a time.

It’s fascinating. I mean, who gets—you get in the clubs. How do you get in the clubs?
You’re nominated for the clubs. Who’s going to nominate you? Your mentor. You else? You’re
trying to figure out, “Should I go for this grant or that grant?” Your mentor will tell you which
one to go for, and your mentor will tell you who to call to help you with it, or he or she will call
for you. That’s what a mentor is. A mentor will tell you, “Look. Why are you doing that study?
Where do you think that’s going to get you?” Or, “Where do you want to be in five years? And
how do you think you’re going to get there? By doing this or by doing that? Let me tell you
something. If you do this, let me tell you what’s going to happen. If you do this, this is probably
what’s going to happen.” All the forks in the road, all the door-openings, that’s what a mentor does.

And I said I never had one, so I sort of—maybe in a way it served me better, because nobody ever told me that I couldn’t do something. [Laughter] So I just went ahead and did it. On the other hand, I mean, I have people to this day who call me and they’ll say, “Would you second my nomination for somebody for the Society of Pediatric Research?”

I say, “I’m not a member.”

They say, “Get out of here, you’re not a member. You’re an officer of the American Pediatric Society,” which is a different society.

I said, “Yeah.”

“Well, yeah, you’re—”

I say, “Look in the book.” I had no mentor. No one nominated me. Nobody believes that I’m not a member until they look in the book. If you looked at my CV, I should have been in there. I had all the qualifications. In fact, they said, “We want to do it retroactively.”

I said, “Nah. No. You walk through the front door or you don’t walk at all.” And, see, that’s the other thing about women. You don’t give a position to a woman simply because she’s a woman or you will degrade it. That’s the worst mistake you can make. You’ve got to earn it. But if you’ve got two people who are equal, then the decision should be made on something other than gender. Or if you’ve got a woman who’s a little bit better and you could get away with a guy, you don’t pick the guy; you pick the woman.
Warren: So how do you pick somebody to mentor? How do you decide somebody who’s right for you?

De Angelis: Well, it mostly comes with your fellows or your residents. I’ve trained thirty-seven fellows. These are people who are already board-eligible pediatricians who then took two years of fellowship with me, and they’re all now in academic medicine doing outcomes research. Okay. We have people who apply, and you work with them. And you know. The other thing is, if you’ve got a dud—and sometimes you picked a dud—you work as hard as you can with them, get them to reach their peak potential, but you choose a job based on what their capabilities are. You match them to where they can be successful.

Warren: That’s the best help you can be to them.

De Angelis: Absolutely.

Warren: I’m going to turn the tape over.

[Begin Tape 1, Side 2]

Warren: So let’s concentrate now talking about what makes Hopkins Hopkins. Since you are getting ready to step away from this place—

De Angelis: Now, let’s be careful on that. Someone told me, “If I get cut, I’ll bleed Hopkins.” So I’m biased. I’m taking a leave of absence. I will come back one day a month and do whatever the dean or anybody here wants me to do. I said to him, “I’m a phone call, email, or a fax away. You need me, you’ve got me.” So my intention is to do what I think needs to be done with JAMA [Journal of the American Medical Association] and the archives’ journals, and to come back in
five or ten years and do whatever I can, but without pay. I don’t need pay at that point. But you’re right, I am going to a different full-time position.

Warren: So bleed Hopkins a little bit for me.

De Angelis: Bleed Hopkins.

Warren: Tell me what makes Hopkins Hopkins.

De Angelis: The people. Now, that sounds trite, but let me tell you something. I’ve been on the faculty and have gone to school at how many, one, two, three, four, five places. There’s no place like this. I’ve done site visits all over the place, and I know there’s no place like this. And the reason is because everybody here is a would-be—what’s the athlete’s—every four years or every two years now—

Warren: Olympics.

De Angelis: Olympics. Everyone here is a would-be Olympic champ. First of all, to get in this place—and I told you it was like I’d sometimes say, “What am I doing here?” I look around me at the people. They’re incredible. I look at the medical students. If I didn’t get in thirty years ago, they wouldn’t even open my letter now. I mean, you know, that’s the quality of individuals we get. Yeah, there are a few turkeys, but that’s the other good thing. We can take our chance on people and sometimes they’re the ones who turn out to be the most incredibly creative people in the world.

The thing about Hopkins is, they expect you to be great. That’s the expectation. You walk in the door, we expect you to be great. And we expect that we will work as hard as we can to
make you great. If you’re not great, we have a loss, too, and that is the attitude here. There is no place I know that’s like that. I know of no place else where people work as hard to help each other.

Now, it drives me crazy because people who’ve never been here and don’t know us think that this is a cutthroat place. They think you have to be cutthroat to be as good as we are by reputation and actually by actuality. They don’t understand it’s just the opposite. We have the opportunity to take the best, or from among the best, and we have among the best teachers to work with them. Therefore, great begets great begets great. And people feel sufficiently good about themselves, and they’re here because they want to be, that they’re not threatened by greatness. They want greatness.

You get a leader here, that person isn’t looking to take people that they make sure are as not as good as they are so that they’re not made to be outshined. They pick the best. They pick people better than them in anything. You know why? Because the mentality of the leaders is the orchestra leader. They’re vying at a different level. And even the people at the levels who are vying to be the first violinist, they know that after vying with another person who’s going to compete with you, you want to compete with an Olympian, you don’t want to compete with somebody who’s third-rate. Olympians train with Olympians. They don’t train with everyday runners. And that’s what this place is about.

And you’re expected to be great and you are. Everybody has every faith in you. If you fall down, somebody will pick you up. You fall down too many times, we say, “You know, this might not be the place for you,” and we help to find a place for you. That’s the other thing.
And it’s very interesting to me, every place I go I have people come up to me and say, “I was at Hopkins back in 1937. I was a resident there.” And nobody forgets.

See those two bricks on either side of those? Those bricks are from the old Harriet Lane Home. I swear, every pediatrician who spent a day here training has one of those. I don’t know, I hope they made some money on it, but everybody I know, the most incredible gift you could give to a pediatrician who’s been here is to give them a brick from the Harriet Lane Home.

**Warren:** Talk to me about the Harriet Lane Home.

**De Angelis:** Oh, the Harriet Lane Home.

**Warren:** I have to tell you that my assistant sort of genuflects when she says the words “Harriet Lane.” Tell me why it brings out this in everybody.

**De Angelis:** Magic.

**Warren:** It’s magic.

**De Angelis:** Magic. The handbook put together by our residents just from taking notes on the backs of papers and putting them together, we finally decided, “Hey, guys, why don’t we put it all together in a handbook and share it?” That is the Harriet Lane Handbook. Every pediatrician in the world has a Harriet Lane Handbook or wants one. It’s the Harriet Lane Handbook. Because Harriet Lane is the name every pediatrician knows was, and is still, arguably one of, if not the best pediatric training programs in the country. And if you were a “Harriet Laner,” you’re always a Laner. That’s what we call it. Harriet Lane. You know who Harriet Lane was.

**Warren:** Tell me.
De Angelis: Harriet Lane was the surrogate First Lady for President Johnson, who was a bachelor.

Warren: Andrew Johnson.

De Angelis: Andrew Johnson. And she actually had two children who died of what was probably rheumatic fever. What she did, her husband was a wealthy businessman, and she got him to leave money here to build a home for poor children. She said for poor children who could receive care, the kind of care they needed. But she did it for quality, so that you could not only—the whole idea of taking care of children was you find the best care, you’d know what was the best care for them, and you’d give it to them, and it didn’t matter if they could pay for it or not.

So Harriet Lane’s name is sacred to every pediatrician who’s ever stepped foot in here. I mean, to have worked in the Harriet Lane, oh, what an abysmal place it was. [Laughter] Oh, God!

Warren: Tell me about it.

De Angelis: Oh, it was wonderful. [Laughter] By the time I was here, only the outpatient services were there. It was not air-conditioned. It was blistering heat in the summer. We had fans and green Jello. [Laughter] We had green Jello. We couldn’t have orange Jello because the Tylenol we’d hand out was orange, so people wouldn’t get it mixed up. But they’d hand out—we’d have tubs of green—no green Jello. Green Kool-Aid. Excuse me. Not Jello. Green Kool-Aid, with ice in it. And everybody would go with the cups and dip in, and the lady would be there
with the ladle, somebody from the community, because you’d die. I mean, you were just sweating like crazy.

And there was an amphitheater that was the traditional old amphitheater, just some seats on cement, pads on cement, and you’d look down and the professor would come in and profess and leave. Of course, everybody just stood there and listened to all this stuff. Just for the fun of it, we used to give some talks there once in a while to see what it was like. It was miserable. I mean, God, I don’t how anybody learned anything. But it was wonderful. And when they tore it down, people were really upset, but I guess it had to go down, and that’s why the bricks. Everywhere, the bricks.

The Harriet Lane name, that will never die, because as long as there are people who go through the service, it’s called the Harriet Lane service. When I came back and started the primary care clinic, that clinic’s known as the Harriet Lane Primary Care Clinic. It won’t be lost.

I mean, again, it’s magic. It’s like this place is magic. How do you explain to people a feeling of—my husband came here in 1972. He stayed on since. He continued all his training here and stayed on on the faculty. To this day, he loves—and when we come in together, which is not too often, but when we do, we always come up Monument Street because we want to see the dome. I mean, it’s something special about it. Symbolism means an awful lot, and the symbol of quality, of excellence, something to be very proud of.

I don’t know. I’m rambling. I’m sorry.

Warren: No, I want you to ramble. The other day I took what I thought would be about an hour, and I spent about three hours just walking around this place. I said to myself, “I need to
really—yes, I’ve been here and I’ve been there. I need to see it all. I just need to see it all.” And I must say, when I walked into the Billings Building, it just—I’ve been here many, many times in my life, but there’s something about that building.

De Angelis: You know that statue? You see the right foot is all shiny? When I was a resident, we used to live in the compound, and the main entrance was right there on Broadway. You’d come in at three in the morning or whatever time it was. You’d go home and you’d sleep a couple of hours. You’d get called, so you’d come in. Automatically, automatically, you’d walk by and you’d just touch the foot on the way in. Why? And we all did it! And we talked about it once. Jewish people did it, Catholics, Christians. We even had someone who was a Muslim who did it, and they said, “Help us to take care of the kids.” Now, these were all pediatricians. I don’t know if the others do it, but we all did it. I don’t know if they do it now, but if you look, almost always there’s a flower or a note or something there. You know, some of those notes are pretty incredible, if you pick them up and read them.

Warren: And the books that are there, I stopped and read there. My God! It’s just heartwrenching.

De Angelis: Well, it absolutely is. My husband does research on kids with Lesche-Nyan Disease, which is a curse, a disease where people self-injure. Lesche was a medical student here and Nyan was a teacher. Together they discovered this illness. I mean, there’s another thing. The student’s name is first, the teacher’s name is second. Tells you something else about this place. Okay? So Lesche-Nyan Disease is an illness where people, they have no control over injuring themselves. In
fact, if you don’t pull their teeth, they’ll bite their lips off. If you don’t hold them down, they’ll punch themselves silly.

So my husband does research on these people. They’re almost all men. Well, they are men. The women are carriers. The women who have it, I think, just die. So anyway, he brings them in from all over the world. Thank God there aren’t that many people who have it, but he’s doing research to try and figure out what part of the brain is involved. He does brain-mind research stuff. So what he does is—I mean, these people come from all over. They volunteer for all these tests to try and help find what’s going on.

What he does is, the last day they’re here, he takes a picture of them and their family in front of that statue. He has it blown up, he puts it in a frame, and he gives it to them. He takes them to the airport. If you see the letters that come back about that, I mean, for some of these people, they put it—every one of them have put it in some prime place in their house. What does it mean? And half these people aren’t Christian. It doesn’t matter. I mean, it’s the symbol of what this place stands for. And this is not a secular—I mean, this is not a religious hospital. But it’s just fascinating. It’s magic. I mean in the best sense of magic.

Warren: Your colleagues.

De Angelis: My colleagues.

Warren: Who’s really stood out for you? Who should we honor in this book?

De Angelis: Before I answer that, let me tell you something. About six months into this position, some guy who was a—some educational psychologist, but he was an entrepreneur, who was here
doing special consulting with the dean, so he comes here and he sits with me, and we’re talking
about—"Where do you want to be? What do you want to do?"

And I said, “Johns Hopkins. I want to stay at Hopkins.”

He says, “What’s Hopkins?” He says, “Hopkins is a bunch of buildings with bricks.”

I said, “Man, what are you doing here? You don’t know anything about this place. It’s not
bricks. Hopkins is the people.” He didn’t understand that at all.” I said, “You can tear every
building down here, and Hopkins will still be here. Hopefully you’ll leave the dome up, but that’s
okay.”

Anyhow, colleagues. Who are the ones who have made a difference? Of the people that
I’ve known here, Dick Ross made an incredible difference here in ways that people will never
understand, just behind the scenes always, you know, and he was the one who started this whole
thing for women, because he was the one who was brave enough to say, “Do the study,” and to
back me. And for lots of other reasons.

Warren: Tell me about him as a person. What’s he like?

De Angelis: He’s an interesting man because he’s very bright and he’s very old school. You’ll
always see him dressed in a tie and the whole business. But there’s a teddy bear side to him that is
just wonderful, that he allows to be seen when necessary. The man has a passion. He has a
passion for medicine. He has a passion for Johns Hopkins medicine. And his whole life has been
devoted here.
Tommy Turner, I never had the opportunity to work directly with him, but his presence has been here for the twenty-one years that I’ve been on the faculty, and certainly when I was a resident here. And you see him now. I mean, is he ninety-five, ninety-six years old?

Warren: Ninety-seven.

De Angelis: Ninety-seven. God love him. He’s still always here, and his presence you know. He walks in the room, you know it. Everybody knows it. He doesn’t make noise or anything, but he’s just another one of those people.

John Littlefield is a very under-appreciated person.

Warren: I don’t know anything at all about him.

De Angelis: You probably wouldn’t hear about him. John Littlefield was brought here. He is an internist, geneticist. Brought here from Harvard by some people who had the idea that they would have liked pediatrics to have been a division of internal medicine. So they thought by bringing John on, an internist, that they could accomplish this. John would have none of it. He was a quiet—he is; he’s retired now—quiet, unpretentious, solid guy. If you ask the residents, hardly any of them knew him because he said, “I’m not a pediatrician, so what can I offer?” And it took a long time to get him, because he’s so shy, to even make his presence known with the residents.

But nobody fought harder and nobody was a better recruiter than him. He recruited so well, that when Frank Oski followed him—I’m sure lots of people mention Oski’s name. No?

Okay.

Warren: I’m just getting started down here.
De Angelis: Oh, okay. Frank didn’t have to hire anybody for many, many, many years because John rebuilt the place. Okay? Oski was a wild man. [Laughter] He died, and at his funeral it was the wildest thing I’ve ever seen in my life. He choreographed the whole thing. He knew he was dying. He choreographed it, and people were laughing hysterically, and, of course, the last part was—but the chairs who’d worked with him didn’t know that side of him.

Now, the other thing is, when you ask most people, they’re not going to mention pediatrics, because medicine and surgery are the big things here. So you may not hear these heroes, but you’re asking my colleagues. Well, now, Victor McKusick is—part of the bricks have his names on it. Now, he absolutely is one of the greatest department chairs and—I mean, he’s the father of human genetics. And he’s still going strong.

And you know what’s so beautiful about him? Every award he’s ever received that I know about, which is twenty-some years’ worth, when he gets up and accepts an award, he accepts it in his wife’s name and his, because he said without her he would never get the award, and he outlines what her work was with it. That’s a pretty special guy, you know. And she did have a lot to do with it. So he absolutely is a pillar.

There are people whose names you see all over the place, who I never worked with them, I don’t know. There are some people who I don’t understand how their names got to where they were, and yet the people who, you know, like the Blalock-Taussig. Taussig, Helen Taussig listened to all those babies, went to the autopsies, did them herself, and then started working with the prosector [phonetic], Blalock’s prosector. Vivien.

Warren: Vivien Thomas.
De Angelis: Right. She went with Vivien Thomas, and she outlined how to fix these blue babies. Vivien went with her to the OR and did it in dogs and everything. Vivien taught Blalock how to do it. Blalock did it, and he did it very well. He had wonderful hands. Blalock became a professor immediately. Helen Taussig waited five or six years and got it just a year or two before she retired. I don’t know. Are they both heroes? Probably yes. You needed both. Who was the bigger hero? [Chuckles] I don’t know. I know what I think.

Warren: Did you know her? She was still alive when you came.

De Angelis: I knew her when I was a student. At that point she was not doing too much teaching, but she was a woman who also had a presence. She walked in the room and you knew she was there, but unfortunately I never had the opportunity to work with her in any real capacity.

Warren: Who did? Who can I talk to about her?

De Angelis: Catherine Neill. She’ll tell you a lot about her.

Warren: Oh, Dr. Neill. Yes, I’ve met her over at the Chesney.

De Angelis: She’s wonderful. There’s another unsung heroine. She’s one of the spine people here, you know. You’re asking for who are the colleagues who are the big shots, the ones who stand out, the bright stars, and, you know, they are heroes, but they’re not the real heroes of this place. The real heroes of these places are names that nobody’s going to say anything to you about them.

Warren: Well, that’s my next question. Who are the behind-the-scenes people who don’t get mentioned?
De Angelis: Most of the faculty, the faculty who spend hours and hours and hours of teaching, even though they don’t get one penny for it, and up until recently got no credit for promotions for doing it. The people who stay here hour after hour after hour, taking care of patients who they know they won’t get a nickel for it. The people who are in the laboratories on their own time working as hard as they can, even though they don’t have a grant to do it yet, those are the heroes. Those are the people who really make this place what it is. The ones at the top, yeah, the beacons you’ll see, but they’re sitting on the backs of the faculty.

Warren: I was very struck in my walk around the other day. I really had no idea just how many labs there are in this place.

De Angelis: Well, see, this is where discovery became a real part of academic medicine. I mean, that’s what Hopkins—the three-legged stool was really a Hopkins innovation.

Warren: Tell me what you mean by that.

De Angelis: Well, a true academic center has three strong components. The clinical component, which is the ultimate, and that’s what you strive for. It has the education component so that you have tomorrow’s doctors and scientists who will make the care better, ultimately. And you have the discovery part, the research part, and that’s the part that makes tomorrow’s medicine better and lets you teach new things to new people.

So the truly great academic centers have strength in all three, and we’re one of the handful of places that really are great in all three, but the whole idea, (A), of having full-time faculty paid to teach is a Hopkins innovation, and that people would do research is a Hopkins innovation. The
triple threat of one person doing all three, I’m not sure they ever really existed, that you could really do terrifically well at all three, and you certainly can’t do it now, with technology advances and the competition and the amount of time needed for everything. You can’t be a triple threat.

But it’s intriguing to me that people—certainly there is financial reimbursement for clinical, there’s financial reimbursement for doing research. There is no financial reimbursement for doing education, yet what is the title that everybody here strives for? Professor. Now, professor is one who professes, one who teaches. It isn’t one who does research. It isn’t one who sees patients. It is a teacher. Bizarre. I don’t know.

Warren: I know we’re running out of time.

De Angelis: That’s all right.

Warren: But I want you to talk about whatever you want to talk about. I’ve got seven or eight more things on my list, and all of them are of equal value. What do you want to talk about?

De Angelis: I want to talk about what Hopkins has meant to American medicine, actually medicine in the world. I think if you remove Hopkins, if Hopkins never existed, medicine would not be what medicine is today. I’m totally convinced of that. Would a Hopkins have grown somewhere else? I don’t know. Maybe. But if Hopkins, the whole concept that is Hopkins, didn’t exist, we’d still be very much like the other developing countries, or developed countries, even Britain. There’s some research, but the clinical is different and the teaching is different.

If you looked at our statistics, one out of four of our medical students end up on faculties. One out of four end up on faculties! I mean, you know how many faculty positions there are in the country and how many of our graduates there are? One out of four. It’s incredible. That’s just
the medical students. If you look at the residents and the fellows, I don’t know what the figure is, but it’s really up there.

I already told you, when people become professors here, everybody wants them to be leaders elsewhere. I mean, I’ve been offered more deanships and been asked to look at a dozen others, and presidents of medical universities and stuff, and I’m sure if I had done the same thing at some place else, probably the same thing wouldn’t have happened. A lot of it is because people know that quality here is not diluted. We are the only medical school in the United States that still has a one-track system. Period. You become a professor here by doing scholarly work. Period. We don’t dilute it by putting an adjective in front of it and then some are second-class professors, because that’s what happens everywhere else. There are some places that have four, five, six tracks. I don’t know what they mean. Neither does anybody else. But if you’re a professor at Hopkins, people know what that means.

So, you know, I think anybody—really, anybody who’s ever received medical care in the United States has probably been touched in some way by Hopkins’ medicine, either because of the discoveries made here that filter out or because the physician who’s caring for them was trained in part here, or maybe directly because they received care.

And you know the other beauty of this place? My clinic where I saw kids, most of them lived within five miles of this place, and Mrs. Gotrock’s kids got the same care as the poor little urchin who lived down the street there, who came from the ghetto. That’s pretty special. There aren’t too many places who could say that. And we’re still doing it, despite managed care and everything else. We’re still fighting like hell to make sure that will always be. You can go other
places, you can make a lot more money, you could be a lot more secure, but you won’t have the same feeling.

**Warren:** But you are going someplace else.

**De Angelis:** Let me tell you where I’m going and why I’m going.

**Warren:** Well, that’s what I want to know, because this is pretty special.

**De Angelis:** Yes. This is a once-in-a-lifetime opportunity. This position is an opportunity. It’s probably the best bully pulpit in medicine. There are 360 subscribers to the English version of *JAMA*. There are over 400,000 subscribers to the thirteen other languages. It’s published in sixteen other countries. And this is an opportunity to set the pace. You set the agenda not only for *JAMA*, but you’re editor-in-chief of the soon-to-be eleven archives. Each one has an editor, but you oversee. And now everything is on the Internet.

Well, you reach a point where you say, “Who should be in that position?” I look at it and I look in the mirror and say, “Me?” [Laughter] I don’t understand it. On the other hand, I say, “I’m from Hopkins. I have Hopkins residency training and I have twenty-one years of experience at Hopkins as a faculty member, as a department leader, and as a vice dean. Who better?” And I’m taking Hopkins to *JAMA*. That’s why I’m going.

**Warren:** That’s pretty exciting.

**De Angelis:** Oh, yes. Oh, yes. I mean, it’s already incredible to me, because, I mean, I made them change the entire administrative flow chart, and they said, “Fine.”

**Warren:** You go whip them into line. [Laughter]
De Angelis: No, we’re going to have a lot of fun. People aren’t going to get whipped into line. I’m going to walk and they’re going to follow, I hope.

Warren: I bet they do.

De Angelis: And if they do, we’re going to go to fun places and we’re going to do great things, because we’re going to do it the Hopkins way. I shouldn’t say that, but what’s wrong with the Hopkins way? Hopkins way means we’re going to do it with quality, we’re going to do it with integrity, we’re going to do it honestly, by the book, and we’re going to have fun.

Warren: What more could they want? They’re very lucky.

De Angelis: Well, I’m very lucky, too.

Warren: I really want to thank you.

De Angelis: You’re welcome.

Warren: Talk about quality. This has been a quality session.

De Angelis: If something comes up, you know where to reach me. If I’m not here, I’ll be at JAMA.

Warren: Okay.

De Angelis: I don’t think I can hide in that position. [Laughter]

Warren: I don’t think so either. I think we can find you.

De Angelis: And if it’s for Hopkins, I will do anything. Okay?

[End of interview]