

1997

Oliver C. Bullock Oral History

Philadelphia College of Osteopathic Medicine

Follow this and additional works at: http://digitalcommons.pcom.edu/oral_histories

Recommended Citation

Philadelphia College of Osteopathic Medicine, "Oliver C. Bullock Oral History" (1997). *Oral Histories*. Paper 21.
http://digitalcommons.pcom.edu/oral_histories/21

This Article is brought to you for free and open access by the College Collections at DigitalCommons@PCOM. It has been accepted for inclusion in Oral Histories by an authorized administrator of DigitalCommons@PCOM. For more information, please contact library@pcom.edu.

INTERVIEW WITH OLIVER C. BULLOCK, D.O. (CLASS OF 1978)
by Carol Benenson Perloff for the
Philadelphia College of Osteopathic Medicine (PCOM)
February 12, 1997

PERLOFF: Please state your full name, date of birth, and
place where you were raised.

BULLOCK:

CBP: What is your date of birth?

OB:

CBP: Where do you currently reside?

OB:

CBP: What made you want to pursue a career in osteopathy?

OB: Actually, my physician when I was a kid was an
osteopathic physician. His office was two doors
down from my house, and I used to sit in his office
sometimes and look at him when he was working. His
name was Kniazer.

CBP: Was he a PCOM grad?

OB: Yes, a PCOM grad. He's long gone now. But he was
the first D.O. that I ever encountered. My uncle
was an M.D. It seemed to me that there was a slight

difference in the way they practiced then. The D.O. just seemed to be a little more homebodyish. More of a friendly type. He seemed to be more interested in families. Certainly more interested in how I was doing in elementary school and how I was doing in junior high school. I think that was about the end of it. He passed on right around that time. But actually, I entered medical school almost by accident. I very seldom tend to get sick, and one day I was having chest pains, and there was a new doctor in the neighborhood that my wife felt was extremely good. His name is John Covington. He was a D.O. A grad of PCOM. I went to see him and he asked me if I'd ever consider going to medical school. I said, "Well, I thought about it once in a while." But I was thirty-some years old at that time. He said, "You know, you really ought to consider going to my medical school, PCOM." He was trying to recruit some minority students for PCOM at that time. So I came and saw Carol Fox, who was relatively new in her job at that time. She told me what I needed to get done. Certain courses I had to

complete, which I did. I went to night school and completed the organic chemistry and I went to Temple and took the physics, and took the medical school admission test, and completed all the requirements for admissions and started PCOM.

CBP: What were you doing before you decided to come to PCOM?

OB: I taught high school biology for seven years prior to that.

CBP: What college education had you had?

OB: I had a Bachelor's Degree in Education from Penn State and a Master's Degree in Media and Communication from Temple.

CBP: How did you end up teaching biology?

OB: Well, the undergraduate work was all in biology. At that time, a lot of the stuff I had in media and communication was relatively new. I had been offered an interview with something called the Children's Television Workshop, which was a brand new company that was just getting started out of Boston, and they weren't paying a lot. The job offers of teaching were paying a lot more than they were

paying at that time. So I had turned that down, and a few other offers in that particular field weren't particularly enchanting, doing voice-overs for radio stations. So I went with the teaching. Of course, the Children's Television Workshop went on to do some pretty nice things. [laughs]

CBP: Right.

OB: But I went on with the teaching, and that's how I started teaching in Abington.

CBP: What were the highlights of your educational experience at PCOM in the 1970s -- particular courses or professors that impressed you?

OB: In the 1970s, PCOM was different. I think it was beginning to go in its transition from the very stately mode of education, into a more modern one. Angus Cathie, one of the great anatomists, had just left the institution when I started, and had been replaced by Cippola, I think we had. At that time, there was a guy named Greenberg, I believe his name was, who was legendary in pathology, and he had just passed away and had been replaced by someone new, so we had new people in anatomy, new people in

pathology, the biochem section was new. We had some experimental teaching. At that time they had a program whereby if you had a Ph.D degree, you could earn a D.O. degree by going to school part-time in the evening, and teaching during the day. So a lot of the instructors we had were -- actually, Gene Mochan was one of those people -- were in that program, and they were actually our instructors. So it was different. I know we had a course in medical history. I don't know if that's still there, but that was a course we all liked.

CBP: Who taught that?

OB: Cressman.

CBP: Ed Cressman?

OB: Yes. That was a very enjoyable course because he made it. He put his own insights into medical history and that made it pretty enjoyable. But it was lecture. It was strictly lecture format and laboratories late into the evening. Evans Hall wasn't finished yet, so we had courses at 47th and Spruce, and we came over to Evans Hall for some lectures because the lecture rooms were finished.

But the labs weren't, so we had anatomy and microbiology -- all those labs were down at 47th and Spruce, and then we came up to Evans Hall for our lectures.

CBP: You were among the first generation of PCOM students to receive your clinical training at the City Avenue Hospital. Could you please share your recollections of that facility soon after it opened?

OB: Sure. Evans Hall was a very impressive facility. 47th Street was very old, and it had the impression of an older type of a facility with the creaky wooden floors and the older lighting. This was a fairly modern building, with completely modern lecture halls. I suppose the small classrooms. It was very impressive. Our first exposure to the hospital, which we still owned at that time, was that every freshman student had to spend a night in the emergency room, and the first night I was there, two patients came in DOA, which is somewhat interesting to a freshman who doesn't even know one end of a guernsey from the other when you're brand new. That's a very thrilling, very interesting

night to spend as a freshman student. But you became impressed with the amount of history and the names that were associated with the institution. Barth and some of the other names of people that various things were named after, and the contributions that they have made to the institution.

CBP: What else do you remember about the hospital itself?

OB: I remember being overwhelmed by the interns and residents. There were so many of them. It seemed like there were a tremendous number of interns and residents running around -- and specialists and subspecialists, that you'd wonder if you could ever put this all together. And exactly how you fit into all of this. Whether or not you wanted to go into primary care, which is what I originally wanted to do, or whether you wanted to become a part of this network of all these specialists and subspecialists. So it was sort of a confusing thing at first.

CBP: How were you treated by the interns and residents?

OB: Very well. Interns and residents traditionally love to teach. At least when we were here, they did.

Every chance they got, they were trying to teach you something. They didn't mind spending a lot of time with you and if you seemed the least bit interested, they were more willing to teach you.

CBP: Did you have any on-call responsibilities as a medical student in the 1970s?

OB: No, not as a medical student. Not until third year.

CBP: And then did you have on-call responsibilities?

OB: Yes. Starting third year and fourth year, you did. You had a lot of it.

CBP: How often would you be on-call?

OB: In the third year rotation, if you rotated on a service, you were basically on-call the entire time you were there for histories and physicals. Now, you may only have had to do one or two nights. The rotation would take maybe two to four weeks. In that two to four weeks, you might have only between one and four nights that you were on all night long. But the entire time you were there during the day, you were on call for any histories or physicals that came in -- patients who were assigned to that service.

CBP: Were there sleeping quarters for the medical students in the hospital?

OB: Yes, there were. The interns and residents had most of the beds, and there was usually one little one stuck in the corner somewhere that was usually broken down, that was reserved for the student who was on-call. [laughs]

CBP: Please describe the clinical training you received in the clinic at 48th Street.

OB: In 48th Street, we were booth doctors, is what we were called. Oh, I think, there were about twelve booths set-up, and each doctor was assigned a number, which is the number of your booth, and you inherited the patients who were assigned to those booths. Some of the patients had been assigned to some of those booths for twenty years, and then you inherited that patient. Each doctor before he left had to write a summary of each patient that he had and attach that to the chart, so you might have twenty years of summaries written. So you were pretty familiar with these patients when you saw them. You were getting new patients yourself.

CBP: I just want to clarify one thing. A patient always went to the same booth?

OB: Right. Always the same booth. Throughout the history.

CBP: Even if it was a different doctor?

OB: That's right. They were in the same booth. They may have been in Booth 8 for twenty years and seen twenty different doctors. But they always went to the same booth.

CBP: Well, how did that work out when you had the patients showing up for a certain day, and maybe you had a lot of them that were all there for Booth 8, and there was nobody there for Booth 7?

OB: It happened sometimes. It happened sometimes that you might have eight people waiting for Booth 5 or 6, and Booth 2 may have nobody. That's just the way, the luck of the draw.

CBP: And that's the way the Clinic was run by the time it was started?

OB: Yes. That's just the luck of the draw. You know, some booths were -- if the doctor who was at that booth was particularly popular, he may have had

patients actually requesting that particular booth, and they would actually give those patients to that doctor. So some booths had a huge patient population. The patients were assigned to a booth, so the people doing the assigning were pretty much able to balance out the patient load, so that everybody was seeing patients. But there were some booths that were more popular than others.

CBP: Please share your recollections of Eleanor Masterson, D.O., who had become Director of the 48th Street Clinic in 1968.

OB: Bat Masterson. She was a very regal lady. She was a large lady, who tended to be stern looking, but she had a very soft smile. She was very, very interested in the students. She referred to them as her 'family.' She really displayed a lot of interest in us. She had two assistants. When I was there, she was just starting to get sick, and she was out and her assistants were there a lot. She was very good with the patients. They often requested her. They all knew her. I remember one day I was going through the medicine closet to pick

up some medicine because one of my kids was sick, and she said, "Where are you going, Doc?" I said, "Well, I'm going over to the medicine closet. I've got to go home and play doctor." She said, "No, Doc. You never play doctor when you're home. You never play doctor anytime." [laughs] But she was a memorable lady. And she was definitely in charge. I mean, when she was there, you knew who was in charge.

CBP: By the time you graduated in 1978, there were several other active clinics operated by PCOM. LaPorte, which was opened in 1970, Roxborough-Manayunk, which opened in 1973, and the Chestnut Street Medical Center in 1975, and the new North Philadelphia Health Care Center on Cambria Street in 1975 or 1976. Do you know which it was, actually? I have two conflicting references to that.

OB: Actually, I graduated in 1978, and that particular facility had been open for at least five years prior to that. At least five years prior to that. So it must have opened some time around -- in that location -- probably some time around 1972 or

somewhere around there.

CBP: And then it moved?

OB: Well, it opened. It was originally at 22nd and Susquehanna.

CBP: Right.

OB: Now it was at 22nd and Susquehanna since, I believe, 1930-some.

CBP: No, 1951. PCO, at the time, bought Women's Homeopathic.

OB: Right. 22nd and Susquehanna.

CBP: Right.

OB: That's where it was originally. And then it moved from there to Cambria Street. But my recollection is it must have been 1972 or 1973 because I did my rotation in 1976, I guess -- 1976 to 1977 -- and it had been opened for some time then.

CBP: I'll have to check into that.

OB: Yes.

CBP: Please comment on your experiences in these various clinics while you were a medical student. Did you rotate through all of these clinics?

OB: No. When you were a medical student, you were only

assigned to one clinic. However, if certain services -- like, when I was on the ear, nose and throat service -- they will cover the clinic -- they each had a day at the clinic. So if you were an ear, nose and throat service, or if you were on pediatric service, you might go around with the attending physician to each of the clinics when it was his day to cover the clinics. So with ear, nose and throat, I got to see the West Philadelphia Clinic. We didn't go to Roxborough, but we went to West Philly and North Philadelphia, in addition to our own clinic. But most of the time we were assigned to one clinic, and that's where you were the whole time.

CBP: And for you, that was the North Philadelphia Clinic?

OB: No, actually, I was in the West Philadelphia Clinic at 47th and Spruce.

CBP: Did you rotate at all through LaPorte?

OB: No, no.

CBP: At some point are you aware if a rural clinic rotation became a requirement?

OB: Yes, it did. It became a requirement in 1976, I

think. Around 1976 they required that all students would do -- I believe it was two months in an urban and one month in a rural setting. That's when everybody was scrambling to pick up rurals, because initially there weren't a tremendous lot of rural settings that were available.

CBP: So this requirement came in just after you finished your clinic rotations?

OB: Just before, actually, because I had to do a rural.

CBP: Oh, you did?

OB: Yes.

CBP: What did you do a rural in?

OB: I did a rural in, actually, Chester County. The doc had a practice in which he did a lot of house visits and nursing homes and he had a big hospital practice, and he had an office practice, as well. But he was an old-fashioned type doctor, who would get cherry pies and apple pies for payment sometimes. He made a lot of house calls. That was an interesting experience.

CBP: The Cambria Street Clinic replaced the clinic that had been operating at North Center Hospital at 20th

and Susquehanna since the 1950s.

OB: Right.

CBP: I saw one reference to the move happening on December 1 of 1975, and another reference to the opening of the clinic on February 16, 1976.

OB: Yes.

CBP: But you also mentioned that it might have been earlier than that.

OB: It might have been earlier than that because I know that some of the students had been rotating through there earlier than that, so I think it might have been a little earlier. I know the very first physician there was, I think, Steve Fedec. He could probably let you know exactly what time that was.

CBP: Getting back to the rural health care centers, do you recall the Greenwood Medical Center in Millerstown, Pennsylvania, which opened in 1976?

OB: No, I have no recollection of it.

CBP: In 1977, PCOM students, under the supervision of Kenneth Veit, D.O., began rotations at Southern Huntingdon Medical Clinic in Orbisonia, Pennsylvania. Did you partake in one of these

rotations?

OB: No, I didn't. But I remember discussing that with Dr. Veit, about that town, and about his experience there. I was in the National Health Service Corps, and that was, I think, Dr. Veit's initial National Health Service Corps assignment. He had told me a lot about what that town was like. I don't think we had any traffic lights in the whole town. It was really a very rural setting.

CBP: Do you know when PCOM stopped rotating its students through there?

OB: No, I don't. I guess Dr. Veit could probably tell you, but I'm not sure.

CBP: Did you have any other opportunities, while a medical student, to acquire practical knowledge? For example, did you make home deliveries, or assisting in doctors' offices?

OB: Yes. We did what was called a family practice rotation. You had to spend a month with a physician in his office. I did that in North Philadelphia with Dr. Fred Hawkins. What you would do was simply observe. Different doctors, judging on what they

felt your capabilities were, allowed you to do whatever they felt you could do. So some of them would simply let you observe. But with Dr. Hawkins, I was actually seeing patients there. That was a very, very busy practice. I mean, that was like ninety or a hundred patients a day, and I got to see what a very busy practice was like and how it was run.

CBP: Could you please describe the education you received after graduating from PCOM in 1978?

OB: After graduating from PCOM?

CBP: Yes.

OB: I went on and did the rotating internship at Metropolitan Central, which was one of the top notch osteopathic institutions at that time. It had one of the largest operating dialysis centers in the city. It was not unusual for some of the attending physicians to have thirty and forty patients in the hospital at any given time. It was considered one of the foremost teaching institutions in osteopathic medicine.

CBP: At any point while you were a student, did you go to

other hospitals in Philadelphia to gain more experience? And I'm also asking did you ever go to allopathic institutions?

OB: Yes. I went to allopathic and osteopathic. Parkview. At that time, the only osteopathic institutions were Metropolitan, Parkview and PCOM. I went to all three of those, and to Einstein. Einstein Northern, which is allopathic.

CBP: And that was when you were a medical student?

OB: That's correct.

CBP: What kind of rotation were you doing up there?

OB: At Einstein Northern I was doing some OB/GYN. Pediatrics at St. Christopher's, which is an M.D. institution.

CBP: There was a time when the policy towards having medical students venture off this campus into the allopathic world was really frowned upon to the point where, I think, students could get in trouble to going to attend lectures or watch surgeries elsewhere. Do you know when the attitude toward that shifted?

OB: No. By the time I came through, it had shifted

because a lot of students were going to allopathic institutions for rotations. Although it was not encouraged, I don't think anyone ever got turned down.

CBP: What were the highlights of your social experience at PCOM and in Philadelphia in the mid-1970s?

OB: Philadelphia in the mid-1970s -- a social experience at PCOM at that time -- it was very academic-g geared. People were not cut-throat, though. They were very much helping each other. The biggest social activity -- we had sport teams. But the spring show was probably the highlight.

CBP: Could you talk about that a little bit, please?

OB: Yes. We would put on skits, usually mimicking certain doctors and the way they spoke, and their attitudes -- the things they did. It was usually a musical. It was a pretty big show we put on once a year. We spent a lot of time in preparation for that. We had study groups. Other than that, there were not a lot of activities that were being sponsored then. We had a rugby team and we had a basketball team, and that was about it.

CBP: How prevalent were fraternities during your years as a medical student?

OB: Well, there was Phi Sig and there was Log. There were those two. There are still just those two. The membership, I guess, was sort of pretty much equal. I think Log, at that time, was taking females, as well as guys. Phi Sig is still strictly an all-male institution. And they also were helpful. I mean, if there was any type of study guides or things that the members got a hold of -- certain faculty members might favor their particular fraternity with additional materials to help them study for tests, or give them test reviews -- most of the time they shared those with the other students. I never was a member of any -- when I was going through PCOM, but they seemed to be certainly worthwhile for a lot of students. They lived there, and they got a lot of support there. Academic -- there was actually a lot of studying that went on there. There was a lot of partying that went on there, too, but there was a lot of studying that went on there. When I went through, Log had a very

small house in West Philadelphia, and I don't know where Phi Sig -- Phi Sig has a house now in the Mt. Airy, Oak Lane area, but I don't think they had that at that time.

CBP: In your opinion, why do you think the number and role of fraternities have waned over the years?

OB: Well, because it's something that you think of in terms of undergraduate school. A lot of people pledged. They went through that whole pledging experience in undergraduate school, and they've never associated it with a professional school, and so they never really felt the need to do that.

CBP: Where did you and other students live and eat in the campus area?

OB: Well, I, of course, lived at home. But a lot of the students rented apartments and rooms at various places around. Some students -- the more well-off students -- their parents actually would buy them duplexes, and they would live in one and rent out one, and then when they'd graduate, sell it. I know several students who actually owned duplexes in this vicinity.

CBP: In the 48th Street vicinity?

OB: No, around here. Around Evans Hall.

CBP: Around City Avenue?

OB: Yes. But most would find a room or an apartment. A lot of them right along the City Avenue area, and that's where they lived.

CBP: Were there any local eateries that you used to frequent?

OB: There used to be one right across the street that everybody went to. It was right on what would now be the parking lot of the Adam's Mark. It was sort of a diner-type thing, and everybody ate there. All the students were already in there. It went on twenty-four hours. And one day it was there, and the next day it was totally gone. The Adam's Mark people demolished it and extended their parking lot there, but it went on twenty-four hours.

CBP: Do you remember the name of it?

OB: I'm trying to think the name of it. Oh, geez. I can't, but I'm sure a lot of people can remember it, because it was a landmark. We all went there. It was right across the street from the school. That

was there, and there were a few nightclubs that some of the bolder students frequented. One was the Gaslight, which is basically a stripper club. Some of the male students used to hang out in there. You know, some of the fast food places up and down -- 48th Street, at one time there was Horn & Hardart, or something. Something along those lines, directly across the street, and they gave discount rates to students. The students used to flock into that place. That caught on fire, I think, and that was the end of that. But each particular place had a little local eatery or something that was a hang out for the students. I remember I had visited LaPorte last year, and they had a little diner -- a little bar/diner -- that was owned by one of the local residents, right across the street from LaPorte, and he had photographs on the wall. The entire wall was covered with photographs of PCOM students, going back to the 1950s and 1960s. Of course, he said his wife used to fix meals. He never charged the students. His wife would fix meals for him and he never charged them. His wife had a stroke, and so

he was basically closing the place down, but we just stopped in to say 'hi' to him because he was such an institution there.

CBP: Do you remember his name?

OB: What was his name? I can't remember his name now.

Any of the students who rotated through LaPorte would probably remember him, though. He was the local slingshot expert. He had slingshots hanging on the wall. All over the bar there were hundreds of slingshots. He had a ring hanging in front of the door, and at any given time, he would take a slingshot off the wall, and he'd put a pea through this ring he had hanging on the door. He was considered the local slingshot expert. So every place had this little local place that the students hung out.

CBP: What opportunities for community volunteerism were you or other students involved in?

OB: When I went through, we didn't have a lot of the programs that we have in the community now. But we did get involved with food drives and delivering food baskets, and there were some things we did at

some of the nursing homes. But there wasn't a tremendous lot. There's a lot more things happening now.

CBP: On many college campuses, the mid-1970s was a time of long hair, sideburns and less than conventional clothing. To what extent was PCOM experiencing the times?

OB: Oh, many students had beards, sideburns, long hair. The really rad unconventional dress with crazy glasses. A lot of the students were into that. They were right with the times. Whatever was happening was certainly a part of what was going on with them, and they were very, very much a part of what was going on. The big renaissance of the restaurants -- many of them hadn't happened yet. But South Street was happening then, and a lot of people were down, hanging out on South Street. So they were pretty much a part of what was going on.

CBP: What was the nature of faculty/student relationships when you were a student in the 1970s?

OB: I think students tended to be a little more in awe and respectful towards the faculty then than they

are now. Some of these people were like worshiped. They were like little demigods. They were like legends, and the students tended to be very much in awe, and they were a lot more respectful of these individuals than they tend to be now.

CBP: Were there faculty/student activities outside of the College setting?

OB: There were picnics, there were faculty/student basketball, faculty/student softball games. That's about the limit.

CBP: I'd like to talk to you a little bit about the minority presence at PCOM. The first African American to graduate from PCOM was Meta Christy of the Class of 1921, which consisted of twenty-four graduates, which was about four percent. The African American presence at PCOM was minimal from that time, throughout the 1970s.

OB: Right.

CBP: In your opinion, why was this the case?

OB: I think Meta Christy graduated in 1921 or 1923 -- something like that. I don't think I was able to find another one until Bill [Hugh] Dash, and I think

Bill [Hugh] Dash was 1933 -- some time like that. Sort of intermittently spaced in between them -- when I came in, there were four, and that was the biggest class they had had in a long time, because most of the other classes had one or two. Then, I think, it pretty much stayed that way. If you had six, that was a big class. Recently there were several classes. I mean, they had a big celebration when they had the first double-digit class, and that was in the 1980s, actually -- the first double-digit class had eleven, I think, and they called themselves the Double-Digit Class because they were the first one that had that many. And then there have been classes recently when there's been as many as twenty, I think. Still, that's below a lot of other medical schools, and there are a lot of reasons for it. One of the reasons is that the average student who applies to a D.O. school has also applied to M.D. schools, and osteopathic medicine is a minority profession. If you're already a minority and you get accepted at an M.D. school and you get accepted at a D.O. school, you're

much more likely to accept the M.D. school. Also, the M.D. schools usually traditionally offer a lot more financial support than the D.O. schools. So unless a student was absolutely committed and knew a lot about osteopathic medicine -- maybe had osteopathic doctors in his family, and was absolutely committed to it, if they were in fact accepted at M.D. schools -- they usually accepted the M.D. school. So if you had twenty minority students who applied, and out of that twenty, eleven were accepted at the M.D. schools, then you may end up with the nine who didn't get accepted at M.D. schools. And maybe out of that nine, two or three of those might get accepted at other osteopathic schools. So the numbers usually stayed pretty low. There wasn't any real aggressive recruiting of minorities going on. It was sort of a word-of-mouth thing. They might ask -- Dr. Covington asked me -- he was asked if he knew of any who might want to apply, but there was no real strong aggressive recruiting going on at that time that we were aware of. So those numbers traditionally stayed low.

There are more efforts going on at recruiting now to make a lot of students aware. But sadly, a great, great, great many potential minority students have not a clue what osteopathic medicine is.

CBP: Why is that?

OB: Well, because we have a much more substantial effort towards outreach to contact these students. A lot more visitation to minority schools early on, before these students really had it fixed in their mind that they want to do this. A lot more bringing in of medical school counselors to make them aware. if they should be bringing in medical school counselors from minority schools -- twenty at a time, and sitting them down, taking them on tours of this place, telling them about this place so they know what it does -- so that when the students come in and they want to apply to medical schools, they can say, "I visited Osteopathic at Philadelphia, and that seemed like a really good school." The student is going to say, "Osteopathic?" They'd say, "No, no. I went there and I saw it. It's really something you ought to consider." There probably

needs to be a lot more of that kind of stuff going on, too. But traditionally, the minority students that I meet who are applying, found out about osteopathic medicine within the year that they decided to apply. Before then, they had no clue.

CBP: So it was through the active recruiting process, then?

OB: Or because they had friends who had gone here. Yes. But usually, it's someone who has been here on an open-house, or who has had a friend who has gone here, and knew about it that way. But I've been to a lot of the minority colleges, where they didn't have a clue what an osteopathic physician was. The recruiters knew, but they were not advising anybody. The counselors knew, but they weren't advising anybody to go to osteopathic schools.

CBP: Is that their own prejudice?

OB: Well, it's basically, they are more familiar with M.D. schools. They're not familiar at all with osteopathic schools. They know they exist, and they basically know that there's equal licensing. But as far as familiarity, to be able to discuss it with a

student who might be interested in applying, they don't have it at all.

CBP: Do you have any suggestions on how to further increase the minority presence at PCOM?

OB: Yes. They should definitely -- at least once a year -- invite all the minority pre-medical advisors. Pre-medical advisors from all the minority schools -- the traditionally black colleges, minority schools. Invite them in once a year. Make it very nice for them. Have a dinner, and then have a tour of the facilities. Because once this is finished, this is going to be a very impressive facility. Have a tour of the facility, speak to them about what the program is like, and have some of the graduates speak to them about what it's like to be out there practicing. Give them the materials, that when they go back to their schools -- whether it's in Tennessee or Atlanta or Florida or wherever it is -- when they go back to these schools, they'll have these materials in the office. They will have had the experience of being here, and when a student comes in and says, "I want to apply to a medical

school in Philadelphia," they can say, "Well, there's PCOM." And when a student says, "Osteopathic? What is that? Is that a medical school?" They can say, "Yes, I was there, and it's this, that, and the other thing." It's nice to bring the students in, but I think you have to bring the pre-medical advisors in droves, and really work on them to convince them that this is something that their students might want to do.

CBP: You mentioned before that you were one of four African-Americans in your Class of 1978.

OB: Right.

CBP: Could you please share your recollections of having been in such a small minority at PCOM?

OB: Yes. There were only four of us at that time. I think the class directly ahead of us had two or three, and the one directly ahead of that had two or three. So four was actually the largest group that they had had for a few years coming through there. I think it might have been the largest group they had for quite a few years, coming through there. We were older students -- all of us. We had all had

other professions. I had the teaching. One was a pharmacist. Another one had been teaching, and another one was a general in the Army. So there were four of us who had other occupations. All of us were older. I was in my thirties. I think the youngest of us all was in the thirties. I think one was in his late or mid forties. So we were all older.

CBP: Did you feel any discrimination from your classmates?

OB: Again, there was definitely some discrimination that occurred. It occurred a little from the classmates. It occurred some from the faculty. To discuss it -- because there were particular incidents involving particular faculty members that were definitely -- there was no question that it was open discrimination. But they were particular incidents involving particular faculty members, and it did not permeate the entire school at all.

CBP: One of the challenges PCOM faces in increasing minority representation is providing scholarship assistance. In 1983 the William Penn Foundation

created the Dr. Ethel D. Allen Memorial Scholarship, for which two scholarships of five thousand dollars each are awarded annually to the first-year minority women at PCOM. Around 1987, Dean Joseph A. Dieterle created a task force on scholarships for minority students, which began raising funds for the four-year scholarship in 1989. Please share any thoughts or ideas you might have regarding PCOM's efforts to provide minority scholarships.

OB: At the present time there are not a lot of minority D.O.s out there contributing to that program. The fact of the matter is -- the sad fact of the matter is -- there are not a lot of minority D.O.s who pay a good deal of attention to what's going on at this institution. There are only a few who actively support it, who ever come to any of the meetings or any of the functions. And you know who they're going to be, because it's the same ones all the time -- at the meetings, at the functions -- and it's the same ones who give the money. And unfortunately, that's unfortunate. Because while there are not a lot of D.O.s, they are out there. Not all of them

have unpleasant memories of the school. Some of them enjoyed their four years here, and would certainly be willing to support it more. I think it's a matter of trying to maintain contact and stay on them to get them to contribute. Like I said, there are not a lot left in Philadelphia. They've gone other places. I mean, they're all over the country. But of the ones that are in Philadelphia, you can probably count. Let's see. I can probably just about count them on one hand -- the ones that support what PCOM does.

CBP: How do we get more outreach to those?

OB: Well, we tried mailings. We tried personal phone calls. It doesn't seem to work. I really, at this point, don't know what would get them to loosen up on their purse strings a little bit. They certainly can afford it -- a lot of them. They just don't seem to be interested. I personally talked to a few of them. I said, "Why don't you participate more in the school and in the scholarship fund." They said, "Oh, yeah. I think I should do that," or something like that. But then when you look at the giving --

the book they put out on who gave what -- same people every year. I guess it's like that with a lot of things. But it shows up more with the minorities because there are fewer of them. And overall, in the total number of graduates from PCOM, I'm sure the number who actually support the school is not that large. And so the total number of minority graduates -- the total number who support it -- are not that large, either, but they're just more visible.

CBP: What trends do you foresee in the minority presence at PCOM and in the osteopathic profession, in general?

OB: It's increasing, and the retention is increasing. We're not losing and dropping out at the rate we had at one time. And the actual numbers that are graduating is certainly greater. The number that support the school remains to be seen. We haven't had large numbers of graduates out there long enough to see how many are actually going to support the school. I think most of them are having a very positive experience going through, and therefore, I

would expect to see more support coming.

CBP: In your opinion, are the trends in the health care profession for African-Americans and other minorities any different in allopathic institutions?

OB: I would say probably not. It's probably pretty much the same. I think allopathic institutions have always had more. I think the financial pathways in allopathic institutions are easier to access. Which, in a sense, if you're financially secure, it's one less worry you have going from medical schools. So, in that sense, it's easier. There are more minority allopathic physicians out there that provide places for these students to rotate, although I've had some come through our institution. But I would say the fact that there are more of them, and that the financial pathways are easier to access for them is probably the biggest difference.

CBP: I want to shift gears and talk about health care centers. In July of 1975, PCOM opened the Chestnut Street Medical Center at 104 South 20th Street to provide general medical services to those who lived and worked in Center City. What happened to this

facility.

OB: The Chestnut Street Medical Center at 61st Street?

CBP: No. There was one at 104 South 20th Street. The corner of 20th and Chestnut.

OB: 20th and Chestnut?

CBP: It opened in July of 1975.

OB: It must have opened and closed mighty fast.

CBP: [laughs]

OB: July of 1975?

CBP: Yes.

OB: I remember hearing about 20th and Chestnut. I did my rotation in 1976 to 1977 -- my clinic rotation. I heard of 20th and Chestnut, but there were very, very few students rotating through there. I mean, they never had more than four or five students at any one time. I understand there were some problems with the rotation. The clinic closed pretty soon after it opened, but I don't know anyone that really had an experience there.

CBP: Who served as Medical Director of PCOM's North Philadelphia Health Care Center from the time it moved from 20th Street to Cambria i the winter of

1975-1976?

OB: Steve Fedec.

CBP: Was he the Director up until the point when you were appointed Director?

OB: No, he was the Director up until George Vermeire came, and George Vermeire and Fedec were Co-Directors. And then, after that, they left and went to the West Philly site.

CBP: When did George Vermeire join Steve Fedec?

OB: That's a good question. It must have been in the 1980s. I'm not sure exactly when in the 1980s, but I would suspect somewhere around 1982. Somewhere around there, I guess it was.

CBP: Both Drs. Fedec and Vermeire were there until you took over as Director?

OB: No, they were there until Gail Shirley took over as Director. Gail Shirley was there for about five years, I think.

CBP: So that would have been from about 1982 or 1983?

OB: Let's see. I came in 1988. Gail Shirley was there from about 1983 or 1984 until about 1988, I guess. Somewhere around there.

CBP: And then you came in?

OB: Right.

CBP: What had been your professional experience between the time you finished your internship in 1979 and assumed the leadership of Cambria Street in 1988?

OB: There was a National Health Service Corps obligation of four years, and I had planned to do a residency, either in family practice or in ENT, and this center was available, which was like four blocks from where I grew up. It was the National Health Service Corps payback site. So I said, "Maybe I better take this now." So I did. It was then a little church that had been converted to a medical center. I assumed that site in 1979, and fulfilled the payback obligation between 1979 and 1984, and then they asked me to stay on as a paid individual, running the center. So I did that in 1984-1985, and then in 1985, the National Health Service Corps merged that site with another site that they had at 2501 Lehigh, and I became Medical Director of both of those sites, and we opened up two additional sites, as a matter of fact. On Diamond Street and 32nd Street.

We had four sites all together that I was running, in addition to a senior citizens daycare. It was called The Spa -- a special program for the aged that we ran, as well. I ran that from 1984 until 1988, I guess. Somewhere around there. Or maybe 1985 to 1988. At which time Dr. Veit asked me if I would assume the operation of the Cambria Center. So I considered that. You know, the teaching possibilities, and so forth. I assumed the Cambria Center in January of 1988.

CBP: That first position you had, which you said was your payback to the Health Corps -- were you paid while you were working those four years?

OB: Oh, sure. You were paid a salary, and then as long as you stayed there a year, for every year you had paid for you, that was considered your payback.

CBP: So then they paid for your full education?

OB: Right.

CBP: Your full PCOM education?

OB: That's correct.

CBP: Who is your typical patient at the Cambria Street Health Care Center?

OB: Now?

CBP: Yes.

OB: A typical patient is probably about a fifty-two-year-old female with hypertension and at least one additional disease, be it diabetes or congestive heart failure or arthritis. But most of our patients are not treated for a single problem. We have everything from newborns -- I think our oldest patient is about a hundred. We had one that was a hundred-and-two that just died, but our oldest is now about a hundred. But we have everything there. But if I had to take the typical patient, it would be a fifty-two-year-old black female with hypertension and at least one other problem.

CBP: How many patients do you see a day at the clinic?

OB: Between sixty and eighty.

CBP: Is that consistent, or do you see that growing?

OB: That's been remarkably consistent.

CBP: Are you trying to reach out more, to see that growing?

OB: Oh, yes. We're going to be growing a lot more because of the HMOs -- every day we get more and

more HMO patients signing up, so that number is probably going to -- especially when we move into the new building, it will increase.

CBP: When will you be moving into a new building?

OB: May of this year.

CBP: Where will that be?

OB: It's about a little less than a block away, on Cambria Street, between 21st and 22nd.

CBP: How many people staff the clinic?

OB: At the present time we have one receptionist, we have three medical assistant, and we have one office manager, two full-time attending physicians, one part-time attending physician. And, of course, we have students and residents.

CBP: How many students and residents do you have rotating through at a given time?

OB: A different resident on each day, so that's five. And at any given time, we'll have ten to twelve students.

CBP: In one day?

OB: Yes. They're there for two months. But it's ten to twelve. Sometimes for two months we'll have twelve;

sometimes we'll have ten.

CBP: Could you please describe the day-to-day operation of the Cambria Street Health Care Center?

OB: Yes. We usually get started about eight. The first patient is usually back in the room by eight-thirty. The patients come into the waiting room there, greeted by the receptionist, who signs them up. One day will be an appointment-only day. The next day will be a walk-in day. The next day will be an appointment-only, and the next day will be a walk-in day. So if it's an appointment-only day, they'll be seen according to their appointments. With ten students working and residents working, we can take back as many as twelve people at one time, which is different than the average doctor's office, where if there's one doctor, you take back one patient at a time. But we can call back twelve at a time. So it moves a little faster in that respect, and we can probably see a little more. The students see the patient and gets the chief complaint and decide what tests they want to do or what follow-up they want to do or review past laboratory procedures or results

with the patient, then they come back to the attending and discuss it with the attending, and then the attending physician sees a patient along with the student, and whatever needs to be done -- prescriptions written or tests ordered or so forth, is done.

CBP: So then, is the student always going to be the first level of screening that your patients get?

OB: Yes. The student is always the first encounter.

CBP: So that's really the same way that the 48th Street Clinic was operating all those years.

OB: Yes. Exactly.

[end of side one]

CBP: Please describe the extracurricular programs and activities you have pursued in the North Philadelphia community.

OB: We have a lot of programs that we run. We run a regular health screening program, operating out of churches and Rite Aid pharmacies. We do blood pressure screenings and give out literature

regarding blood pressure, cholesterol control. We also do health fairs -- about three a year. The biggest one being the 22nd Street Businessmen's Association Health Fair, in which again, we have booths set-up and pass out information and do blood pressure screenings. We have a program that we've developed over the years with the Philadelphia school district. It was originally a puppet show that we took out because a lot of the kids that came in were scared of any instrument the doctor used was going to hurt them, and we thought that if we could familiarize them with these instruments -- exactly what went on in a doctor's exam -- they'd be a little bit more comfortable. So we targeted from preschool to second grade and we had a puppet show that we took out with instruments and so forth, and we'd demonstrate the instruments for the children and how they worked, and we developed a coloring book that went along with this program that introduced all these instruments to the kids, and we began to get a lot of requests for this program, but it meant that I had to pull half my class out of the

office and go out myself when we did it, and just by chance, Assistant to the Dean, Jim Borlock was in Harrisburg having dinner, and he met the Assistant Director of the Muppet Show, and he was telling him about this. The fellow's name was Ed Pepperman. He said, "This sounds like something that I would like to get involved with." So he came down to Philadelphia to see what we were doing ,and suggested that we make this in the form of a video that we could take around. We asked him what it would cost to do something like this. It was somewhat prohibitive. But we were able to get a General Practice Initiative -- actually a piece of a General Practice Initiative grant -- and able to use that to actually do this program. He had a puppeteer. We actually had enough money to make a couple puppets, but the puppeteer felt very strongly about the project and made eight for us. We had two original songs written, we had a screen writer.

CBP: Were these Muppet puppets?

OB: Yes. We had a screen writer, we had a stage built. It was a very professional production. They hired

actresses and a little actress and her drama coach, and shot this thing right here at PCOM, over twenty-four hours in one weekend. By now, I guess, it's been seen by well over six thousand kids in the Philadelphia school district. It's been in Florida, it's been in Jersey. I sent one up to New Mexico. They were interested in it there. It was featured on the Vision's T.V. show on Channel 6. It's gotten a lot of exposure. Now we actually have the students take the program out. They take it out to hospitals, they take it out to elementary schools, pretty much the same way we used to do it. They show the video and we have an addition now. We have a coloring book featured a Dr. Bear who was examining a patient, explaining things. We actually have Dr. Bear now, in a big bear suit, exactly like the bear. And at the end of the presentation he brings in the coloring books for the kids. So it's been requested by a lot of elementary schools, and every spring we start taking it back out again on the road. So that's one of the things we do. We get involved with the politicians in the area. Some

of the State Senators. I know they request certain things. One of the State Senators told us that she knew that we got a lot of pencils and pens and books and things that were given to us by drug salesmen, and that she knew a lot of kids went back to the elementary school in that area and didn't have anything like that. No pencils, no books. They started off really bad. So we solicited the drug companies to provide those things, and they provided tons of that stuff. They actually gave money into everything, and we were able to -- through the State Senator -- identify students who didn't have those things through their counselors, and were able to provide quite a few students with pencils, pens, books and things like that. So we meet with the community groups and we find out what the needs are from their perspective and we try to do what we can to fulfill those needs.

CBP: In 1988, PCOM opened a health care center in the Germantown YMCA on Green Street, for which you also served as Director. Please comment upon the history of this facility.

OB: That was a very unique facility. It was opened in a small little house that was the first original all electric home in the United States. In the 1930s it was on display as the all electric home of the future. It stayed there and became a beauty parlor, and eventually we acquired it and converted it into a small medical center. It was a very nice medical center. It had a very homey atmosphere to it. It only had two examining rooms that were functioning. But we had a very good patient group there. We had teachers and everyone for patients. It was a pretty nice patient population we had there. I think it lasted about two or three years. They decided that for a lot of reasons they were going to close it. Some of them were political, some of them -- they felt that the numbers weren't adequate, although for the size of the facility, the numbers were about probably the best that you could get, and for a facility such as that to have such a low cost -- a low operating cost -- because the overhead was practically nil. I think it was probably one of the best bargains PCOM ever had. But they had talked it

over and decided to close it. So after about three years or four years, they did close that facility.

CBP: Where on Green Street was that?

OB: 5700 Green Street, right near Green and Cheltenham Avenue.

CBP: In 1993, PCOM appointed you Director of its six health care centers -- I am trying to figure out which six they were. Cambria Street.

OB: Right.

CBP: Chestnut Street?

OB: 61st and Chestnut, Cambria, Roxborough, Lancaster.

CBP: Laporte?

OB: Yes.

CBP: What was the sixth?

OB: Did we say Cambria?

CBP: Yes.

OB: Then there were five.

CBP: There were only five?

OB: Right. There were some in the works at that time, but they never came to fruition.

CBP: What additional responsibilities has this position entailed for you?

OB: That particular position was at one time held by the Dean Kenneth Veit, and when he became Dean, I took that position over. It was my intention to have the health care centers operate in a more responsible mode to the communities in which they were in, and thereby increase the patient load by those activities. And also to generally increase the overall services that were offered in those centers. During that time, the actual number of people who were associated with the health care centers reached an all-time high. There were over thirty people or more at that time, and we actually held our meetings in Dr. Finkelstein's conference room. I think it was a very good feeling everybody had about the health care centers and where they were heading at that time. The incentive plan that we worked out at that time was the highest incentive plan ever given to physicians in the history of PCOM, which also did a lot for the morale of the physicians. PCOM decided that they were going to make some changes, I guess. That was right around the time the hospitals were sold, and health care centers then became a

bigger focus of what was happening at PCOM, and they decided they were going to have outside administrators running these things. So they began to hire a series of outside administrators to operate the health care centers, which basically was disastrous. It never really worked, and it ended up with an awful lot of money being wasted and lost. So that was basically what happened during that particular time. They are now under the College with the Director of the Department of Family Medicine as Director of the Health Care Centers.

CBP: So when did that responsibility shift from you to the Family Medicine Department?

OB: Right after the hospitals were sold. Well, no. They started bringing in the outside administrators when the hospital was sold.

CBP: So 1993?

OB: Yes. And then after the hospitals were sold, and after the last of the outside administrators left, they put it under the Family Medicine Department, with the Director of the Family Medicine Department as Director of the Health Care Centers.

CBP: I'm confused about Chestnut Street still, because PCOM opened a new Health Care Center at 61st and Chestnut Street in 1991.

OB: Right.

CBP: Then that was one of the ones?

OB: Exactly.

CBP: Then talking about 61st and Chestnut Street, how successful has this clinic been since 1991?

OB: 61st and Chestnut is sort of a different type of situation. It's really two practices. Dr. Jerry Sulman is there, and he has his practice, which is very heavy in osteopathic manipulation, and old-fashioned type of family medicine. And then you have Dr. Marta Motel, who has a very traditional family practice there. It's sort of like the twain will never meet. They're really two different practices. She doesn't see his patients, and he basically doesn't really see hers, and they have their own little operations there. Each has their own side of the building. But the practice -- overall, financially -- does well. It's pretty much a self-sustaining practice.

CBP: That was the second new health care facility in West Philadelphia.

OB: Yes.

CBP: In 1986, PCOM had opened a new facility at 4148 Lancaster Avenue, reestablishing a clinic in West Philadelphia since the 48th Street Clinic closed in 1983.

OB: Right.

CBP: Do you think that this West Philadelphia clinic -- meaning 4148 Lancaster -- has recaptured the same patient community that went to the booths at 48th Street for all those years?

OB: No, it never did. It had established its own patient community. What it did was it had received a tremendous amount of patients that were under early forms of HMOs. They got like three thousand patients at one shot, which certainly did a lot to build up their numbers. So they established their own patient following, and then Steve Fedec had a lot of patients that were following him, and George had some patients that were following him. So they built up their own patient following, and

established their own patient following. The problem with that site is that they haven't had consistent physicians there. Since Steve left, then shortly after George left, and then they've had a series of physicians in and out of there, and they've lost actually a lot of there patient population because there really hasn't been a physician there long enough for anyone to really relate to.

CBP: What happened to the 48th Street patient community?

OB: That sort of dissipated. The University of Pennsylvania probably sucked up a lot for various clinics. The other doctors in West Philly probably have some of them. Some of them actually came up here to City Line Avenue -- were seen up here at City Line Avenue -- and are still seen here at City Line Avenue. So I would say that maybe a third of them came to City Line Avenue, a third of them were taken by other doctors, and some of them went to the 48th Street site, and some of them just disappeared.

CBP: Prior to the sale of the City Avenue Hospital in 1993, to what extent was the Cambria Street Clinic

feeding patients to the Hospital?

OB: Oh, quite a bit. It sent a tremendous number of patients to the Hospital. General medicine admissions and surgical admissions. As a matter of fact, almost all the patients from Cambria came here. The only ones that didn't a lot of times were the OBs. They were sent here, but a lot of them ended up at Temple and local neighborhood hospitals when it was time for them to have their deliveries. But everything else came here.

CBP: Where are referrals being sent since PCOM divested itself of the Hospital?

OB: They're still being sent primarily to City Line Avenue because a lot of the specialists that we traditionally use are on staff here. So a lot of them still do come here. But they go other places, too. Some of the neighborhood hospitals -- some of the patients have requested to go to.

CBP: Regarding PCOM's urban clinics currently in operation -- Cambria Street, 6100 Chestnut Street, Lancaster Avenue and Roxborough -- please provide some perspective on their activity. For example,

the number of patients and staff, particular services or programs offered in certain locations.

OB: The programs are pretty much the same with a slight variance from place to place. Cambria offers general family medicine, podiatry, dermatology, nephrology, rheumatology. At Lancaster they have OB/GYN. I think they do have dermatology there, as well. They have nephrology there. At 61st Street, I don't think at the present time they have any specialty services coming out there. They did have OB coming out, but I don't think they have any specialty services there now. Roxborough has dermatology and OB coming out there now.

CBP: How about the size of the clinics, if you were to rank them size-wise -- the volume that they're handling.

OB: Cambria presently has probably the largest volume, followed by West Philly, which traditionally had the largest volume.

CBP: Which West Philly -- Chestnut or Lancaster?

OB: Lancaster. Next would probably be sort of a toss-up between Roxborough, 61st and Chestnut.

CBP: Are there any plans for the future of these clinics, either plans to shut them down, or to merge the practices to create new clinics?

OB: Actually, no. Cambria is moving into a new site very shortly. Lancaster is scheduled to eventually have a new site.

CBP: Within the same neighborhood?

OB: Yes. Roxborough has undergone a lot of renovations to the physical plant. Whether or not its location is going to stay where it is or not is constantly being questioned. The rent is pretty high there, compared to the volume of patients being seen, and it's possible that it might do better at another site. 61st Street is doing okay.

CBP: Any plans to open up new centers?

OB: There were at one time. The plan was to open up quite a few new centers. That was one mode of thinking, that if we had a tremendous number of centers with lots of doctors under contract, that we would have a very good negotiating stand with the HMOs. That thinking has changed, and now we're just concentrating on maintaining the teaching sites that

we have.

CBP: Has there ever been a thought to open up in South Philadelphia? You don't seem to have tapped into that community.

OB: No, never. South Philadelphia is a very funny community. South Philadelphia doctors traditionally have their own patient populations. I know when I was at Met Central, they spent a tremendous amount of money and time trying to attract patients from South Philly. South Philadelphia patients don't like to leave South Philadelphia. They want to go to South Philadelphia hospitals, they want to see their traditional doctors that they've seen for years in South Philadelphia, and there are a lot of South Philadelphia D.O.s already who are doing very well and would not welcome us competing with them in South Philly.

CBP: That's interesting. Do you have any idea why the character of that part of the city is different?

OB: No. It's just traditionally that they've had hospitals. St. Agnes and the hospitals that they've had there, and there are a lot of D.O.s in South

Philly. And again, they've had big practices there for years and years and years, and we just never decided to compete in that area.

CBP: What do you consider to be your most significant accomplishment at the Medical Center at Cambria?

OB: Well, again, the fact that we've been able to constantly keep the patient population we have and increase the patient population we have. That there's been very, very little turnover -- hardly any turnover -- in our staff. and that most of the patients who come through there are very satisfied with their experience. The students who come through there are very satisfied with their experience.

CBP: In your opinion what has been PCOM's most significant contribution to the profession?

OB: I think PCOM again -- it's health care centers are certainly a unique contribution. They were there before anybody else was. Nobody had health care centers out there. Well, PCOM had health care centers out there in the 1930s, in the 1940s, in the 1950s and in the 1960s. No one else had them. We

were the first. PCOM was the first to actually bring specialists into health care centers so that patients didn't have to wait for a long time to see a specialist. PCOM was the first to actually bring them right in. PCOM was the first to bring social workers into health care centers to deal with problems. So they had a lot of firsts that they did, and I think that their overall effect on the community has been a very, very positive one. I think the establishment of those health care centers is a very unique thing. It's something that M.D. medical students didn't have when they were rotating through. I think it really spoke well for PCOM.

CBP: What do you see as the primary challenges and goals for PCOM to meet as it approaches its centennial and the 21st century?

OB: I think it's got to maintain its sense of primary care and its sense of concern for quality and education. It's often been said that buildings don't educate; people do. It's got to pay attention to its staff and its staffing, and maintain a high level of staffing as it can in the first two years,

and in the third and fourth years, to give the students the education that they're paying their money for. They have to take a look at curriculum innovations and see which ones work and which ones won't work in this place, and try new curricular renovations. Try new staffing patterns. Try to recruit top level staff to teach the students. If they have to bring in some M.D. staff, that wouldn't be so bad, if you had to bring in some really top level people, to try and encourage some research to be done here, on campus, and whatever needs to be done to get that done. But most of all, to review the education. It's nice to have nice new buildings and so forth, but to totally review the educational program and make sure it has the same quality that the physical plant is going to have.

CBP: Just one point I want to get back to. You mentioned that PCOM was the first to bring social workers --

OB: Social workers into health care centers. Right.

CBP: I am aware that the University of Pennsylvania had brought in social workers in the 1910s into their out-patient --

OB: In the 1910s?

CBP: Yes.

OB: Oh, I wasn't aware of that. I couldn't find any information on that.

CBP: I think it was actually 1907 that the Social Service Department started to work with patients in helping them to fill out forms, follow-up afterwards, to help expedite the whole visit, and the follow-up after they were treated.

OB: I couldn't find any information on that.

CBP: I wanted to know if we're talking about the same type of care. I don't want to take credit away from PCOM, but I also don't want to falsely attribute them with that.

OB: Right. I'd have to see some documentation on that. I know the earliest documentation I could find was that PCOM had it back in its earliest days, when they first had the clinics in the basement of the early hospitals. They had it then, which would put them having it in the 1920s. So if they had it in the 1910s, then they are, in fact, earlier than us. I was not aware of that. I never found any

documentation on that, nor that they even had out-patient clinics in the community.

CBP: They were in the hospital.

OB: No, no, no. I'm talking about the community.

CBP: They were out-patient clinics that were actually located in the hospital that was run as a clinic. It had social workers in the clinic. PCOM might have been the first one that were not on site.

OB: Right. Exactly.

CBP: But as far as introducing the role of a social worker into an out-patient care facility, PCOM might not have been the first.

OB: They might not have. We could probably trace ours back into the 1920s. If they can go earlier, than they are ahead of us. Yes.

CBP: Is there anything else you would like to add to this interview?

OB: No, that's about it.

CBP: Thank you very much. It's a pleasure having you.

OB: Thanks.

End of Interview

Index

allopathic	
institutions, osteopaths visiting	19, 20
Alumni	
minority	35
Athletics	20
booth doctors	9
Bullock, Oliver C.	
qualifications	2, 17, 19, 41, 52
Cathie, Angus	4
Children's Television Workshop	3
Christy, Meta	27
Cippola, Vincent T.	4
Covington, John	2, 29
Cressman, Edwin	5
curriculum	5, 64
Dash, Hugh	27
faculty/student relationships	26
Fedec, Steve	16, 39, 40
Fox, Carol	2
fraternities	21
Hospitals and Clinics	13, 58
48th and Spruce	14
4th and Spruce	5
61st and Chestnut	55, 59
booth doctors	9
Cambria Street	12, 13, 15, 42, 57, 59, 60, 62
Chestnut Street Medical Center	38, 59
City Avenue	6, 57
Germantown YMCA	50
Greenwood Medical Center	16
Lancaster Avenue	56, 59, 60
LaPorte	12, 24
Metropolitan Central	18
Parkview	19
programs	46
Roxborough-Manayunk	12, 59
rural rotation	14
South Philadelphia	61
Women's Homeopathic	13

Interns	7
Kniazer, Samuel or Morris	1
Masterson, Eleanor	11
Mochan, Gene	5
Motel, Marta	55
National Health Service Corps	41
on-call schedule	8
patients	57
puppet show	47
residents	7
Scholarship, Dr. Ethel D. Allen Memorial	34, 35
scholarships, minority	34
Shirley, Gail	40
social workers	63, 64
Student Life	20, 23
athletics	20
housing	22
students	
minority	2, 27
Sulman, Jerry	55
training, clinical	9
Veit, Kenneth	16
Vermeire, George	40
William Penn Foundation	34