

ORAL HISTORY INTERVIEW
CLARA DERBER BLOOMFIELD
JUNE 4, 2015

Q. I am Olivia Wikle. Today is Thursday, June 4, 2015. I am interviewing Clara Derber Bloomfield, whose birthdate is May 15, 1942. Was all that information correct?

A. Yes.

Q. So just to begin, could you describe the positions you've held and the roles you've played at Ohio State, and the length of time you held them?

A. I came in 1997; you have my CV, so that will help?

Q. Yes.

A. Most of this should be pretty straightforward in terms of you have what you need, I hope. As you see, I don't care if people know how old I am. I'll tell you, but it's going to be easier for you to have in front of you information about my roles, for example, at Ohio State. So there is a good part of this story. There are a couple of good parts of the story about my positions from the point of view of what you're looking for, about the role of women. So I came here in 1997. I came here as the Director of the Division of Hematology and Oncology in the Department of Internal Medicine. I would never have come here just for that; I took this position in addition to what I really came here to be, which was Director of the Comprehensive Cancer Center. There are a couple of important things about that. At the time that I came, the Comprehensive Cancer Center was on phase-out funding and I was hired to turn things around. Whenever I've taken academic jobs, those are the kinds of things I like. I think it's a waste of time to spend my time dealing with a lot of administration, if there isn't something important that needs to

be accomplished. You can go and be Director of the Comprehensive Cancer Center at Harvard or someplace like that. You always work hard in these kinds of positions. But you know, there isn't all that much you do that makes it better. And you can definitely make things worse. So it's much better to come to a place where there's something you need to accomplish. And I, for both jobs, brought with me the person I wanted to succeed me. I'm a big believer in planning for succession. I've seen all too often what happens to people who really work hard, do a terrific job with changing whatever they want, in an academic department, in a university. And when they're gone, it goes right back to being as bad as it was before. So most people don't think enough about planning for succession. Actually, even though everybody loves him now, I brought with me one of the people I hired as a faculty at Roswell Park, which is where I was before, Mike Caligiuri. Initially, they didn't even want me to bring him. It was part of my recruitment deal. Of course they love him now... everybody from the Board of Trustees to all the faculty and staff. But I knew that by bringing someone who was going to succeed me, that it would mean that what I started and was able to do would be followed through on.

And that was important for a couple of reasons. First of all, I took the position when I came as head of the Division of Hematology and Oncology, because this place just wasn't academic. It was just an academic disaster in cancer. The faculty didn't publish in good journals. There were not many faculty who were members of the national academies or winning national or international academic awards. So in terms of cancer, it was important that it doesn't bother me to fire faculty. And I know how to deal with it, whether they're tenured or not. I can make it so anybody doesn't like working for me. And Mike's the person I brought to succeed me. It's the good cop, bad cop scenario. I

don't mind being the bad cop. So it was really important that I became head of the Division when I came for four years, to just clean it up and make it academic. On the first day, at the first division faculty meeting I had when I arrived, I said that each of the faculty were basically not subspecialized in anything, which is required in any good academic center in something like Hematology/Oncology. Faculty need to be subspecialized based on a disease, for example, leukemia, like I am. One person can't keep current on all diseases, for example, GI [gastro-intestinal] cancer and breast cancer and so on. The faculty here were not sub-specialized. It was just like being in private practice. So I walked in the first day and said to the faculty, "One year from today every one of you will be subspecialized or you will be gone." And that's what happened. It was no problem from my perspective in terms of seeing that that occurred.

Regarding the other positions I've had here, since you asked about them, and you'll see them on my CV, one of the most important from my perspective has been that I became a Distinguished University Professor in 2006. Faculty in all academic areas – in music, geography, mathematics, whatever – can be Distinguished University Professors. But there aren't many. Getting that was very important in terms of allowing me to do many of the things that I've been able to do. I think, you'll see the rest of the positions I've had here. But the position of Cancer Scholar and Senior Advisor to the Comprehensive Cancer Center was simply that I didn't want to be called Cancer Center Director Emeritus as long as I was working. I'll get that when I retire. They wanted me to stay and not go elsewhere. So they said, "What would be good for you?" So I worked out a deal; I think the only two Cancer Scholars are my husband and myself. It's not easy now to get that position. But I got that set up and it goes along with matching dollars that

the Cancer Center gives me when I bring in money. So that's been a good position. Those are the positions I've had at OSU.

The most important thing now, from the point of view of what you're focused on, the role of women at OSU, is that they initially wanted to hire my husband, not me. They were looking to start a program in human genetics. He's a prominent human geneticist. He's one of the few non-American members of the U.S. National Academy of Arts and Sciences. He's an M.D., Ph.D. He is Finnish and was on the faculty at the University of Helsinki. OSU kept calling him to try and recruit him. We were just talking about the fact that I'm going to EHA in Vienna next week, because I have a bunch of things to do with the European Hematology Association. Then I will go to Finland, which is where we spend the summers. We still have three houses there. My husband and I lived apart the first 13 years we were married. I was at Roswell Park Cancer Institute in Buffalo, New York, while he was in Finland. He would come and visit me in Buffalo. Like at OSU, I was hired at Roswell Park because they initially wanted to hire my husband. This again is an example of the kind of discrimination against women in academic medicine.

The situation was the same at OSU. When OSU tried to hire my husband he had no interest in looking at the job. They kept calling him and he kept saying, "No." They were very aggressive about continually calling him. Finally, he just couldn't stand it anymore. He said, "I have an American wife. If you can get her to look and say it's worthwhile for me to come and look at a job at Ohio State, I'll come and look." So that's when I got the call from OSU, and that was only because they wanted my husband, and the position they wanted me to come and look at was, Head of Hematology/Oncology, not head of the Cancer Center. I was already head of a Department of Medicine. Why

would I be interested in a division head? So I said, “Look, I’m not really interested in coming to look but if you want some advice I’ll come and look at the place and give you some feedback.” What then happened was that, the person who was the Dean at the time was Bernadine Healey. I don’t know whether you’ve ever heard of her. But she was a member of the IOM (Institute of Medicine, now National Academy of Medicine) and very academic. President Gordon Gee hired her to really focus on making medicine at OSU more academic. I had met Bernadine before, but I didn’t really know her well. I had met her when I was Head of Medicine at Roswell Park when we had certain important conferences. She was there representing the NIH, which is where she had been before. When I walked into her office, which was pretty late in my visit already – I came the night before and then for the next day – my visit had just been horrible. I went from one person to the next. They were not exciting. It was not academic. There was nothing very interesting. Then I walked into Bernadine’s office and she said, “Oh, Clara, it’s so nice to see you.” She had remembered that we had met on a couple of occasions. But, it’s not like we knew each other, really. She said, “You know, I have decided that you should be our new Cancer Center Director.” That sort of changed everything. That made it a job that was potentially interesting. But again, as I said, the reason that I ended up here was them being interested in my husband, not because they were looking for a woman. Also, I’m sure if Bernadine Healey hadn’t been the Dean, I wouldn’t be here. She didn’t have a lot of the things she needed to recruit the best possible people. Sadly, she is dead; she died of a brain tumor. But she is the reason why I came. She’s the one who made me willing to consider OSU as a possible place to come. Immediately I had a relationship with her. The head of the Department of Medicine at the time, Ernie Mazzaferri, who is

dead now, had canceled his meeting with me. I told Bernadine, “The head of Medicine didn’t even want to see me. He cancelled his meeting.” And right there in front of me she picked up the phone and said, “Oh Ernie, I’m sitting here with Dr. Bloomfield and I really think it’s important you meet with her.” So of course he met with me.

Right from the beginning, something that’s very important in any administrative position is that you want to deal with the people at the top. One of the first things that I did when I came here was make changes in the reporting structure of the Cancer Center Director. It’s in the by-laws now; we really got it changed. I went to see the Provost and the President and I said, “I need a direct reporting relationship to the Provost, so I can deal with all the different departments that are part of the Cancer Center.” And that is what it is now. It’s actually part of the written by-laws, which is really important in reporting. Does that answer your first question?

Q. Yes. That’s a great answer. Would you like to talk about your family background or experiences that shaped you prior to coming to OSU?

A. My father was a Professor. Dad’s Ph.D. was in Economics. He got it at the University of Wisconsin. At the University of Illinois, he was a Professor of Labor and Industrial Relations. So I’ve dealt with academics for a long time. My mother became a lawyer and she actually worked also at the University of Illinois. I think growing up in academia and the roles of my parents were probably the most important things in terms of helping prepare me for an era when few women were in academic medicine. Women were mostly discriminated against. It’s something that, if you were going to be successful you had to overcome. When I was at the University of Minnesota, when I became the Chief Resident, the faculty had a long discussion; they were the ones who decided in Medicine

who would be Chief Resident. They discussed whether I would be appropriate because I was very much part of the beat generation. So I wore long dresses. I wore paper dresses, all sorts of things. My language was such that any sailor would have been proud of me. After about an hour of discussing whether it would be appropriate to make me Chief Resident (I had a very strong academic career from my CV) the Head of Nephrology said, "Gentlemen, I don't know the lady in question that you all have been talking about for this position. But frankly, it sounds to me like what you each want to do is screw with her." So you can imagine what kind of discussion there must have been going on in that room.

Another important experience relative to discrimination against women occurred early, in Medical School. This was at the University of Chicago. I've always sat in the front row in school. I don't see all that well and if I'm not in the front row, I can't see. I'm also very used to asking questions. I'm not a quiet, sweet little girl. So I got a call from the Dean. He wanted to see me. The Dean called me in. Now this is at the University of Chicago School of Medicine. He said, "You know, Clara, you really are awfully aggressive and not very lady-like." This was a dean calling in a medical student. You can probably not imagine what I did. I got up and I said, "Dean, when you become a lady you can tell me how to act like one," and walked out of the room. So even when I was in Medical School, I was not the least shy and I didn't care who it was, about how I reacted to things that were wrong. These were just the sorts of things that happened.

In my class, for example, in Medical School, another good example is, remember now this was a long time ago. I was in Medical School from '64 to '68. That's quite a few years ago, right? There were a man and a woman in my class who were living with

each other, which obviously is so common now you don't even think about it. But in those days it wasn't very common. I was married when I was three weeks into 20 years of age. So I was married very young. That was not an accident because the easiest way for a woman to exist was to be married. Because once you were married, you filled the role that the world expected of women. Women were supposed to get married and then stay home. I didn't do the second part, but at least I was married. It really meant it was much more difficult for them to do anything with me. That's even though I was living apart from my husband. He was on the faculty of the University of Illinois in Champaign-Urbana and I was at the University of Chicago in Chicago. So in my class there was a man and a woman who were both students and they were living together. The woman was called in by the Dean, the same Dean, and said, "You can't live with a man. That's not acceptable behavior for a physician. You either have to move out or we'll kick you out of Medical School." Do you think the man was called in? No. So that's the kind of era you understand it was. So that's probably enough about question number 2, don't you think?

Q. Yeah, I had one question.

A. Yes, any questions you want to ask, you can see I'm pretty open.

Q. You said that growing up in a family in academia, your choice to go into Medicine was unusual and I just wonder if they kind of changed their mind about what they thought about a medical career as you got more involved in it?

A. Since I really made it academic medicine, that of course, made it more acceptable to them. Of course they came to my graduation, to when I received my awards and all these sorts of things. In every family there's usually one child who primarily takes care of their

parents, and that was me. I moved my parents to where I lived when they were no longer able to function independently. I moved them from Champaign-Urbana to Buffalo. So I don't think they changed their view probably all that much about medicine per se. But they were perfectly happy with me because I made it an academic career. There was never any question about my focus being academia. Does that make sense to you?

Q. Yes, it does.

A. It's not like I was a private practitioner, someone off in private practice.

Q. You were holding on to that stream. Would you like to talk about the ways you generally identify yourself?

A. Yes. I think that my first question for you on that was, what does that mean?

Q. I've gotten that question a lot.

A. Oh good, that was the first thing I wrote down as you see.

Q. It's usually a shorter answer. People just answer literally, gender, race, sex, religion, class. And then we get into it a little bit more, considering how being a female has shaped your life or how being Caucasian or African American.

A. I have to tell you what I wrote down. After I wrote down, "What do you mean?" the answer I wrote down is that, "I identify myself as an academic." I'm just saying, that is what it is for me. That's really how I think about myself. I don't think about myself primarily as being a woman per se. Obviously, I'm very supportive of advancing circumstances for women in academia. As Head of Medicine at Roswell Park, the first thing I did was get their salaries all up and equal to men. When I was the Head of the Program Committee for the American Society of Clinical Oncology one year, for the first time ever the committee consisted of more than 50 percent women. In the past I had been

on the committee but not the Chair. If there were 30 people then on the committee maybe three of them would be women. So it's not that I wasn't obviously very aware of it. As you can see from the kinds of stories we've talked about, I recognize myself as being female. But it's not the way I primarily identify myself. I primarily identify myself as being an academic. That's how I think of myself. When you say, how has being a female shaped your life? We've talked about some of these sorts of things. Who knows what I would be like if I had been a man? I really don't know.

I mean, one of the things that people don't tend to think about is, as you can see, I'm very small and I'm shrinking. The tallest I ever was was five feet and three-quarters of an inch, and now I'm a little less than five feet, as I've gotten older. But really what impacts more than anything else and what one's personality becomes is when you're really young. I actually get asked by colleagues, male or female, who will say, "My daughter is really short. Would you be willing to meet with her and talk about it because she feels, she's not very secure, she feels threatened and all." These are grade-school kids. "Would you mind talking to her so she gets to see that it's okay, you can be short?" I always say, "Sure." But the real point is, I wasn't short when I was young. People don't tend to think about that. It's in your formative years that it impacts on you, and then I was one of the tallest people in my class. When I was nine years old, I could pitch out every boy in my class. I was a pitcher and did underhand pitching. That's what girls did then. I don't know what they do now. And a ball came back and hit me and we thought it had probably broken my hand. Just when I caught it. So my mother came and took me to the emergency room and they X-rayed it. The doctor came out and he said to my mother, "Mrs. Derber, I have good news and bad news." This is when I was nine. He said, "The

good news is, it's not broken. Her hand is not broken." The bad news is, "Her epiphyses have closed." You understand that that means you're not going to grow anymore. But you see I was big at the time. And those are the years that really impact you. So I was not small as a child. I was bigger than most of the other kids already. Perhaps an inch less than I am now. But basically I had already grown. I think those are the kinds of things that people don't tend to think about. So I never went through a period when I was young when I felt small. I was aggressive and felt like I could beat anybody else up from the time I was young.

You asked, "How have your other identities shaped your life?" I've told you a little bit about being female. So there's no question that it's impacted, as I say, they wanted my husband here. They wanted my current husband at the last job I took. I've been married a total of 53 years. I was married for 21 years the first time and for 32 years the second time so far. I don't know how much it's still true or not true for women, but I'm certainly aware that being female has impacted my life. If you were going to get ahead in my era, you either were going to be hard-assed or you weren't going to make it, basically. So I think the main things that have shaped me have been the fact that I grew up in academia, which had a big impact on what I was going to do with my career in medicine, and as I say, to a certain extent, being a woman but in a different sort of way. Does that make sense to you?

Q. Yeah, it does. Would you like to talk about how being a woman shaped your experience at Ohio State?

A. Okay, as I told you, I can't say I've had any trouble at OSU, except that it's definitely true that the reason I'm here is because they wanted my husband. But I think because of

Bernadine being here, immediately from the beginning, I had strong support for whatever I wanted to do at the top. I've told you about some of the stories in other places, right? But Ohio State has been remarkable in the sense that, it's now 18 years going on almost 19, that I have been here and being a woman has not particularly shaped my experiences at Ohio State. You asked, "If so, how, and if not, why not?" I think I've tried at least to tell you why not. I don't have good stories, really. When I came, the first thing you always have to do, when you run a Division is look at the salary of the faculty. The Cancer Center is not a tenure initiating unit so we had no faculty salaries to deal with. I don't mean we didn't have assistants and that sort of thing as direct reports. But we didn't have faculty as direct reports. I was asked whether I wanted a department, and I didn't want a department. I had already been head of a Department of Medicine. I didn't want that kind of hassle to deal with. I did have to look at the division faculty salaries when I came, but there were almost no women. They just basically had very few women. We did have Bertha Bouroncle. I don't know if you've heard of her. She discovered Hairy Cell Leukemia. I don't remember if she was formally retired but she was semi-retired already. I had known her from before and she was a prominent person. We had been on programs together and those sort of things. She was basically emeritus. She was great in terms of still teaching faculty and trainees. Right away one of the women that I brought with me from Roswell Park I made a faculty member. I brought her as a fellow and we needed faculty, and after I had been here for a month or so, I was walking into a research building and she was coming out. I said to her "You've just been made an Assistant Professor," because we needed faculty. There was no issue there about salary; I was already in charge. The one woman for sure who was already part of my division faculty, a

marrow transplanter, was one of the highest paid faculty in the department. To talk about what was the climate in our unit for women faculty, was not meaningful really; we just didn't have enough women to say anything. When I came what I was concerned about was hiring academics. That was by far my major concern. I don't remember how many women I hired versus men. But, one of the first faculty whom I hired who is the current head of the Division of Hematology, was John Byrd. He's bonkers about the issue of women. He has made the division more than 50 percent women. There are not many divisions where that's the case. I guess I never really discussed with him why he's been so focused on hiring women. I certainly hired women in the Cancer Center, for example my Associate Director. But I can't tell you, I'm sorry, I can't tell you I did it because I was looking for more women. I went after whoever was the best person. Of course, if it was a woman, that was fine.

I was active when I first came. I immediately started to get invited to be on various committees at the University. I've given talks about the hiring and role of women at OSU. But it was never my main focus, because from my point of view, the main thing I was concerned about was making OSU highly academic. I grew up, after all, on a Big Ten campus. We all knew what Ohio State was known for. And that was football. Ohio State was considered to have certain academic areas that were good, such as chemistry, and engineering. I'm talking about many, many years ago. But you know, OSU certainly was not among the Big Ten considered one of the important academic institutions. And that basically was the way I felt about it when I came. I didn't consider it an accident that the Cancer Center was on phase-out funding. So from my point of view, what mattered was being sure that we became academic.

Q. Did you ever encounter, if the person you were trying to hire happened to be a woman, did you ever encounter obstructionists who wanted to prevent you?

A. No. They wouldn't dare. But again, that's a personality issue. I hate to say that but it is in part. I'm not saying that there aren't other women, and if you've interviewed 60, you must know, there have to be women here who have had a lot of trouble. I can't believe that that still doesn't exist, even if it is 2015. I just can't believe that doesn't still go on here, right? But with my kind of personality and how long I've been doing all these things, I simply have not had any problems because I was a woman. It's really an amazing thing to have been here so many years. What happens in general when you're recruited, is that if you're lucky, for two years they love you and then things sort of deteriorate. But they still love me. They don't try to tell me what to do. Now, in part, they love me because they want my money, of course, now that I'm getting old and they want to be sure I'm leaving OSU plenty of money. The day President Drake was hired, I was one of the people on his list to call. I got a call from him and of course he met with me. I was on his list right from the beginning to meet. That's not because I'm a woman. There are other faculty who have important academic histories at the University. I don't think they were the people he was calling. I don't have children. That again was a very specific choice because I did not feel like I could do what I wanted to do academically if I had children. I just didn't think it was right to have children if you weren't willing to spend time with them.

In the National Academy of Medicine, OSU has almost no faculty. At least in the College of Medicine we have so few faculty, male or female, who are members of the National Academies, or who have the number of academic awards that I do. I've won all

the major awards in cancer clinical translational research, which is the kind of research I do. I was the first woman to get the Burchenal Clinical Research Award [Joseph H. Burchenal Memorial Award for Outstanding Achievement in Clinical Cancer Research] from the American Association for Cancer Research. From the American Society of Hematology, I got the Stratton Award [Henry M. Stratton Medal]. I was the third woman, and it had been given yearly since 1970. I got it in '08. And the Karnofsky Award [David A. Karnofsky Memorial Award], which I got from the American Society of Clinical Oncology, it was the same thing. It had been around 30 years or so, and I was the third woman to receive it. So those kinds of things make a lot of difference in terms of things going well. I just can't complain. When Gordon Gee called me to tell me he was leaving, (he was involved in hiring me) I said, "How can you do this? You were an important reason I agreed to come." But then when he came back, I told him that I had forgiven him. As long as he'd come back, that was okay.

Q. Would you like to talk any about concerns at the University about equity issues? If so, were there incidents or situations that made you aware of these issues?

A. We still have in medicine a committee on helping women; I go to some of those meetings. I'm sure there are plenty of women faculty here who have problems, but it just hasn't been the situation for me. I couldn't come up with a good story for you from OSU, like I could at these other institutions that I've been at, about the fact that I've had problems. Pretty terrible, huh?

Q. But it's probably good.

A. Sure.

Q. Okay. Have you personally worked to effect any change around equity issues?

A. As I told you, I've hired good women faculty. But it would be wrong to say that I did it because they were women. From my point of view, as you would expect of someone like me, I don't really consider sex. I'm happy to have a good woman, but I'm happy to have a good man. What mattered to me more than anything else is, that the people are really good. The sort of faculty I think would be interesting for you to interview, for example, would be someone like John Byrd. I said to him just earlier today, not the last meeting but the meeting before, I was meeting with him and I said, "I've never asked you why it is you're so keen on hiring women." It would be sort of interesting to know. He's got a large division, 55 people or something like that. About half of those are women. You consciously do that. That doesn't just happen. What I've done for sure is, I certainly have hired women when they're good, because I don't view them negatively. I've certainly never tolerated being treated any way other than as being one of the few outstanding academics at this institution. I've given talks at OSU, which people have found interesting, when I've been asked to do it on the role of women. One of the awards that I got, it was in 2004, the Local Legend for Ohio, was an award for women; this was sponsored by the U.S. National Library of Medicine and the American Medical Women's Association. The sponsors sent around to all of the institutions from which the women were chosen a display of the women chosen throughout the country, and they set up a display on the internet. This wasn't just about me. They asked each woman chosen to give a lecture to go along with their display of women.

Certainly all the time, when there are new women faculty, they often want to meet with me. I'm available for advice and that sort of thing. But I do it for men, too. Obviously, there are so few women who are in medicine. More than half of your

department could be women for all I know. I just don't know. I just haven't gotten involved. Earlier in my career, I spent much more time on hiring and promoting women. For example, during the 17 years I was on the faculty at the University of Minnesota, I was on the Committee for Women, and I was on the Judicial Committee, where we often had issues about discrimination against women. It's not something, however, that I have really focused on here at OSU. You'll see in my CV the major committees – active and past – at each of my institutions, that I've been on. Here you are, look at this. From 2000-2001, number 17, I was a member of the task force on Academic and Leadership Progress for Women Faculty. You can see how much of an impact that had. I didn't even remember being on it. Of course, one of the things that happens, they've got to have women on various committees. You're on lots of committees.

Is there anything else that had to do with women? As you see, I've been on lots of committees. There are 41 under past and 15 under present. Oh, another one, okay. In 2010, number 38, Recruiting Women into Leadership Positions Task Force. That was in 2010. Oops and another one, 41, member of the Selection Committee for the Program Leader for the Academic Advancement of Women Faculty in the College of Medicine. So yes, I've done that. You can see how much impact it had on me. So I don't want you to think that I haven't done some things, but it's not a main focus for me. I'm much more concerned about Ohio State's level of academics than I am about women, and I want to see OSU become more academic. This is what you always do when you're one of the women at my level, with the kinds of awards I have and everything. Does that make sense?

Q. Yeah.

- A. I wish I could tell you good stories; I really felt bad when I went through those questions you sent me last week, that I just didn't have really good stories from here.
- Q. That's perfectly fine. So the next question is, what remains undone relative to the progress of women and other diverse groups? But maybe we could also extend it to, what remains undone regarding the work you've done with making this more academic, bringing in more academic people.
- A. I am sure there are problems for women and other diverse groups. There have to be. I'm sure that it relates to, it depends on who is in charge of hiring, appointing leaders and that sort of thing. You must have learned about these sorts of things from other women whom you have interviewed, if you've interviewed 60 people. I'm not for a moment denying that problems don't go on here. All I can say, it hasn't impacted on me at this point. The other thing you asked me, what was the second thing that you asked?
- Q. Regarding academics.
- A. Oh yes.
- Q. Your emphasis on academia.
- A. I, like many of my colleagues, am very concerned right now about the leadership in medicine being people who are not highly academic. Right now, we have a Senior Vice President. He's the first to admit, he says, "I've got to hire a Dean who is academic." He deals with primarily money. He's a physician, but no one has ever heard of him in the kinds of academic circles I move in nationally. He's not a member of the National Academy and so on. And we have an Acting Dean. Whether or not he is going to be academic or not, and if he is academic, what he will be able to do, because that usually depends on the person that they answer to. I don't know.

So we've been highly successful, we're known internationally, in terms of hematologic malignancies for example. I'm very happy about that. Again, my husband was an important OSU recruit; the two of us are two of the very few members of the National Academies in the College of Medicine. I am a Distinguished University Professor. They chose my husband first, and it was a couple of years later before I received that honor. One of the women on the committee at the time said she fought hard for the fact that we should both get elected the first year, but only he got it. So again, it is a sign of discrimination against women; it just didn't have much impact on me. It wasn't like I sat around feeling sorry for myself or cared. It came.

But I think that we definitely have made progress academically, and regarding women. We just had our Cancer Center core grant renewal. We don't know yet the score but I think it's going to be outstanding. The last time we went up five years ago, going from being in phase-out funding when we came in 1997, we got one of the top scores in the country. We got an exceptional score of 12. We've definitely made progress in cancer. We still definitely have a long way to go to improve. I would like to see us each year having faculty who receive important national and international academic awards. One of the first things I did when I came was I established an Awards Committee as part of the Cancer Center, so that we would try to work on putting people up for getting the important national awards. But, it's not like every year we get new members of the National Academy of Medicine and the American Academy of Arts and Sciences and so on. We have a ways to go. However, we're a lot better off than when I came. So from that point of view it's good.

Q. Are there any other changes that you'd like to talk about that have taken place either at the Cancer Center or the University as a whole over your time here? This is question number 11.

A. Eleven, okay. "Putting aside diversity and equity issues, how has the University changed during your years here?" I definitely think that, and again, I'm talking medicine, we are a different world. I'm very aware of that because I grew up in academia that was not medical. So the main things are what I've already said, which is we at least are much more academic. We have many more papers that are now published in the top journals and so on. I was just asked to write a review on acute myeloid leukemia for the prestigious New England Journal of Medicine. I always had a secretary that was more or less my age, but nowadays with all the modern technology and this sort of thing, I've got to have someone young. My husband and I are not exactly part of the younger generation. I'm usually the oldest person at one of my meetings, except if my husband is there too. So anyway, it's important to have someone younger. My secretary finally a month ago made me get a smart phone. I tried to avoid that. But I did it, I really have to ask her about, all the things I can't figure out how to do. I can't do many things. I don't read e-mail on there or anything like that. I do that on my computer.

Q. Okay. Putting aside diversity and equity issues, what are you most proud of regarding your time at the University? This is question number 12.

A. It's basically the same thing. What I'm most proud of is the progress that we've made academically in terms of cancer. As I told you, we still have a ways to go, but it's been a big change.

Q. Right, I can see that. Would you like to talk about your most powerful experience at Ohio State?

A. I had trouble in terms of coming up with an answer for this. I suppose that it was probably getting the Distinguished University Professor title. There aren't very many of them. There are only 35 or something now. But when I did, it I think I was the 33rd. You get it in front of the Board of Trustees. The President has a dinner for you at his house. That's still the case. When President Drake came, we went a couple of months ago to another dinner he had for people like the Distinguished University Professors. So that's probably not a very powerful experience, like one of the things I've had at other institutions, which I've talked to you about, those are things like when you walk out on the Dean when you are a medical student or like the Chief Resident story. Those are the sorts of things that make better stories. It was also important while I was here becoming a member of the Institute of Medicine (now called the National Academy of Medicine) and the American Academy of Arts & Sciences. Those probably would be two of the most important experiences for me here. I'm sorry they're not more exciting. That's the best I can do.

Q. Those are both powerful. Are there any topics to talk about that we did not cover, that you wanted to cover?

A. Just to be sure, I do think it's important in this, and I don't know how you're going to do it, you can call me and we can discuss things further if we have to. I just want to be sure that, one of the things that has been very important to me and it's not directly related to the issue of women or not, but I do have a very significant scientific legacy. This is on an international level. That is important to me. Not primarily because I'm a woman, but just

as we've been talking about, it's because I think that making important, for me it's scientific, but I wouldn't care if it was writing symphonies. I think OSU needs major academic accomplishments, contributions by its faculty. That is something I want to be sure becomes part of this story. It's not a matter of I have to list what my major contributions are. But there are things, and if you want, I can send you them, they actually just did another story on me that's just coming out. I just got another national award a week ago. And the story has a good sort of four or five bullets of some of my major contributions. This relates in part to what my personality is about and advice. This is what I always tell people when I give talks and all. You've got to look at what you see as the data and deal with it, and not be afraid to publish things that no one agrees with. For me, my fifth paper was published in the Journal of the American Medical Association, which is a very high-impact journal. It was about the importance of treating patients with acute leukemia over the age of, I can't remember what it was, 50 or 55. No one believed me; all the leaders in the field of hematology/oncology felt that older patients shouldn't be treated. My fifth paper was "Acute Granulocytic Leukemia in Elderly Patients." It was published in 1973, and no one believed it. All the major people in the field said, "She doesn't know what she's talking about." Yet, recently we just wrote a paper on curing patients over the age of 80 with Acute Myeloid Leukemia (AML). Acute Granulocytic Leukemia is the same as AML. It's an older term for it. For me, it was always a matter of, I looked at whatever was in front of me. I didn't care whether anyone else believed it. But this is one of the ways you get put on the map very fast. I think it's not because I was a woman, but the same thing which has always driven

me in my science relates to these other things we're talking about, standing up for what you see and believe.

I was given this project about leukemia because I wanted to do what another fellow was doing when I started my fellowship, which was lymphoma. They said, "Do AML instead and see what you find." So I reviewed every case of AML in adults that had been seen in the last ten years at the University of Minnesota at the time. I saw that it was not true that you couldn't treat older AML patients. So I wrote about it and people said, "Who the hell is she? What is this young person talking about? We the important people don't believe it." So I always encourage young fellows and faculty to come up with new findings that others don't believe in because that is really important. Because by doing that, I can assure you, you get known fast in the national and international community. When you take on something which no one agrees with, and when you turn out to be right, and when you change for the better how people are treated, it matters. Treating older acute leukemia patients I found depends on what morbidities they have. Someone who had advanced congestive heart failure couldn't tolerate any kind of treatment, for example. Your medical situation often worsens as you get older; you have more medical problems. But still, that doesn't mean you just don't treat older cancer patients. When I first did it for leukemia it was considered malpractice.

There was a second important sort of totally medically changing thing that I did early on. There was a specific cytogenetic abnormality which was considered unique to chronic myeloid leukemia (CML), and I was the first to point out that it (the Philadelphia chromosome) could also be found in acute lymphoblastic leukemia. Again, you understand, no one believed it. I mean, the leaders in the field all said how come we

haven't already seen this? I was collaborating with cytogeneticists who were in the lab. But I was having cytogenetics done on all my patients. I knew that these patients did not have CML because I saw the patients. We had trouble getting that into a top-notch journal because no one believed it. It was just considered that it can't be right. That was my 35th paper, which was, "The Philadelphia Chromosome in Adults Presenting with Acute Leukemia." That was published in the British Journal of Hematology, and that's because we sent it to the New England Journal and much higher ranked journals, and no one would publish it, because they didn't believe it. Now we have specific drugs for the Philadelphia chromosome in CML, so they have been applied in the Philadelphia positive acute leukemias combined with other therapies. That has substantially changed for the better the outcome of one-third of adult acute lymphoblastic leukemia. That's the sort of thing that really puts you on the map. Again, the establishment all said who the hell is this woman that she's telling us something that we know can't be true? So I've done that throughout my career, and that's really been important. That's why I've gotten the awards I have.

Q. That's good advice, thank you.

A. That's part of the talks I give when I'm asked to talk to younger faculty in academia, to people who are still coming along early on in their academic careers.

Q. Do you have any memorabilia that you would like to donate to the Archives?

A. Yes, I want to do that. It's part of my long to-do list which I never get around to, since I still work 24/7. But I definitely want to.

Q. Are there other people that you would recommend we interview for this project?

A. Yes, I wrote down some for you. There are two women, you're interviewing women, not men, because otherwise I would say I think it might be interesting to interview John Byrd, someone who has recruited lots of women faculty. You can talk about that with Deb. But the two women that I thought would be useful, one of them is Maura Gillison. If you have any trouble, Leslie can help you get these names. These are both prominent scientists. Maura is an M.D., Ph.D. The other one is a Ph.D. and that's Electra Paskett. Maybe you've heard of these two people.

Q. No, I have not.

A. Both of them are full professors. Both of them are prominent scientists. Maura Gillison is a translational researcher. Electra is head of a division of cancer prevention and control. She's done a lot of work in Appalachia. She's very interested in diversity and I suppose women's issues, too. It's not something that I've had extended discussions with her about. Maura is pretty hard-assed. I don't know what her experiences have been from the point of view of women. But I think those would be two people that would definitely be of interest. They probably have better stories than I have.

Q. Okay, I'll definitely tell Deb about them. Would you be willing to interview someone for our project? You're probably too busy.

A. I am too busy. I really am. What I wrote was, "No, my secretary would kill me."

Q. We completely understand.