

KELLY GEBO '92, M.D. '95

August 31, 1999

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Mame Warren,
interviewer

Warren: This is Mame Warren. Today is August 31, 1999. I'm with Kelly Gebo and Nicholas Gebo, who is three months old, and he might make a few gurgles for us. I hope Kelly will do a lot more than gurgle for me.

So, I know nothing about you, other than that you've been through several aspects of Johns Hopkins. Where did you come from and why did you choose Johns Hopkins?

Gebo: I grew up in Upstate New York, near Albany, and spent most of my life there. I graduated in 1988 and was trying to decide where to go to college. I applied to a number of different places, and one of the things that really attracted me to Hopkins was that it was a small school that was good in both medicine, in pre-medical training, as well as international relations. And international relations, political science was another one of my interests, and I really wasn't sure what I wanted to do long term, and Hopkins seemed like a good match in terms of being good at both of those. So I came in the fall of 1988. I don't know if you need more information than that.

Warren: Oh, yes. What was your impression when you were first looking at schools that made Hopkins different?

Gebo: I had always wanted to go to Harvard [University]. My whole life I wanted to go to Harvard, and applied to Harvard in the fall of my senior year, early decision, and was deferred, and actually was eventually rejected from Harvard. That was one of the most difficult days of my

life, because I really wanted to go there, and had come to Hopkins in the fall when we were originally looking at schools, and thought that it was a really nice place, but really had had my heart set on Harvard. So I didn't really take it too seriously.

Then when I got rejected from Harvard, I had to look at what options I had left, and I had some very good other options to think about, but most of them were very large schools—Cornell [University] and Princeton [University]. What I decided was that I really wanted to go to Hopkins because it was smaller. I wanted a smaller school. I came to look at it in the spring of '88, and it was my birthday, actually. My mom and I came and it was the open house. Both of us decided pretty quickly that that was where I was going to go.

I stayed overnight and really liked it a lot. I met with the basketball coach and a couple of other people. I was interested in playing basketball. I talked to her about it. And decided that that's what I was going to do.

Warren: So you arrived in the fall.

Gebo: Right.

Warren: Tell me about that.

Gebo: I was a little nervous. I was the one who was going farthest away from home of all of my friends. Upstate New York wasn't tremendously far, but it was definitely not around the corner. And my two best friends went to college together, so they went to be roommates together at Princeton, so I was feeling a little left out because they were definitely together and I was here at Hopkins alone, and moved into Lazear [Hall].

Lazear was the dorm I moved into, and met my roommate, my freshmen roommate. Her name was Anne Marinovik, and Anne was 6'2" and about 120 pounds, and rode horses. Anne

was very wealthy, grew up in Saudi Arabia, and her father owned a huge amount of property and a jet and all this and other things. So I was a little intimidated at first. I lived with Anne for the first semester, and we had a good time, but we were never very good friends. Anne really liked to party, which was kind of funny, because I had never really been exposed to that. So that was one thing I have to credit Anne; she definitely expanded my social horizons.

But I got to be best friends with a woman who lived upstairs, named Susan Smith, and Susan and I have been best friends ever since September 1988. We were at her wedding yesterday, Sunday.

First year was a hard year at first. I took organic chemistry and some political science courses, not really knowing what I was going to do, and I hated chemistry. So I decided after the first semester that was it, I wasn't going to medical school, I was going to become a lawyer. My parents didn't really say too much, but I think they were disappointed. They thought that medicine was a much more noble profession.

So I went and dropped all of my pre-med classes. That was it. I wasn't going to take physics, I wasn't going to take calculus; I was going to take Russian history and I was going to learn Russian and I was going to do all these other things. [Interruption. Tape turned off.]

So I dropped all of my course work, especially was going to take this Russian studies minor. I was going to learn Russian at Goucher College and I was going to take Russian history and international politics. The summer between my freshman and sophomore year, I really wasn't sure what I was going to do, so I went home over spring break and looked for a job, and decided that I was going to work in a lab, just to sort of see what it was like, and met a woman there who ultimately became very influential to me and helped me realize why I had to memorize all those

organic chemistry formulas and why I had to learn physics. Suddenly there was application to all of the things I learned. Then I thought, “Well, maybe pre-medicine isn’t so bad. I’ll continue in biology.”

When I got back to school, I dropped all of the Russian history and Russian courses that I had signed up for, and signed up for the advanced biology and chemistry courses, and actually got a job working in a lab here. That was probably the single event that turned me towards medicine, my mentor here and helping me to see that there was life beyond the classroom and there was a reason you needed to do all that. He was great.

Warren: Tell me who that was. Tell me about him.

Gebo: His name is Robert Siliciano, and he is still at Hopkins. He is M.D. Ph.D. and I think he’s director of the M.D. Ph.D. program now. He had just come to Hopkins as well in the fall of ’88 or ’89, so he was sort of new guy on the block. He had my husband Michael, who was a medical student at the time, working for him during the summer, and I sort of came and took Michael’s project and did it as an undergraduate during the school year. I kind of worked on it. It was a very small lab at the time. It was Michael and myself and there was another graduate student, and that was pretty much it. Since then, Bob has become very successful and is now full professor at Hopkins, but he still regards Michael and I as his most successful product of the lab, and now Nicholas as well. [Laughter]

But he helped me to realize that medicine was a lot of fun and that seeing patients was an end goal, and I couldn’t really see that when I was a college student, or especially a freshman, with why I needed to know all this stuff when I wanted to see patients and help them with disease. And he helped me get through a lot of the course work and helped me sort of keep focusing on

what my end goal was. It's kind of ironic now, because he doesn't see patients at all and he works in the lab, but he sort of helped me realize that you would get to that, you just needed to take all of these baby steps, and that slowly but surely I would eventually get there.

When I applied to medical school, he was very helpful in helping me to decide where I wanted to go and to help me with the application process. I don't know if there's more I can tell you about that.

Warren: That's real good. That's real helpful. Tell me about that chemistry class that was so tough.

Gebo: Oh, I hated it. In my freshman year I took organic chemistry. Most people take introductory chemistry. I had taken college chemistry in high school, so I came in as a freshman into this sophomore chemistry class. It was a little intimidating at the time. The first semester actually went pretty well. I was able to keep up and enjoyed it.

The second semester I had a professor—Mr. [Ross] Jones will, I'm sure, tell you or knows—who decided to quit in the middle of the semester, and he didn't want to teach undergraduates anymore. So for a week we had no class. There was actually a graduate student who sort of led the class. The department made him teach the class, made him come back and teach the class, and he was very bitter about it, and failed a number of students in the class, made the exams very difficult and just decided that this was going to be his retribution to the university [unclear], but it was unpleasant.

I ended up getting a B-minus in the class, which was part of my reason for changing from med—I thought, “If I can't do well in this, then I'm clearly not going to be able to go to medical school.” And when I went and met with the pre-med advisor, he said exactly the same thing. He

said, “You know what, you’d better think of something else, because you’re never going to get into medical school.” And that was part of what made me want to switch out of pre-med.

Warren: So you had a pre-med advisor?

Gebo: Right.

Warren: Tell me about that process.

Gebo: There was an advisor who helped all of the people who were applying to medical school, and his job was to help you fill out your applications and to get people to write you recommendations, and then he put everything together in a package and wrote a cover letter to all the programs. So I brought him all of my scores and transcripts and recommendations, and he looked it all over and told me that I was really never going to go to medical school, and that maybe I wanted to think about another career.

At this point I had worked in the lab, and I had a lot of people who told me that I actually probably would do pretty well in medical school. I had enough confidence in myself to say, “Well, I’m going to try it, and if I don’t get in, I don’t get in,” but that was something I really wanted to do. And he discouraged me from doing it, especially because I graduated in three years from undergraduate. I knew what I wanted to do, I had enough credits to go to medical school, and I decided that instead of spending a fourth year as an undergraduate, that I wanted to try to get into medical school and to see what would happen. And he told me I was crazy.

I decided, with my advisors, the gentleman who worked at Hopkins and then a woman I had worked for in Albany, that I should just try it. If I didn’t get in, I’d spend a fourth year, and if I did get in, so be it, I would go to medical school.

So I started applying and went on interviews, and enjoyed the interviews. They seemed to

go very well. And started to get letters of acceptance to medical school. I got my first letter of acceptance on Christmas Eve, and it was my third year of college. It was right after my grandmother had died, and I really had wanted to be able to show her that I'd gotten into medical school. She had died two months before that. So my dad and I, we went to her grave, and I sort of read her the letter that I'd gotten in. To me that was a big accomplishment. I knew she had always wanted me to go.

So when I got back to school after Christmas break, I took it to the pre-med advisor. I said, "I am going to go to medical school. I'm very happy about that."

He said, "Well, you got into Emory, but you didn't get into Johns Hopkins."

I said, "Well, I haven't heard from Johns Hopkins yet."

And he said, "Well, that's fine. Just remember what I told you."

And about six weeks later I got an acceptance letter from Johns Hopkins, and I marched into his office and I put it on his desk, and I said, "You told me I was never going to go to medical school. I just want you to read this letter."

And he read it and he said, "I'm glad it worked out for you." And he said, "I didn't realize that it would." And interestingly, I saw him at Mr. Jones' retirement party last year, and I walked up to him and said, "You don't know who I am, but this is who I am and this is what I did. I went to see you about ten years ago and said that I wanted to go to medical school and you told me that I was never going to go. I almost didn't apply because of you. I just wanted you to know that now I'm a practicing internist and they just asked me to be the chief resident."

And he sort of smiled and he said, "You know, I learned a valuable experience from you. I learned that people need to do what they want to do, and that it's important to help people make

their decisions and to help them realize what their limitations are.” He said, “But you never know what’s going to happen.” He said, “Clearly you’ve done very well with it.”

I was, I was glad that he learned something from that experience as well as me.

Warren: You gave him an education, Kelly.

Gebo: Probably. But luckily it all worked out and I did go to medical school and did okay. I did fine.

Warren: Let’s not jump too far. I want to stay with college. I love the synopsis you just gave me, but I want to stay with undergraduate a little while. Were there particular faculty members who made a difference for you?

Gebo: There were. There’s a couple of faculty members I really liked. Richard Cone was a faculty member. He’s in the Department of Physiology. I don’t even know if he’s still there. But I took a physiology class that he offered, and he was awesome. He was just very different in the way he taught, but I really enjoyed it.

Warren: What made him awesome? What did he do?

Gebo: He was very dynamic, and he believed in having students grade each other. What we did was we wrote papers, and he felt that we could learn a lot from each other. That was a new experience for me, because oftentimes what happens is you felt like you were competing against each other, and this was the first time we worked together as a group. As graduate students, you do that often, but this was my first experience doing that as an undergrad.

What he did was, he encouraged us. We had to write a paper about a physiologic event or some physiology—I don’t want to say “experiment,” but some part of physiology that was interesting to us, and then have other people read it and critique it and sort of give their opinions

on it, and then try to have an expert in the field read it.

So I wrote on immunology, which was what the professor that I worked for in the lab did. I had a few other classmates read it, and I had him read it, and I really enjoyed that experience, getting feedback about something. Then what we did is when we handed them in, you were randomly assigned to read fifteen papers. You didn't know whose they were or what other members of the class they were from, and you had to rank them from one to fifteen. It was the first time that you—it was like a grant review, and it was something that you learned, “Oh, that's an interesting idea. I never would have thought to do that.” And I learned a tremendous amount by reading other students' writings, and I learned about different parts of physiology that I never knew about, and really realized that my classmates were some of the smartest people around. It was an enjoyable experience to work with them.

I took another course from him where we did a similar experience, and it was a smaller course, but again it was working together. I thought that was really novel for a college-level course.

Warren: Was everybody in the course undergraduate?

Gebo: Yes, it was a 300-level course. It was an advanced-level biology class, but everybody in the class was an undergraduate. It was an eye-opening experience for me. Instead of being, “What did you get on the test? What did you get on the test?” it was, “That was a really great paper you wrote,” or, “I really enjoyed reading about the way you thought to summarize this,” or, “That was a really interesting way to make that graph,” or chart or whatever. It was a nice experience. I enjoyed that.

Warren: That's a great idea.

Gebo: It was a great idea. He was very good at that.

Mr. Jones obviously was very influential. He wasn't a faculty member, but I worked with Mr. Jones. He had us driving the board of trustees. The board of trustees would come every three months, every two months, I don't even remember, and he hired my roommates and I to drive them around, because they would prefer to have us drive than to take taxis. So we would pick them up at the airport and we'd take them to the hotel or wherever they needed to go. It was a great part-time job for us, because we got to meet some very influential people, and they enjoyed hearing what we liked or didn't like about Hopkins.

One of my funniest experiences with that was I picked up one of the board members, and I knew he was a physician, but I didn't know where. So we were kind of talking about medical school and interviewing and how I enjoyed it. It was my third year. He also was really encouraging me to apply. As I was pulling into Penn Station, he said to me, "You know, did you think about Cornell?"

I said, "Well, you know, it's in New York City. I hadn't really thought about it. I was looking at schools that were outside of New York City."

He said, "I think you ought to apply there."

I said, "Well, you know—" Luckily, I didn't say anything bad about it, but I was really looking to stay out of New York City at that point.

He said, "Well, when you come for an interview, give me a call," and he handed me his card, and he was the dean of the medical school at Cornell. [Laughter] I had no idea who he was at this time. But it was, again, a very funny experience.

That was a great job. I really got to meet some very interesting people and talk to them

about life at Hopkins, what it was like and what I liked and didn't like. They were definitely interested in our opinions.

Warren: Tell me more about that. Did you have other experiences?

Gebo: With them?

Warren: Yes.

Gebo: Yes. They used to meet—I think they met three or four times a year, and so they would come for three or four days. During those three or four days, basically that was all we did, was drive the trustees back and forth. They would have a dinner at night and we would wait for them.

My roommates and I had to take this van-driving course, because after the dinners they would come out and we would take them in the vans. These vans were enormous. They were, I don't know, twenty feet long and they sat maybe twelve people. I remember practicing driving these vans in the back of Homewood field, or in back of the Homewood campus in these parking lots. They set up all these cones. The first few times you went to drive around the cones, you knocked them all over because it was very different. I remember thinking, "I'm never going to be very good at this." It was a very intimidating experience.

So eventually you got to be pretty good. They wouldn't let you take a van until you could drive this course and pass through this obstacle course without knocking over any cones. So I thought to myself, well, you know, this isn't so bad. My roommates and I all took the course together, and we thought, if we could do this, we could pretty much do anything.

So we went and we drove them home after dinner. The next morning, one of the trustees stayed, and Mr. Jones asked me if I would drive him to the airport. I said, "Sure." I said, "Hold on. Let me go get the keys to the van."

Mr. Jones said, “No, don’t get the van. There’s a lot of people. Here, take my car,” and flipped me the keys to his car. And I was never more nervous driving anybody’s car than I was driving his car. [Laughter] It was very funny. He said, “What were you nervous about? You could drive these big vans. It was just a little Honda Accord.” Somehow it was a big adventure to drive Mr. Jones’ car.

I’m trying to think. There were some funny stories. We used to have—they would eat in the president’s house in back of the university, and we got to know the chef there pretty well, because he would cook all the food for them and then he would sort of stand around while they were eating. We were standing around waiting. So he would cook us food. He would sort of cook a few extra plates for my roommates and I when we were driving. It was always nice. We looked forward to when the trustees were coming, because we knew not only were we going to get a bigger paycheck, because we were working more, but we were also going to get some good food. He definitely looked out for us. I don’t remember what his name was. Nice guy. It was fun.

Warren: You were very well connected as an undergraduate. [Laughter]

Gebo: [Laughter] Interesting job selection, you know. As freshmen, we lived on campus, and then after that you had to move off campus. I was trying to figure out where we were going to live. My roommates and I decided we were going to live together. In January and February there’s sort of a big scramble for all the apartments. Everybody was looking for apartments.

There was an ad in the newspaper that one of my roommates had spotted, and she and my third roommate went to go look at the place while I was off on a basketball trip. We were playing—I don’t remember where, and I came back and they said, “You’re going to love this place. You’re going to love this place. We’re moving in.”

And I said, "I should go see it." So they said, "Okay, that's fine." This is actually a funny story. We were supposed to meet the landlord on the steps of Garland Hall, so we sort of were out there standing, waiting for him to show up, and out walks Mr. Jones. I have no idea that he's actually walked out of Garland Hall at this point; he shows up. He introduces himself as Ross Jones, doesn't really say too much more. We go over and we look at the apartment, and we agree we're going to take it.

At about two weeks later, I was interviewing. We had no idea who this guy Ross Jones was. He's just a guy who's got an apartment we're going to rent. Two weeks later, I'm interviewing for a job that I've seen in the *Gazette*, and it's driving around the board of trustees, you know, sporadic work, looking for personable students. So I responded to the ad, and whose office do I have to walk into but Ross Jones'. I couldn't believe it. He was sitting behind his desk, and I was thinking to myself, "I can't believe the guy's the vice president of the university and we had no idea." But that was sort of the beginning of a long friendship that we've had. I couldn't wait to go back and tell my roommates, "You'll never guess whose apartment we're moving into!" [Laughter]

Warren: So that was a complete surprise. Serendipity in several regards.

Gebo: It was.

Warren: Great. I love that. It seems to me that you have done a wonderful job of just zipping right into the essence of Johns Hopkins at a very early point. Has it changed for you through the years or do you feel like Hopkins has been Hopkins all the way through?

Gebo: It's definitely changed. There's a lot that's changed, and I think for the better. I think that the undergraduate lifestyle is better now that there's housing for more students, that there's more

social life in Charles Village for the students to partake in. Those are things that I really thought were important issues at the time and talked with the trustees about.

When I was in college, I played on the basketball team and really enjoyed that. That was something I really felt was important to me, and I enjoyed the physical activity of it, but I also enjoyed the camaraderie of the team. I felt like I had a good social life there because I got to know a group of women very well and we went out and had a good time. We traveled to basketball games. I really felt that that was important. And I felt that there was a number of other students who didn't have the social opportunities that I had, and simply because I was in athletics I got to know a number of people who we had an activity that we partook in a lot. I felt that there were a number of students at Hopkins who didn't have that opportunity, and I think that with a number of the activity centers that they're building and expanding the athletic center, that that's definitely improving.

As an undergraduate, I had absolutely no experience with anything outside of the undergraduate campus, though. I didn't know anything about the medical school, the School of Public Health, or Baltimore City. I remember my friends saying to me, "We've lived in Baltimore for four years. We should know how to get to the Inner Harbor." Really, when you're an undergraduate, you live on the Homewood campus, so you don't really have a lot of exposure to getting off of campus into the city. Occasionally we would go someplace, but not really very often.

My eyes really opened up when I went to medical school, into how big Hopkins was, that there was definitely more than the undergraduate Homewood experience. So I would say that that's kind of when I made the transition to realizing, you know, how behemoth the university

was. I don't know if that answers the question.

Warren: Yes, that's great. I want to pursue that. Still I want to stay with undergraduate.

Describe Charles Village for me.

Gebo: When I lived as an undergrad, we didn't actually live in Charles Village. We lived right in back of the university, right in back of Wyman Park Hospital. A lot of the social life at Hopkins revolved around Charles Village, because there wasn't a whole lot of activity on campus. We didn't really have a club or those things, so we used to go over to Charles Village. There was P.J. Pub and Charles Village Pub, were the two places over there that people would sort of hang out, and they would broadcast sporting events so we could try to watch—we didn't have cable at our house. We would go over and we would watch college basketball games or some other event that we couldn't get at home. That was sort of an activity that we did. We used to go on Monday nights. They had all-you-can-eat chicken wings for four bucks, three-fifty, or something ridiculous. So that was like a Monday night tradition. We would all kind of go over to P.J. Pub and have chicken wings. That was kind of a fun thing.

There was a grocery store in Charles Village, Eddie's. But other than that, there wasn't a whole lot of activity. They opened a diner my last year of college, and that was the big, big news when that diner opened. It had chocolate malts, and we used to make the trek over every once in a while and get chocolate malts, especially during exam time. But other than that, there wasn't a whole lot of hubbub of activity. WaWa was there. That was a late-night stopoff. When we'd be walking home from a fraternity party, we'd always stop at WaWa. My roommates would get coffee.

Memorial Stadium. We used to walk to Memorial Stadium all the time. They had Student

Night. For two dollars you could sit in the upper deck. That was actually my husband and I, our first date. We would walk to Memorial Stadium. It was a very bittersweet thing for us when the Orioles moved to Camden Yards, because we had very fond memories, going, sitting in the upper deck at Memorial Stadium.

Other than that, Charles Village—I'm trying to think what else. I think that's pretty much all we used to do when we were there.

Warren: So you didn't go really exploring the city as an undergraduate?

Gebo: Not a tremendous amount. We went to the Inner Harbor a few times. We used to go—there's a Giant up on Keswick, and that was the grocery store we used to go to. We didn't really have cars, and so we were sort of depending on the Hopkins shuttle service, which would take you in a mile radius or a mile-and-a-half radius of the university, which I guess put you three miles difference, but we didn't really explore much beyond that as undergrads. It was sort of our little universe. We had movies on campus and we had a lot of our social activities that we did were right there. Went to D.C. occasionally. We didn't do a whole lot.

I was traveling a lot. When I played on the basketball team, we traveled almost every weekend, and so I wasn't around my freshman year, especially in the fall, in the wintertime.

Warren: So did you play on the team how many years?

Gebo: I actually played one. I played my first year and then had to make a decision between medical school and playing basketball.

Warren: Really?

Gebo: It was just that the time commitments were great for both. I had labs. In order to go to medical school we had to take a number of science classes which had extended lab hours, and it

was difficult to miss practice on a lot of occasions to do that. I also felt committed to working in the lab that I was working in, and felt that basketball, unfortunately, was one of the things that I was going to have to let slide. I definitely still played in intramural league, but missed the collegiate experience of playing every day. It's funny, because my high school friends who went to college continued to play every day, so it was hard for me, especially when I was talking to them, how they were continuing to play. That was a real big transition for me between playing every day and playing two or three times a week with the intramural team.

Can you hold on one second?

Warren: Absolutely. [Tape recorder turned off.]

So you mentioned the intramural leagues. Tell me about that.

Gebo: We used to play at the athletic center a couple of times a week. One of the games we used to play was Sunday nights, and we used to go to church. My roommates and I would go to church. There was an on-campus Catholic service on Sunday evening. It was always a big thing whether the game was going to be the same time as church, because if it was, then we had to go to church in the morning, but if it wasn't, then we could go to church after we had played in the basketball game. [Laughter] It was a very funny thing. We figured as long as we went, God didn't really care when we actually got there.

I actually played, until I graduated, in the intramural league there, and then played in the medical school league when I got to Hopkins.

Warren: Sounds like basketball is real important to you.

Gebo: It's gotten less important to me recently, but it was at the time. It was definitely something I enjoyed. It was a nice outlet after studying for a long period of time.

Warren: It must have been great. Well, shall we go to East Baltimore, or were there any more faculty members who were important to you?

Gebo: No. One of the things I did as an undergraduate which I really liked was—two things. Spring Fair.

Warren: Oh, do tell me about that.

Gebo: Spring Fair and Blue Key. I got involved in Spring Fair my freshman year, just sort of working in one of the booths. I really enjoyed it, had a great time. My second and third years I was one of the co-chairmen of the different committees, and really had a good time planning the fair. It starts in the fall with selection of committee chairs and putting a committee together, and then eventually the fair happening for three days in the spring. That was awesome. That was really fun to work with a group of people, and each individual group of people is working on something entirely different, you know. Some people are working on food and there was decorations. Everybody's issue seems really important to them, and then there's someone who likes oversees the whole thing.

The first year I did it, I was organizing games, and worked with all the fraternities and sororities for them to develop games, and then also for the first year contracted out the professional—I don't know what they're called—entertainment corporations to bring in the games from like a fair, actually, which was really fun. I enjoyed doing that.

Then the second year I did it, I did it with my roommate. We were co-chairs together. We had a really fun time picking out music. We were the music chairs, so we got to go to a lot of different places in Baltimore and listen to bands. It was funny, because we weren't twenty-one, so we had to get special permission from the bands in the bars that they were playing in to go listen.

We would get these little tags on our wrists that said we couldn't drink, and you weren't even supposed to be allowed in the bar, but they would let us in just because we were there sort of observing the band. We had a great time doing that. It was really a fun experience. And then watching them perform six months later on the stage was even more fun. The fact that it was raining and about 30 degrees was sort of a down side, but usually every fair there's at least one good day. So that was fun.

Another activity that I really did—

Warren: Hold on. Before we go, describe the fair for me.

Gebo: The fair. The first year I did the fair, it was past coronations was the theme, and they had the whole campus decorated internationally. They had international foods and arts and crafts vendors, and they had flags. We had made these flags that were all over the campus from any one of a number of nations. Each co-chair of a different committee had a shirt on—I still have the shirts—that had flags of all the different nations on it, that says “Passport”—I think it was “Passport '91.” I don't remember what it was in 1990. “Circus 1990.” “Passport '91.” They would take the theme and they would try to get vendors to go along with the theme.

Then each co-chairman had a hat and a T-shirt, and you're supposed to wear this for the whole fair, which by the end of three days is kind of gross. [Laughter] Inevitably it rained. You'd have to lift, you know, heavy machinery or do whatever, and they get very dirty. But it's still a tradition now. My roommates come down typically not for Homecoming, but they come down for Spring Fair, and we all go over to Spring Fair together every year. It's something that we did as roommates, so we look forward to it kind of every year. We always check out their hats and shirts and critique their uniforms of the year and the decorations. We're always trying to find out what

they did and what we thought we did better. [Laughter] A very fun experience.

In terms of the fair itself, the different quads are set up. There's the lower quad and the upper quad, and they have arts and crafts vendors tend to be on the lower quad, and the food is up on the upper quad. Then they have freshman quad has all the rides. I remember being a freshman and not really having ever been exposed to Spring Fair, not really knowing what to expect, and the Thursday before Spring Fair started, these trucks just started pulling up. These massive tractor trailers just kept pulled up onto the freshman quad, and sort of overnight we woke up and there was this circus-like atmosphere with, you know, games and rides and food. It was a fun thing that definitely broke up the monotony of your course work. It was something to look forward to, which made me want to participate in it in the next years.

Warren: That's a pretty good description.

Gebo: Okay.

Warren: All right. That's great. Just what I'm looking for. Blue Key.

Gebo: Blue Key was the group that gives tours on campus. Got involved with that because my RA, or the residential advisor, was the president of it and encouraged me to go interview. You have to be selected to be a Blue Key, and I didn't realize that. So I went and I interviewed and really liked it, and would give tours every Friday morning at ten o'clock. That was my tour slot. And really enjoyed getting to meet all of the different students who kind of came in and were interested in coming to Hopkins. I loved Hopkins so much that I wanted other people to come. I thought it was such a great place, and I was like, "You know, you really want to come here."

So my junior year, I applied. They had three student interviewers, and they had students who were selected to work with the admissions committee on interviewing prospective students,

as well as reviewing applications. I thought, well, that's the most exciting part about this. How could it get any better than this? And so one afternoon a week I used to work as a student applicant screener, and then in interview season I worked a couple of afternoons a week where I would interview prospective students and people who were interested in coming to Hopkins. And then they encourage you when you go back to your high school for Christmas or Thanksgiving to go and talk to the students in the high school. I just thought that was really fun, because I had had such a good experience at Hopkins that I thought, you know what, I'm going to convince these people to come.

We used to house people who were interested in coming to Hopkins at our—Mr. Jones' apartment. My roommates and I would constantly have—we had a couch that pulled out. We constantly had high school seniors sleeping on this couch who were coming to visit Hopkins. I really enjoyed that. I thought that that was a really fun activity where I could tell people what a great experience I had and hope that they would want to come and do it. A number of students—that's how I got to know a number of underclassmen, was I had encouraged them to come and then get to see them when they actually came.

That's something we've still maintained contact with. We've been involved in the alumni association in helping host students who are far away from home and that kind of thing, because they can't go home for the holidays. So we have them over here. It's been fun for us.

Warren: That's really special. Tell me about doing that.

Gebo: I guess we've been doing it three years. I think three years. Each year you get assigned a student, and they come over, people who live—I forget how far you have to leave, maybe 1,500 miles, 1,000 miles away from home, who wouldn't normally get to go home for Thanksgiving or

the Jewish holidays or other things. We like to have them over for our holidays and weekends, and often when you're a student and you don't have a car and you need a trip to the dentist or a bank, something, help them to kind of get established.

We've had very interesting students. I remember the first time one of them came over, my husband said, "Do you want a beer?" I remember thinking we weren't that far from college. We had graduated from medical school, but we really weren't that old. We sort of considered ourselves young people. I remember we went to pick the guy up, his pants were like hanging down to his thighs and his cap was sort of askew. I was thinking, well, I guess that's how they dress these days. I really, you know, am not familiar with that. Then talking to him, we sort of said, "Would you like a beer?" just assuming he was sort of one of us. He said, "You know, I'm only eighteen. I'm really not supposed to drink." And just having no concept of that idea, I was like, "Oh, right, you're eighteen and not supposed to drink." [Laughter]

But it's been fun for us. We had a cross-country runner and we went to see him run, and we had him over for his birthday. We had him over for Thanksgiving. It was just nice, I think, for him and his family, especially, to know that there was somebody here who was going to look out for him. We certainly didn't mind. We enjoyed getting to know him and meet him.

We had another girl who was—I think she was from Oregon, and getting to know her and her family. You know, just following them sort of over time and hearing how they eventually turned out. One of them, he's a senior now, one of them's a junior now. It's kind of a nice experience. We actually don't have one, didn't have one last year, but I think we'll be assigned one this year.

Warren: You got Nicholas instead.

Gebo: Exactly. Exactly.

Warren: I need to turn the tape over.

Gebo: Okay.

[Begin Tape 1, Side 2]

Warren: All right. We just realized that we need to talk about Steve Muller. You were there during the end of Steve Muller, right?

Gebo: He left and Dr. Richardson came when I was there.

Warren: Tell me about that. Since you were involved with the trustees, you probably sort of had an inside view of all that, for an undergraduate.

Gebo: Yes. I was involved with driving the trustees. That was a big decision when they were talking about who was going to be the next, and they actually came probably more frequently then, because they were doing a lot of interviewing at the time. But the undergraduate perspective of Dr. Muller was we used to call him "the man with the tan," because whenever we saw him, he perpetually had a tan. And you always wanted to have shook Dr. Muller's hand an even number of times. You shook it once on the day that you came and you shook it once on the day you left. And if you shook it an odd number of times, it meant you got called to his office for something that you didn't want to talk about. [Laughter] So you always wanted to be able to say that you shook it twice. You didn't want once and you didn't want three times. That was pretty funny.

Then when I was a senior, Dr. Richardson came, and I remember his inauguration. That was a big trustee event. They came. It was not Commemoration Day, it was a day in February, and I forget what they used to call it, but that was a really fun day.

Warren: That would be Commemoration Day.

Gebo: Commemoration Day? And everybody would walk in with their academic regalia, and that was pretty awesome to see that. I remember one of my jobs that year was to help them with their regalia, help the board of trustees. I was assigned to the board of trustees' room, and I had to help Mr. Jones with his. Then I had to help Dr. Muller with his, and there's quite a height difference between those two guys. I had to stand on a stool to actually get Mr. Muller's on him.

But it was also the time that George Bush was there. George Bush came and was speaking at the—I think it was Commemoration Day. So Mr. Jones said he was going to introduce me to George Bush, who was my big hero, so I went downstairs and I was so nervous. Mr. Jones introduced me, and I called him “Ross.” I'd never called Mr. Jones “Ross” in my whole life. Afterwards, that's all I could talk about. It wasn't a big deal that I met George Bush; it was that I had called Mr. Jones “Ross.” To this day he's like, “I really would rather you call me Ross.”

[Laughter]

Warren: I was just going to say, he probably loved it.

Gebo: He always wants us to call him Ross. We never do. That was the one time in my life I distinctly remember doing it, and said to myself, “I can't believe I just did that.”

Warren: Somebody trained you very well.

Gebo: Mr. and Mrs? Yes. It's funny because we talk about that now, [unclear].

Warren: So what was the buzz among undergraduates about Muller's departure? Did you all talk about it much?

Gebo: Not really. There was a little bit of talk about why he was leaving, but not a whole lot. He was fairly far removed. I was more in tune with it than most other people because I worked in the board of trustees and with Mr. Jones. But it was just so removed from our everyday existence,

that it wasn't something we really even thought about, and it wasn't something that he seemed to have a direct influence on our life rather than tuition. It was sort of the only perspective, so I wouldn't say he had any—there wasn't a lot of discussion about it.

Warren: So you made it through in three years.

Gebo: I did.

Warren: So did you go through a graduation ceremony?

Gebo: I did. I did. I walked across the stage. Mr. Jones got up, and he was sitting in the faculty, and he came down and shook my hand, which was very nice. I said to my mom I really wanted to make sure that we got a graduation picture with Mr. Jones. He ended up walking all the way back to his office to make sure that we got one with him.

Graduation was hot. Graduation's always hot at Hopkins. You sit under these tents, and people walk in. It's a two-part ceremony. In the morning, all of the parts of the university graduate, so they have the School of Public Health and the School of Medicine and the School of Nursing undergraduates, and everybody processes in, and you just sit in a block. School of Medicine has a block, School of Nursing has a block. There's one speaker for the university-wide commencement in the morning, and then in the afternoon each school graduates separately.

The president of the university attends all of the different ceremonies. In the afternoon, it was the Thursday before Memorial Day, he attends the undergraduate ceremony in the afternoon, shakes everybody's hand, and it seems like forever. They call everybody up one by one.

Warren: And you're only a "G." [Laughter]

Gebo: Exactly. Exactly. But they do call School of Engineering first. They went through the whole School of Engineering before they got to us, but it seemed like a long time.

Warren: So you didn't graduate with all these friends you arrived with.

Gebo: I didn't, and that was a big decision for me when I was trying to decide what to do. Was I the class of 1991 or was I the class of 1992? Because all my friends were in the class of 1992.

When I was applying to medical school, my parents really encouraged me to spend a fourth year.

They thought it was important that I reach closure with people I had gone to school with. I

consulted a lot of different people when trying to make that decision, and everybody sort of said to me, "Training for medicine is a really long haul, and if you can do it in three years, go ahead and do it."

I was really afraid of leaving them, and luckily I didn't have to. So one of the best parts for me about going to medical school is I got to live with my roommates in college, so they were seniors in college and I was a first-year med student, which was the best possible scenario I could have ever had, because first-year medical school is very stressful, and all of the first-year med students live together in Reed Hall downtown, and I didn't live there. I lived with my college roommates, and it was nice because I took the bus to school and I took the bus home from school, and I got to distinguish myself from—I distanced myself from the stress level that first-year med students have. I studied as much as I thought I needed to, and then when my roommates were going out on a Friday night or a Thursday night or a Monday night, I could go out with them and not feel bad because everybody else was studying. I didn't know what they were doing.

In retrospect, that was also one of the best things that I did, was not to be exposed to that constant level of, "Oh, well, my roommate's studying. I've got to go. My roommates are studying. I've got to go." That was awesome. I really enjoyed it. My roommates and I were best friends, and so it was nice to have their support when I was in medical school, too. That certainly

helped me get through my first-year med school.

Warren: Boy, that was lucky.

Gebo: Yes, it was an incredibly lucky situation, and it's the only word I can use to describe it, is lucky I graduated in three years, lucky I got into Hopkins, and lucky that I could still live with them.

Warren: I expect it was more than luck, Kelly.

Gebo: I don't know. It was a lot of luck.

Warren: So take me to East Baltimore.

Gebo: The summer between college and medical school I worked—well, I have to give you an experience other than in the lab. I worked at Bayview [Hospital Center], and I was helping to coordinate moving the geriatric center to the new geriatric center, and helped get people moved from the Mason F. Lord Building. I don't know if you've ever been there, but it used to be a psychiatric prison, and they'd actually had handcuffs down in the basement there. So I really enjoyed that. I got to work with older people and I got to work with nurses and doctors and a whole bunch of different things. It was just really exciting. This is how hospitals work. I got to work with the pharmacy committee at the Bayview Hospital. I was like, "This is what I want to do. This is it."

Then I started my first-year medical school. I couldn't wait. I was all excited. First day of medical school, somebody asks a question about calcium channels, and they asked a question and I had no idea what the question meant and I had no idea what the professor's answer was, and I realized everybody in that room was way smarter than me, and I was just not going to get through. That was it. I came home and I called my parents, and I said, "I'm going to try to get

your tuition check back, because we've made a huge mistake." They kept saying, "No, no, no, you can do it. You can do it."

It was a long first year. Your first year you take anatomy. Your very first courses you used to take were biochemistry and cell biology, and you used to go to class from nine until five every day, and we got Wednesday afternoons off. We got out at two on Wednesdays. So I had never been in class for eight hours a day and then have to go home and study at night. It was just way beyond what I had ever anticipated. That was a long first few weeks.

Then we went to anatomy, and anatomy was something I was really looking forward to. I said, "This is why I went to medical school." Everybody goes and they had the cadaver and medical school. So we got assigned a cadaver, and my grandmother had died just about a year beforehand, and she had been my big advocate about wanting me to go to medical school. And we're standing up and the professor is talking about how important it is these people had donated their bodies to science and what an important gift they had made. And we had a little ceremony beforehand, before we all started, and we opened up our cadaver bag, and our cadaver looked like my grandmother. I was just dumbstruck. I didn't know what to do. That was a really hard term. The whole semester we spent three hours a day dissecting this cadaver, and I hated it. I hated every minute of it. I kept thinking, wow, you're not supposed to hate anatomy. Anatomy's supposed to be the pinnacle of medical school. Everybody looked forward to it. I couldn't stand it.

Well, I went home at Christmas and I was like, "That's it. Forget it. Medical school is not it. I'm not going to finish."

"Just try a little longer. Just try a little longer."

And at the end of first year we took an ethics course and we got to see patients. They would bring patients in, and you knew enough at that point that you could understand what they were talking about. For the first time I was like, “You’re right. That’s what I want to know about and that’s what I want to be involved in.” I was again sort of realizing it’s the baby steps to get to finally getting to wear that white coat. But I was never so thankful as I was the day that the first-year medical school was over, and it was the day before my roommates graduated, which was a very sad day for me, because they were finally leaving and there I was still stuck in Baltimore.

My roommates went on to various places. One of them spent a year in Japan, spent a year in Canada, spent a year in France, spent the year in Boston, and has just moved back to Bethesda. She sort of kids me that I’ve been here all this time and my zip code hasn’t changed. [Laughter] She’s been all around the world. But it was a very bittersweet time. I was happy that the first year was over, but very sad that they were leaving.

The summer between first and second year, I worked in the lab again and really enjoyed it and felt like, wow, this is something I could do. I thought maybe I’d want to work in a lab full time.

Then second year started, and second year you get a lot more exposure to patients and we take pathology and pathophysiology and you learn how diseases work and you learn about how they affect the body. That was just awesome. I really loved it. It was sort of fun to sort of see how heart attacks happen and cancer works, and how you stop it, because you take pharmacology and how drugs work. They would bring more and more patients in, and you began to interview patients. You put on your little white coat and you went into the hospital. You didn’t know where

anything was.

I remember our very first patient encounter. We had a patient in the hospital with pneumonia, and so we walked in and introduced ourselves. He said he was very pleased to meet us. We said, "So why are you in the hospital?" And he said he had pneumonia, and that was pretty much it for us. So it was like, "Okay, well, he's here with pneumonia." And we didn't ask anything about what his symptoms were or what his other problems were. It was a funny experience for me to think about now and how it's just easy for me to rattle off the 250 questions that go with having pneumonia, but at the time it was, "Well, okay, he says he's got pneumonia, then he's got pneumonia." And you come a long way in second year in learning about diseases.

Then third and fourth year you learn about how to interact with people and how to put together their symptoms with what they come in with, with what diseases they could possibly have, and how to decide what you're going to do. You take eight weeks of each rotation, the major rotations of surgery, pediatrics, internal medicine, obstetrics, then you took four weeks each of psychiatry and neurology.

You have to decide what you're going to grow up to be. One of my professors sort of said to me, "You know, Kelly, you have to decide between big people and little people and between medicine and surgery, and then everything else sort of falls into place." And trying to make those decisions was very difficult, because everything is fun. It was new. Everything was really exciting. I really thought I was going to do pediatrics. I really liked taking care of kids. I had a great time.

Then I did pediatrics, and I realized I liked taking care of kids a lot, but I became very emotionally involved with them. That was hard to sort of separate. There was one kid in particular that I really got to like a lot, and the child died, and that was a very difficult experience

for me because it was somebody that I had come to really like. It was hard to distinguish where Kelly the doctor stopped and Kelly the friend started. We were very close. That was hard. I got to know the family pretty well, and they invited me—it was a poor family from East Baltimore, and they invited me to give the eulogy at her funeral. It was a very touching thing to do, but I was definitely the only white person there.

It definitely changed my perspective of the world, you know, how there's things that are important in life, and this is something that was really important. I really enjoyed getting to know her family, and even now her family still includes me in on things. They certainly don't have any of the resources that I have, but we got to know each other on a very important level, and that was the level of their daughter. That was a really unique experience. It was really fun. But it was hard to decide not to do pediatrics at that point. That experience helped me realize that I really liked it.

Shortly thereafter, I took care of a child who was abused, who was abused by her parents, and she was three months old. That was what crystallized for me that I couldn't do pediatrics. If people were going to abuse their bodies, that was one thing, adults, but for an adult to abuse an child, I just—I couldn't stomach that. And that single experience made me choose internal medicine, which I love. I really like internal medicine, and I chose it for many reasons, but that was the thing that crystallized it for me. I just couldn't imagine hurting a child and I couldn't imagine taking care of children who had been hurt by their parents or by anybody. That was very difficult to do.

Sorry, I went on longer than you needed.

Warren: Oh, no. No. Did you watch your peers going through the same kinds of struggles trying to figure out—

Gebo: Yes, definitely. At the end of second year, we were assigned a faculty member that you worked with, and you worked with that person in their clinic, so they took care of patients every day and you were assigned one day a week. You worked with them from your second-year medical school all the way till the end of medical school, and you got to know their patients pretty well because you saw them over the course of three years. What they would do is, as you got increasingly better at medicine, they gave you more and more responsibility.

The guy that I was assigned to was phenomenal. He's another one of those people who single-handedly helped change my whole exposure.

Warren: Tell me who it was and how that happened.

Gebo: His name is Shawn Stinson, and he was my husband's chief resident when my husband was in medical school, and joined the faculty shortly thereafter. My husband said to me, "He's awesome. If you can get to work with him, get to work with him." And he was very young at the time; he was just starting out. So he was eager to teach students.

I was assigned to him to work with him on Wednesdays, and I really enjoyed it. Every Wednesday I went, he was just magnificent with patients and magnificent at teaching, and very interested in helping people improve their lives with medicines and lifestyle changes, but also was awesome with me in helping me to understand how you communicate with people and how there's a lot of different drugs out there and there's a lot of different treatments and things, but really what it comes down to is just like what you were saying, is talking with people and helping them to understand what their disease is and how to treat it, and then the diseases you can't treat, helping them to come to terms with living with it and then eventually dying with it. It was a remarkable experience. I saw people over the course of three years and I worked with him every

Wednesday.

Then at the end of medical school, Shawn decided to leave. He was going to go to the University of South Carolina. Shawn's patients were being split up amongst the other physicians in the group, and I at that point had graduated. Shawn gave to me the patients that I had taken care of with him on Wednesday afternoons, and those patients became my patients. That was pretty amazing. I was just starting out. I had no experience whatsoever. I mean, I had graduated from medical school three days beforehand. The patients knew that and they were okay with it, and they knew that I had trained with him, and they respected him enough to let me do that. I still take care of some of those people.

He and I e-mail each other almost every day, and he's been very involved in wanting to know about Nicholas. He has been very involved in my career ever since then and just being a good sounding board, somebody you can call and say, "Hey, what do you think about this?" or, "What would you do in this situation?" I can do that both with patients, you know, and I'm in a difficult patient situation or personal things, you know, with careers and that kind of thing. But he helped me decide that internal medicine is a really fun field and that was what I wanted to do.

A lot of my peers who were assigned to either a pediatrician or internist ended up choosing the field of the person that they were assigned to, because I think you get to know them so well and you got to really enjoy what they did. So that was a really interesting and fun experience.

Warren: So I guess that falls under the category of mentoring.

Gebo: Yes, it definitely did.

Warren: Does that happen at every hospital? Is this standard procedure in medical schools or is

this a Hopkins thing?

Gebo: It probably is standard procedure that you have a mentor. I think that the degree of mentoring that I've gotten over the years from various people has been more than I ever expected. I've had remarkable people who have helped me to make very difficult decisions and who have helped me to see what I want to do and to see what are the choices you have, your doors are always open, and to always realize that they're there to help you make the best of what you want it to be, not what they've done or what anybody else has done, but what is the best that you wanted to be.

I remember when my husband was matching. Do you know about this matching thing?

Warren: That's on my list. Tell me about Match Day.

Gebo: Deciding where he was going to go and trying to figure out what was the best thing. He really in his heart of hearts wanted to go to San Francisco, and we weren't engaged at the time, but we had been dating for several years. We knew that we wanted to get married, and if he went to San Francisco, we were going to be apart at least two years. It was a very difficult decision, and we went back and forth and back and forth. He submitted his rank list, and it was due on a Thursday. You could change it on a Friday, but Friday at five o'clock it became final. You had to fax in your changes if you wanted to fax it in. He put down San Francisco, and then we talked Thursday night, and he paid the \$50 and had it changed to Hopkins the next morning. Then that afternoon he paid the \$50 and had it changed back to San Francisco. [Laughter]

He ultimately matched in San Francisco, and that was a very difficult thing for us to think about, being apart for that long. I remember talking with the dean of students, dean of medical students, multiple times over the course of that whole period, and him being extremely helpful. I

remember calling him at eleven o'clock at night on that Thursday, and him being just incredibly patient and so thoughtful, and just, you know, "Let me try to help you figure out what's the best scenario here."

Ultimately Michael and I got engaged, and Michael withdrew from the San Francisco program, and ended up matching here. Then I knew I wanted to stay, and it was just trying to figure out what was the best way to stay. So I only interviewed at Hopkins and at a couple of other programs in Baltimore, because I really knew we were going to get married and I didn't want to be apart.

Luckily for me, Match Day worked out pretty well because I only ranked Hopkins, and I decided that if I couldn't match Hopkins, I wasn't going to match, I would do something else. And luckily it all fell into place for us.

Warren: What do you mean, if you didn't get Hopkins, you'd do something else?

Gebo: I would do research. I was going to do some research until Michael was done, and then I would match for my residency when he was able to move, but we weren't willing to be apart for two years. So a lot of my other classmates were looking at programs in Boston and in San Francisco and those type of things, and I applied to them but never actually took them very seriously, because I knew that we weren't going to be apart.

That was difficult. That was making a decision, you know, the same decision he had made a couple of years earlier. There were other options out there, but deciding that Hopkins was really a great place and that's where we wanted to stay. For me, it was saying, "Okay, well, if I don't match at Hopkins, I'm not willing to go anywhere else." And luckily we did. [Laughter]

Warren: I guess we ought to, since you're my first doctor, we ought to start from scratch and

explain what Match Day means. I read the article in the magazine, so I know as much as what was in there. But for posterity, for somebody who knows nothing, what does Match Day mean? What is that?

Gebo: Match Day changes the rest of your life. The way that medicine works, unlike any other profession, is that you pick a specialty that you're going to apply in, so pediatrics or surgery, internal medicine, and you apply to programs. So you send in an application much like your medical school application, with your transcript and essays and your recommendations. The programs review them, and then ask for the best candidates to come for interviews. During the day you interview, you probably have between three and eight interviews, depending on the program and the specialty.

Then at the end of the interview season, which is typically you apply like October to November, December, and then in January—through December, January, February, you interview. Then in March there's a day where you go into the computer and enter the programs that you are interested in. So you rank them how you feel that you'd be most likely happy. So you pick the number-one program you'd be happiest at, the number-two program, and you go down the list. You don't want to rank any programs that you don't want to go to, because you always go and interview at programs and you always find one or two places that you just didn't want to go to.

Warren: So you're interviewing them?

Gebo: They interview you, but you're interviewing them, too. It's sort of trying each other out, seeing what they do during the day, seeing what the conferences are like, meeting the other residents and the faculty members. Sort of like when you go and look at colleges and you sort of see what the colleges have to offer, and you say, "I don't want to go to a university that has

40,000 people,” or, “I do want to go to a university that has 40,000 people.” You help make a decision from that.

So Match Day comes, and the programs have now interviewed people and they rank their candidates how they want Jane Doe number one, Mike Smith number two, and there’s a computer and it’s “the computer,” and it mashes all this information together.

Warren: From all over the country.

Gebo: From all over the country, from all the different specialties, and what it says is, “Okay, Kelly Gebo, you ranked Johns Hopkins number one. How did Johns Hopkins rank you? Okay, well, they ranked you forty-first.” So then it goes to the top forty people and it says where did they rank? Well, the top person picked Harvard, and what was their first choice? Harvard. Okay, that person’s going to go to Harvard. Okay, well, Johns Hopkins’ second choice was Mike Smith. Where did Mike Smith pick? Oh, Mike Smith wants to come to Hopkins? Okay, Mike Smith is going to go to Hopkins. And this computer then generates this match, where it matches everybody to a program who has been ranked by the program and then has put them on the rank list.

On Match Day, you get this envelope, and what happens is, the day before Match Day, the dean finds out anybody who didn’t match. So it’s always this big deal about getting a phone call from the dean’s office on the day before Match Day. All your roommates torture you with paging you to the dean’s office on the day before Match Day. Everybody’s always worried. They’re returning pages, you know. “Hi, this is Kelly Gebo returning a page.” And you’re thinking to yourself, “Oh, my God, I didn’t match.” And the secretary was very used to this, and she’d go, “No, no, no, the dean didn’t page you. It was a joke.”

Then on Match Day, you get together for breakfast. We all had breakfast together, and it was sponsored by the Alumni Association. The tension is so high that you could cut it with a spoon. I mean, it is unbelievable. At twelve o'clock, everybody goes into the lecture hall, and the deans sort of stand up there and they have envelopes. Everybody gets an envelope, and some people open their envelope right while they're standing in front of the dean, some people take it outside, and some people let their spouse open it. In that envelope it tells you where you've matched, and you could end up anywhere on that list that you ranked. It's always a mystery where it's going to be, and nobody ever knows for sure. So it's always a big risk, and there's a lot of tears shed and there's a lot of champagne flowing. There are a lot of people who are very happy with where they get, and there's a lot of people who aren't very happy. But ultimately it all works out.

Warren: Well, I can tell you, reading that article, I got all emotional just reading the article.

[Laughter]

Gebo: And you also have to think how the couples match, where there's a couple who's together and they decide they're going to match together. And they don't rank programs, they rank cities, where they're going to match, and that's—for all the tension that fills Match Day, that's like double the tension because it's two people involved. It makes it much more difficult.

Warren: So all through you've made mention of your husband. What was that like, going through? He was ahead of you.

Gebo: He was.

Warren: How far ahead of you was he?

Gebo: He was originally three years, and then he took a year off to work in a lab. Then he

graduated two years ahead of me. So he graduated in '93, but it was very nice for me, because everything I did he had already done. And in some ways it was good because he could definitely tell what mistakes he made and help me see that there was a better way to do it.

In some ways it was worse because he knew what I was going to come into, and he couldn't explain to me how hard something was going to be. But it was great because it also helped me keep perspective, because during the first couple of years of medical school when it's very difficult, he kept saying, "You're going to see patients. You're going to see patients," because he was then seeing patients. And he helped me to see sort of the light at the end of the tunnel.

Now, the flip side of that is he was an intern when I was in medical school, and in medical school you don't really have an appreciation for everything that an intern does or how hard their lives are, but I was pretty much seeing that on a daily basis, and he was too tired to go out or he was too tired to do anything, and how draining it is to be a resident. I had a very good picture of what life was going to be like once I started my internship, so I think I was a little more prepared for it than perhaps some of my other classmates, because I had gone through it with him and I had seen how he had dealt with it.

Warren: Did it ever—obviously you've said there were a lot of times where you said, "I can't do this."

Gebo: Right.

Warren: Did everybody do that? Did you get the feeling that everybody doubted themselves along the way?

Gebo: The day before Match Day, there's sort of a skit that people put on, and you talk about all

the things that happened during medical school. One of the parts of the skit, we had somebody raise their hand and ask that question about calcium channels, and everybody in the room realized that they were the dumbest person in the room, you know. It was sort of everybody thought, “My God, how could he be so smart and we’re so dumb?” And each person didn’t want to admit that to anybody else in the room, but each person thought that.

And I think that everybody—at least everybody that I knew in medical school at some point felt like, “I’m never going to get through this. I’m never going to be able to do it.” And we all did. I mean, there were three people who dropped out of my class in the first few weeks of medical school for various reasons, but everybody else in my class graduated. We didn’t all graduate together. Some people took a year off or some people did different things, but ultimately we all graduated. That’s kind of a neat thing.

You become very close to those people. There was 117 in my class, and when you’re in class from nine to five every day, you get to know those people very well. So there’s definitely very strong bonds with your classmates from medical school. You get to know them probably better than your—definitely better than your college roommates—not your college roommates, but your college friends, classmates, because everybody takes the same classes together, you know. In college, everybody’s taking different things. In medical school, you all take the same thing. Every day you’re together all day long. So there’s pros and cons to that. You know everybody’s business about everything, basically, is what happens.

It’s also interesting that in the 120 people, I think that we have six, maybe five, couples that have gotten married from that 120, which, when you think about it, is pretty amazing, this small group of people.

Warren: That is. But as you say, it's a pretty intense time.

Gebo: It certainly is.

Warren: As you've been describing the doctors, one of the things I've picked up on in my reading, and certainly growing up in Annapolis and being in the shadow of Johns Hopkins, is that there's something very special about Hopkins doctors. What does that mean? People talk about that, and it may not be in the medical literature, but it's sure in the popular literature that there's something very special about Hopkins doctors.

Gebo: I think one of the things is the commitment to research, and Hopkins has this trifold motto of research, teaching, and patient care, and how a lot of places are good at two of the three of those, but not all places do all three, and how it used to be that you were expected to do all three. You were expected to be professionals in all three of those areas, so that's becoming more and more difficult now to do, but you're still expected to do research and teaching of medical students and of other residents, and then patient care, taking care of the people.

I've been involved in all three of those things, and I think that it helps—all of them help you do the other two things better, that patient care makes your research seem much more realistic, and it helps you reinforce why you're looking at these questions. Research, I think, helps you learn more about people and diseases and why things happen, and helps you to want to teach medical students and residents how to take care of patients. So I think they all sort of come together.

One of the things I've really liked about Hopkins was learning how to do all three things and how the people who are at Hopkins are some of the smartest people I've ever met. I mean, they are the smartest people I've ever met. And how if I could just know a fraction of what they

know, I would consider myself extremely lucky. They are people who just can be presented a case and can tell you exactly what the patient has, even after they've been examined by 100 people and not have any idea what's wrong with them. And it's just based on their fund of knowledge. It's just so phenomenal. I think that's one thing I've really thrived on, is learning so much from my colleagues and from the other people that I worked with.

It's funny, because my parents keep saying, "Well, you know, you've got to move away from Hopkins. Why don't you to come to practice in various places," and I can't ever imagine leaving, just because it's so interesting and there are so many people who are so smart, that you're constantly learning from. Every day that's exciting for me, to learn new things. I just think that that's wonderful to have that opportunity.

Warren: Well, that was one of the things that I was going to save for later, but you've brought it up. Do you feel like you're missing out on anything by not going other places?

Gebo: I do. I think that each hospital or medical school has a different way of teaching something, that it's good to get a broader experience, but I think if you have to be at one place for a long time, Hopkins is a good place to be. When I was in medical school, I went and spent time in England, and I did time at the Hopkins affiliate in London. That was a very interesting experience for me, because I got to see the way that British medicine worked and how different the system is. In time I've gotten to see different systems. We've had patients transfer. I think that there's something to be learned by going to another place, but I can't imagine leaving here. Really, I just have enjoyed being here so much and getting to know the people who are here. But at some point I'm sure we'll have to leave. I just can't imagine doing that right now.

Warren: Well, I don't see why. My little light is blinking at me. Can we keep going? Can I pop

in another tape?

Gebo: Sure.

[Begin Tape 2, Side 1]

Warren: This is Mame Warren. This is tape two with Kelly Gebo on August 31, 1999.

Okay. You just used a word that you haven't used before. You said "colleagues."

Gebo: Right.

Warren: So now you're one of them.

Gebo: Yes.

Warren: How does that feel?

Gebo: I guess it's nice to know that I'm a doctor at Johns Hopkins, but there's still far to go.

There are so many people ahead of me who know so much more, that the people I work with are just some of the smartest people.

We were talking about going to medical school and thinking that you're the dumbest person there. I started my internship, I remember talking about a case with another intern, and this guy had come from Harvard. He just went on for thirty-five minutes about this patient, and I remember thinking to myself, "I'll never know all that. How did he possibly know all that the first week of internship?" And, you know, slowly over time it became obvious to me that he knew things that I didn't, and I knew things that he didn't, and that's one of the great things, is that we got to share all that information and talk to the people.

I was about to say that when I was in medical school that you get tighter with that group than any other, but doing your internship, you get tighter with interns than any others, because you're spending twenty-four hours a day with them, seven days a week. You're there probably

100 hours a week or 80 hours a week. You get very good at taking care of patients, but you also depend on your colleagues to help you, and you learn from them. You learn what works, what doesn't work.

I was talking about learning from Shawn how to talk to people. I remember learning from some of my colleagues how to talk to people about dying and how to pronounce somebody dead. That was a very hard thing to learn. How do you do that? And watching somebody do that, it's a very difficult thing to learn how to do. And I remember teaching medical students to do it and trying to teach them how I was taught, because it's important that you acknowledge the person's died, but also the family who's there.

I think that the people that you work with are the people who help you to sort of come to terms with a lot of that. How do you tell somebody, "You have cancer"? Or how do you tell somebody that "Your mother just died"? Those are things that you have to talk about with somebody. You bring bad news a lot. It's hard to bring that home, especially with somebody who doesn't understand. And your colleagues are definitely people that can help you with that. And they also teach you so much. Every day they're always teaching you something. I think that's really fun.

Warren: Are there particular ones who have made a big difference to you?

Gebo: It's funny. My whole intern class. You know, we all went through it together, and it's kind of one of those things that, you know, we all needed. We didn't think—there were, there were many different people. One of my closest resident colleagues is now in Boston doing infectious diseases, and she and I did a lot together, but it was definitely a group effort. It was kind of a "we all did it together" sort of thing.

Warren: Now, Hopkins has a lot of superstars.

Gebo: Yes, they do.

Warren: Any of those have an influence on you? Have you brushed white jackets with some impressive people?

Gebo: I've brushed white jackets with a lot of impressive people. I'm sort of bowing to their white jackets. Dr. Hellmann, David Hellmann, is the residency director, one of the smartest people I've ever met. He directs the residents. We have what we call afternoon report. The residents gather around a table and sort of talk for an hour about the cases that came in that were very interesting or something that they think that you can learn from.

Time and time again we would present these cases that none of us would have any idea what was wrong with the patient, and Dr. Hellmann would say, "Oh, well, did you think about X, Y, Z?" We would all sort of look at him like, "No." And he would help us to think about how he got to where he got. "Well, they had this symptom and that symptom, and this is what they have in their exams, so you should think about this." And yet he was so kind with people. He's like an encyclopedia of knowledge and yet he'll sit down with you and talk with you for thirty minutes, never letting you know that he has fourteen other patients sitting in the waiting room or that this is the third time you've been telling him about your grandmother's sister who once flew to Russia and lived in Siberia. And he'll listen and he'll smile and he'll ask you questions about it each time, even though he's heard you tell this story three or four times. He's just a marvel at that.

There have been a lot of other people who have mentored me at different times on different experiences. When you're an intern, you have a chief resident who sort of overlooks your experiences. They're called ACSs, assistant chiefs of service. Their responsibility is to take

care of patients, but also to make sure that the team is functioning well. For as hard as interns work, the chief residents work even harder. I mean, they're there 100 hours a week doing all kinds of stuff.

My chief resident when I was an intern—your chief resident when you're an intern is always somebody really special, but the person that I had was awesome. His name was Lon. Lon, it didn't matter what time of day or night it was, if you were having a hard time, call him. He would come in. He was there 90 percent of the time anyway. He was definitely helpful in helping me realize, you know, you're going to get through this. "It's going to be okay" kind of thing. He was right. We all did; we all got through it. He saw us the other day with Nicholas and said, "You know, you got through it and now look what you have." It's kind of a funny thing how life comes full circle.

When I was trying to decide what I was going to specialize in, there were a few people who were very helpful in helping me figure it out, and a couple of them were infectious disease faculty members, one of which I still work with now. Those were people who have mentored me, people who help you identify experiences that you need to have, help you identify what your goals are and how to reach them. You can't get through the system without having a lot of those people, and I've been fortunate to have people at every step of the way who've been able to help me get to the next step. That's one of the things I've really enjoyed about Hopkins, is having those people.

Warren: There's more than the School of Medicine down there. There's more than a hospital. Did you interact much with the School of Nursing and the School of Public Health?

Gebo: When I was a medical student, I took classes in the School of Public Health, and I realized

that was something that was very interesting to me, and wanted to get a broader experience with that. When I was applying for my fellowships in infectious disease, that was one of the things I really looked at, at the different places I interviewed, and giving exposed to the School of Public Health. The fellowship I'm in is actually allowing me to get a master's in public health, and so I'm involved with now with a number of different faculty members there and doing research, taking courses to expand my knowledge of public health issues.

I didn't have a whole lot of experience with the School of Nursing. They were sort of their own entity, and I can't say that we really overlapped at all.

Warren: Was there ever a sense that you were student doctors and they were student nurses?

Gebo: No, that's one--

Warren: That you all were in this together, or was it very separated?

Gebo: No, it was definitely we were in together. Hopkins and the hospital, it's a very teaching-oriented hospital, and there's a lot of trainee-type people, very clearly identified with a badge that says "student." They have their badges that they're a student. You definitely are in it together.

"Do you know what this means? I don't know what that means either." You know, when you do know something, helping them to understand it, or asking them, "Do you know how this patient did this?" or, "How do you set that bandage?" Just things that you don't know or have as much experience with, and then help them figuring out medications and something you might have a little more experience with. Definitely it's a "We're in this together" sort of mentality.

Warren: Talk to me about how doctors and nurses interact and the whole idea that there is a School of Nursing. I presume you know that the School of Nursing has come and gone at Hopkins a number of times. It really has just come back relatively recently.

Gebo: They just built that beautiful building there. It definitely now has its own presence. Before, it was sort of housed in a number of different facilities. They had some of the rooms in the School of Public Health and some of the rooms in the Lillian Feld [Building]. They were never sort of their own unified body, and they definitely now have their own building and you can clearly identify them on campus.

But in terms of how doctors and nurses interact, as medical students, you sort of worship everything that a nurse tells you, and there's two ways to approach it. Some medical students feel like, "I'm the doctor and you're the nurse, and you need to listen to what I say." There are some medical students who realize that nurses have far more experience than we'll ever have, and listen to what *they* have to say.

I remember taking care of a patient with diabetes and being a little unsure of myself, and the nurse was saying to me, "Kelly, you probably want to increase the insulin to this level," and I remember thinking, "I have two choices here. I can either say to her, 'That's a really interesting idea. Let's try that out,' or I could say, 'You know, I'm the doctor here. Let me do it.'" And I thought to myself, you know, God, she's been doing this for a lot longer than I have, and I listened to her. Over the period of time the patient got much better. She kept saying to me, "You probably want to check their blood now." "You probably want to give them this now." And she knew exactly what I had to be doing. She didn't say to me, "Kelly, do this, do this, do this." She said, "You might want to think about." And she was exactly right. By the time the next morning came, the patient was fine and everything was happy. I remember thinking to myself, she got me through that.

I appreciate a nurse's experiences. There aren't times that I was a little short with nurses

in the middle of the night, being tired, and that was totally inappropriate. When you're tired, you say things you don't mean often, and I would always try to make up for it the next day by telling people I was sorry. It didn't happen often, but I do remember a couple of cases where I was just so physically exhausted that I probably said things either that I didn't mean or I didn't recollect. But definitely you wouldn't be able to function without them. They take care of patients minute by minute, and you come by two times a day or two times a night. They are definitely your eyes and ears for knowing what's going on sometimes before you even do.

Warren: I sure have gotten a lot of respect for them over the years.

Gebo: They're awesome.

Warren: Pretty impressive people.

Gebo: They certainly are.

Warren: Hopkins does a lot of pretty extraordinary things. There are a lot of breakthroughs that go on. Have you been a part of anything or worked with anybody who did something really extraordinary?

Gebo: I think talking with the research, you know, I've been involved in a lot of the research opportunities there. I can't say that any of the discoveries that I've made have been great. They haven't been miraculous "change the world" sorts of things, but each person who makes a small discovery and has it published helps increase the body of knowledge.

I've been involved in taking care of—I take care of HIV patients, and my research is involved with HIV. You know, each small thing that I study, that has published something, makes you feel good about it, but I can't say that I have been involved in any of these new superhuman drugs or new operational techniques.

Warren: I must admit, I'm going to be interviewing a bunch of doctors, and I'm just awed by some of these [unclear].

Gebo: Amazing.

Warren: I think it's pretty impressive. One thing I picked up on in this short time is that there are a bunch of Hopkins myths. I don't know much about East Baltimore yet. Are there things that—the legends of East Baltimore that I should be aware of?

Gebo: Well, there's the climbing to the top of the dome.

Warren: Oh, do tell me about that.

Gebo: Before you start your internship, Dr. McKusick—I'm sure you're talking to Dr. McKusick—you climb to the top of the dome. We're all pretty fit twentyish people. A few days before you start internships, you're pretty much as in shape as you're going to get. He takes you to the top of the dome, and you have to climb, I venture to say, 300 stairs, and you've got to go up these little ladders and these little metal ladders, and then there's stairways that are about eight inches wide, and they're making left and right turns. And you get all the way up there and the view is amazing. But Dr. McKusick sprints up those stairs. The guy must be eighty years old, and he goes up faster—he's always like, "What are you guys doing down there? You coming up?" And we're all, [panting], "Yeah." But it's one of the legends of Hopkins, is before you start, you have to get a view of the whole city and you have to appreciate where all the patients are coming from, by going up to the top of the dome.

I'm trying to think what myths there are. Legends. I can't think of any at the moment.

Warren: Well, that was a good one. I'm glad you told me that, because I was under the impression that it was at the end. It's at the beginning.

Gebo: Beginning. A couple of days before you start.

Warren: I thought it was the reward at the end.

Gebo: No, you get to go up and see where—get an appreciation for where all of the patients come from.

Warren: Let's talk about East Baltimore. It's an interesting neighborhood that the hospital is set in.

Gebo: That's a euphemism. But a lot of our patients come from there. Most of our patients come from there. There's very interesting people. There's a lot of different pathology that you would never see anywhere else. A lot of it is a result of poverty. A lot of it is the result of unfortunately not being able to understand signs and symptoms of disease, or not being trusting enough to come to the doctor.

I had a woman who had just a massive breast tumor, and she just didn't want to come to the hospital because she just didn't trust anybody to treat her. It was unfortunate, by the time she came—she came because it bled. I mean, it had gone through her skin, and it was the size probably of a football. If she had only had a mammogram, if she had only come in earlier. She died shortly after I came in, and I remember thinking her family—just being incredulous that she didn't come in, that her family didn't make her come in. They said, “We wanted her to. We wanted her to, but she just didn't trust anybody.”

And if there's one thing I could change about Hopkins, and there's one thing I've tried to do with my patients, to get them to trust me and to know that I'm working for them. I think, unfortunately, that is one of the legends of East Baltimore, is the plantation. It's a very impoverished community, and they view Hopkins as the rich slave owner sort of thing. They used

to call it “the plantation on the hill.” People view us as transmitters of disease, that you could be giving people HIV or that you could be giving people diseases like cancer. “I came to Hopkins and I was fine, and then I walked out and I had cancer.” You didn’t walk in without it. You came in with it. We just found it for you.” Unfortunately, there’s a huge amount of mistrust.

I think—I like to think that my patients trust me, and I’ve had a number of patients who have invited me to their homes in East Baltimore. I’ve really enjoyed that, getting to see people in their own surroundings, and it’s very different than where I live or what I do, but it’s an incredible honor for them to invite me. I hope that my patients have trusted me to know that I’m looking out for their best interest, but sometimes it’s very difficult, especially in the middle of the night when people come into the emergency room and they don’t want to be there and sometimes you don’t want to be there either, but to break—sometimes you can joke around with them a little bit, if you could tell them a joke and they would sort of laugh. They realize that you’re a person, too, and that clearly you wouldn’t want to do anything to harm them.

When I was pregnant, they could see that I was going to have a baby, and they would talk about them having a baby. You would bond on some other level. Then they’d realize that maybe they can trust you, that you are sort of a human under the white coat. I shed that white coat pretty early. I didn’t wear it at all. I wore it in medical school because you have to. Back then I didn’t. I wore it when I was pregnant only because I had to.

But I felt like it created sort of an artificial barrier between you and your patients. I’m a person, too; I just happen to have—I take care of people. I don’t think that—I want people to be able to look at me and sort of think, “Well, you know, she’s one of me too. I can trust her. I can tell her that I’m using drugs or that I have high-risk behavior or that I was raped.” There’s a lot

of embarrassing things that we talk about, and to know that they're not going to be judged or that I'm going to sort of think that they're less of a person because they don't have money or they can't read or their home situation is different than what mine is.

I don't know what your question was.

Warren: East Baltimore. You're doing a nice job.

Gebo: It's a difficult community to practice in, sometimes because people can be very abusive, but it's not their fault. It's just what they're exposed to. And trying to get through that is often hard, especially when you're tired. And there's an incredible amount of gratitude, especially the older community. Older people are just very thankful for everything you do for them. Just couldn't be nicer about, "Thank you for taking care of me."

One patient I had who I have taken care of for a number of years now, who has been just very nice, and didn't have a lot of money, and I helped her get her medicines. I would see her at times that were convenient to her but not necessarily to our schedule. She, when Nicholas was born, sent him a savings bond. And I just couldn't—I was so upset with her for doing it, but just so touched that she would think—she said, "I just wanted you to have something and know how much I've appreciated—." I just couldn't believe that she would think to do that.

And there's a lot of patients who did that, people who knit booties or made him things. It's nice to know that I had made some small impression on them enough that they would take the time to let me know that. It was nice. It helps you realize when you're taking care of people who aren't as appreciative, that, you know what, in the long run they will. Because you get very abused. You get abused verbally, you get abused—I mean, people are going to be physical. It's just a hard thing to stomach sometimes.

You just have to look at it from the big picture. Not everybody had the experiences I had growing up and the richness of having a family or a spouse or whatever. Sometimes you have to realize they're bitter because of things that you can't even understand. They've been through things you can't understand, and that's why they are how they are. Helping to get them to be better people, it's a nice part of the job.

Warren: The other side of East Baltimore that I sometimes wonder about—and I grew up around here, so it doesn't surprise me—but you get a lot of patients coming from all over the world.

Gebo: Right.

Warren: And some of them are very well off.

Gebo: Oh, yes.

Warren: I mean, coming to the great and glorious Johns Hopkins.

Gebo: Johns Hopkins.

Warren: And they come in and they see the setting. Do you ever get people who balk and say, “What on earth is going on here?”

Gebo: My parents. [Laughter]

Warren: I never thought about it. I've had many friends and family and people here as patients, and I just take it for granted.

Gebo: Right.

Warren: But since I started doing this book, when I go down there, I look around and I think, “My God, what do people think?” So what do people think?

Gebo: You know, you do get that a lot. People come in from all over the world and think, “Gosh, this isn't—Harford and Brookline is a pretty nice neighborhood,” and it's not. It's definitely

not. It's hard to be afraid driving to work sometimes. I remember when I was pregnant with Nicholas, and driving to work, I'd think, "What is the safest route I can take?" And I was thinking, "God, that is so sad that I have to think about that." If something happened, where would I stop? It's a very alarming thing to have to worry about, and it's alarming for people who don't understand.

My parents can't fathom why I would want to work at Johns Hopkins. They know that I love it and they know that it's a great place, but they just can't understand why I wouldn't want to practice in the suburbs of New Jersey or Washington, D.C., or suburbs of Boston. And we do get a lot of patients, when they come, who are just mortified of the experience, of where you have to go. And I think part of that's why Hopkins has set up these satellites in different parts of the city—Green Spring Station, and they're opening one in White Marsh, in Owings Mills. The idea is that you won't have to go into East Baltimore.

It's a hard thing to reconcile. You don't want to have to fear for your safety going there. There's been a lot. There's definitely been a lot since I've been there. There's a medical student who was raped when I was a medical student, right in front of the library, and it sort of opened up everybody's eyes. Since then they've done a huge amount with lighting and security guards, and things are so much safer now than they used to be. But still you have to worry about my wallet in my white coat pocket or, you know, my computer in my office, locking the door every time I go to the bathroom. That sort of thing. It's one of the unfortunate parts of my job. Practicing in East Baltimore, I like taking care of the people I take care of, but I unfortunately don't like some of the things that we have to deal with, with that.

Warren: So do you literally have patients who come in and say, "Oh, wait a minute. I don't

think this is where I want to be”? Or once you make the decision to come to Johns Hopkins–

Gebo: You’ve pretty much taken—I think some people end up going to Green Spring because it’s a better environment, and you get to have the John Hopkins’ doctors.

Warren: But you can’t do a bone marrow transplant at Green Spring.

Gebo: So people who need Johns Hopkins come to Johns Hopkins, I think, and sort of take it. Those people who are sick enough to come, realize that what they want to do is get well, and they’re sort of willing to do what they need to do. It’s not to say that—we’ve had people who’ve made outrageous requests. We have a lot of the wealthy Middle Eastern families come in with entourages. We have princes and princesses who come. I remember them wanting to rent the whole floor because they didn’t want anybody else on the floor, and how crazy that sounded. You obviously can’t have a whole wing of a hospital. And they were willing to pay whatever it cost to do that, but they didn’t want other people there. And how funny, you know, how ridiculous it was, to think that you could just come in and say, “Okay, I’m going to take over this wing of the hospital right now.” When they realized that we’re helping them, I think they eventually come to terms with the fact and are okay with it. But there’s definitely, especially at the beginning, some difficulty.

Another difficult thing is a lot of men foreigners come and they’re very protective of who their wives are exposed to, and they don’t want them exposed to other men or women. Treatment decisions are received sometimes where the men will say, “Tell me. Don’t tell my wife. I make the decisions.” And we’re just in a custom where the patient is the unit of currency. The patient is the person who makes the decisions. And to have to try to communicate that to somebody is often very difficult, that in your home you may make the decisions, but here you have to talk to your

wife, and you guys may make a joint decision, that's fine, but I can't tell you the information and not let her know.

And that's often difficult for some of the patients that we see here, to understand Western medicine that way. Where they're coming from, that's not how it's practiced, and why would we do it here? Oftentimes they disagree. Patients say, "This is what we want to do and this is how we're going to do it." And we say, "No, this is how we're going to do it. If you'd like to go someplace else, that's fine." Ultimately most of them stay. It does create some interesting ethnic boundaries.

Warren: I'm looking up at your bookshelf again, and you made reference to the history of medicine.

Gebo: Yes.

Warren: I'd love to get you to talk a little bit about that.

Gebo: Michael took the history of medicine as a medical student and got me reading some books. One summer I worked in a lab and collaborated with a lab in Philadelphia. I had to take the train every day to Philadelphia and work in a lab, and I would read these books on the train. So we got to collecting them. We got to college *The Principles and Practices* by Osler, and we have Welch's book, and we have *Miss Susie Slagle*, Thayer's autobiography up there, and different books that were written by Hopkins people. It was really interesting to me to read about how Hopkins used to be when it was starting out and how the people who started Hopkins got to be where they did.

I've really enjoyed reading about the history of Johns Hopkins, how people were taken care of then and how far we've come, but ultimately it's the same responsibility of the doctor-

patient relationship, how that just hasn't changed. I think that's really kind of neat.

Warren: I think one of my favorite things about the hospital is that the original building—

Gebo: Is still there.

Warren: —is still there. And that I always make a point of going into that door.

Gebo: Yes. One of the favorite things we used to do, when you're a resident, you have to work Christmas. It's awful to have to work Christmas. That was my first Christmas away from home.

There's a church—and I should know the name, and unfortunately I don't—where they come every year on Christmas Eve and they sing Christmas carols. It was because some member of their church many years ago, a little boy, had meningitis, and they brought him to Johns Hopkins, and he was treated and he got better. It was on Christmas Eve. As a gift to Johns Hopkins forever, they come and they sing Christmas carols.

For me, that's one of our new Christmas traditions, is taking part in that. They decorate the whole dome with poinsettias, and people come in with their beautiful red and green robes on. Even though I wasn't home with my family, I was taking care of people who needed it, and I was still able to enjoy Christmas. I called my parents and I said to them, "You know, it's okay that I'm away." And I remember thinking it wasn't going to be okay, but it was.

It was part of the magic of the dome, I guess, but both Michael and I have come to sort of relate that dome to a number of different things. We've made significant decisions there and we've seen people pray there. And still we go back and forth through it four hundred times a day when we're going across the street. You see a lot of things happen there. We have friends who got engaged there. I mean, it's just a very funny sort of thing, it definitely takes on a different meaning to you when you've been there a long time. I think anybody who comes in is immediately

awed by the dome. It's just definitely a Johns Hopkins site.

One of the best things that we thought that ever happened to it was that they lit it up at night and you could see it forever. For the past I don't even know how long it is, I'd probably say six or seven years, with our Christmas cards we send out a picture of the two of us in front of the dome and then we'll have a picture of the three of us in front of the dome.

But you're right, it's a pretty awesome building.

Warren: And the statue.

Gebo: Yes, the statue is just awesome. It's definitely awesome. One of my favorite stories is the guy Shawn that helped me go into internal medicine I was telling you about, has triplets, and his daughter went to work with him one day, and she came home. His wife said, "Haley, how was your day with daddy at work?" And she said, "Mommy, I went to work and I saw Jesus."

[Laughter] It's a very funny thing that kids can come up with. But it's an awe-inspiring statue, I think for people of all religions.

Warren: Yes, the place is—if ever there was an amazing place, it's easy to get lost there, too.

Gebo: It certainly is.

Warren: What haven't we talked about? This has been a fantastic interview from my perspective. Is there something that we haven't talked about that we should?

Gebo: I don't think so. I guess the only funny thing that happened was people started kidding me about I'm a member of the 4-H Club. There aren't very many people in that club where you go to Hopkins undergrad, medical school, resident, and fellowship, and I'm a 4-H'er. But that's the only other thing that I would say.

Warren: There aren't very many.

Gebo: There aren't. There aren't very many. And it's funny, because I met somebody at a conference who's a 4-H'er from Harvard, and I told him that that was okay, he was a Hopkins wannabe. [Laughter]

Warren: That's a great way to end. Thank you, Kelly.

Gebo: No, thank you.

Warren: This has been real special.

[End of interview]