DEPARTMENT of BEHAVIORAL SCIENCE - JANICE A. EGELAND, Ph.D.

LANG: Today is September 1, 2010, and my guest is Dr. Janice Egeland, founding faculty member in the Department of Behavioral Science. For the record, I want to emphasize that you should feel free to make any comments that you wish. Our discussion will be known only to you, me, and the typist until the transcribed copy is approved and released by you in whole or in part.

So, maybe we can start with your childhood so we can learn who you are.

EGELAND: Yes, thank you. This is wonderful. I am so glad that you are doing this with the first faculty. My early childhood was during the Depression when lots of families struggled and were out of work. My father was a teller in a small bank that managed to keep doors open but paid next to nothing. We ended up moving from a town into the country where the land could support a garden, hunting and fishing. I grew up socially isolated without neighborhood children and happily immersed myself in nature. My parents held strong values towards higher education for their daughters.

LANG: Tell me more about your parents.

EGELAND: My father, Peter Martin Egeland, and my mother Nina Little Egeland, and my older sister, Nina Jr. comprised the family. We lived in a wooded country setting where you used your imagination and related to the natural world. During grade school, my father, at age 9, suddenly had responsibility for his siblings when his Norwegian father died of tuberculosis. This had been preceded by the death of his only sister, age 11. My father had scars in his lungs indicating his exposure to TB. These events greatly influenced me as a child. I knew the story of tuberculosis and the high death rate. Grandfather Egeland had dreams that his eldest son, my dad, might become a doctor. Something stirred in me. There was no science taught in grade school but the idea evolved over time. I was in the 3rd grade, age 8, when I read the 1926 classic book, Microbe Hunters, by Paul de Kruif. There is an entry in my diary of my hopes to become a microbiologist and help sick people by some medical discovery.

During grade school, the family doctor gave me his medical school microscope to explore the tiny world about me in the woods and lake. I dissected dead animals and drew and described fresh water organisms, some of which I learned in college did not yet exist in text books. When my mother wasn’t watching, my dad would help me to sacrifice a frog at the tailpipe of the old Ford so I could dissect it and look for liver flukes and all sorts of things. I was well on my way to wanting to study biology. My favorite course in high school was biology with a Mr. Jablonsky, who affirmed my interests. Mr. Jablonsky was the kind of teacher whose wealth of knowledge and enthusiasm for his subject was contagious.

LANG: You mentioned your Norwegian background. What generation came over from Norway and where did they (and the rest of the family) come from ?

EGELAND: My grandfather Egeland came from a small island village off the southeastern coast of Norway. He had studied astronomy at the University of Oslo for two years. This earned him the title of navigator on a ship that crossed between Oslo and New York at the turn of the century. In New York City, he met and married a German lady (maiden name Schott) from the Hamburg region. They moved to Fair Haven, New Jersey, not far from Sandy Hook. My mother’s side of the family came from England and Scotland, and lived in New Jersey for three generations prior to arrival of the immigrant Egeland family. Mother’s grandmother was a “Parker” with relatives serving in prominent positions during the 1700’s, including one early state governor.

Topic: Education: My parents had encouraged me to get good grades so I could win a scholarship. At graduation from Red Bank High School, I was valedictorian and received the Bausch and Lomb Honorary Science Award and a Whitfield Scholarship, as well as being offered a scholarship to all three of my college choices: Rochester, Duke and Penn. The University of Pennsylvania won out because they offered “microbiology” as an undergraduate major and Philadelphia was closer to home. I was an honor’s major in microbiology with biochemistry as my minor. Like my high school biology teacher, there were amazing professors available to undergraduates, not just reserved for graduate students. Prominent among them was the amazing Loren Eisley, an anthropologist, The Immense Journey, who would walk into the classroom, maybe just dangling a rope or using some object to launch a discussion on evolution or astronomy, or recite one of his poems. There was E. Digby Baltzell, sociologist, author of Philadelphia Gentlemen; and A. Irving Hallowell in medical anthropology, Culture and Experience, whose work over decades with the Ojibwa Indians laid the foundation for my desire to be a participant observer among the Old Order Amish. Lewis V. Heilbrunn, zoologist, The Dynamics of Living Protoplasm, entrusted me with a job in his laboratory and taught me the exacting discipline of the scientific process. (Although my Saturday job at his lab prevented me from going to a football game, I could hear the roar from the stadium when Penn made a touchdown.) These educators were inspirational and wonderful mentors, enthusiastic about their subjects. It is that love of learning that can be more important than total mastery of a topic. When I first met Dr. Harrell, he reminded me of my inspiring professors at Penn and earned my immediate respect. He spoke passionately about his philosophy for medical education.

Topic - College: Being able to attend the University of Pennsylvania was a dream. When I arrived, I had never been away from home and had to learn how to cross city streets. I held the part-time lab job for needed income, was on the archery team, and was class treasurer and an active member of the Christian Association (CA). The CA sponsored a summer camp program at Green Lane, Pennsylvania, for under-privileged and even delinquent girls from the Philly area. “Counselor” was not a paying job and I needed a salary. Dr. Althea Hottel, the Dean of Women, had been a Green Lane counselor and Head Counselor during her student years at Penn. She felt that experience would prove valuable for me and arranged for some campus expenses to be covered to make it possible. I served every year and twice was Head Counselor. This is when I realized the significance of direct contact with the health problems of people. Working with those needy children made me question: “Do you really want to spend your life in a laboratory, peering into a microscope?”

At Penn, there were unexpected “outstanding student” awards along with election to Phi Beta Kappa as a junior and received the sociology award as a senior (with a grant toward a master’s degree). I decided to merge my interests and study the social and economic distribution of tuberculosis, and related death rates in the city. At the turn of the century, tuberculous was the disease (“plague”) that was the focus of the beginnings of a “public health movement” in this country. My focus would be the advent of this effort in Philadelphia. While earning my masters, I had a job teaching undergraduates, including nursing students, as Professor Baltzell’s assistant. Also, I served as a “house mother” rotating among the Penn sororities as assigned by the Dean of Women’s office, when a housemother vacationed. I suspect my work ethic and conservative standards qualified me to be a role model for girls so close to my age. I was influenced by staff in the Dean of Women office and thought further of an academic career. Thereafter, I did my master’s degree research on tuberculosis knowing that this micro-organism would not be the focus of my future.

LANG: Did you ever talk to Dr. Harrell about your interest in tuberculosis? You know, his mother probably died of that.

EGELAND: No, I did not, but since you mention Dr. Harrell, I want to note that what impressed me was his philosophy for medical education and his accomplishments as the founding dean for medical schools at Gainesville and Winston Salem. He had redefined medical education. I knew something of the medical school programs at Penn, Yale and Hopkins. It was this man’s vision for a different medical curriculum. The degree to which I felt he was successful in that realm overrides any criticism I heard later regarding his financial management skills. You cannot be and do all things.

LANG: And Yale was next for your education?

EGELAND: Yes. Next, I took a national exam, competing with others elsewhere, for the opportunity and support to study and become qualified in a new discipline at Yale - - called “medical behavioral science” (later it became a “discipline” at Hershey Medical.). An applicant had to have earned a degree in both a biological and social science. Four of us won these special Commonwealth Fund Fellowships for two years at Yale. I moved to New Haven and completed the course work in one and a half years. I had good courses in the Yale Medical School, especially epidemiology and health survey methodology. Otherwise, the graduate school experience on campus was disappointing. My haste to leave campus related to several factors. One was the discriminatory attitude of male professors who did not like or relate to a female in this program. They did not even invite me to any student/faculty social gatherings. It was very hurtful to be so isolated. This was especially noticeable because at Penn there was a great sense of “academic community” across all ranks, racial and gender lines. Another surprising revelation was that we (the guys and I) could earn our Ph.D. if we gathered and analyzed data for a chapter in the next book on “mental illness and social class” – by several faculty. It could have meant a fast track to graduation. I did not want to participate in a social etiology that lacked concern or interest in the biological basis or role of heredity. This was the sad state of American psychiatry in the 1950’s. I wanted freedom to define and design my own research, specifically about different treatment options.

LANG: You were not going to give up!

EGELAND: No. But I felt inadequate and at times began to lack confidence that I was worthy of a Yale doctorate. As the second year started the class grew to nine, eight guys and one gal. I found the course work harder than at Penn and it expanded my horizons. I studied tirelessly in the library; the classrooms for lectures had no rest rooms for women. There were no dormitories for women (no undergraduate girls at that time). I rented a room in a private boarding house occupied by men only. The location was north of main campus a block away from the new Yale ice rink (architect Eero Saarinen). I often took a short cut home through the historic Grove’s Street cemetery. The cemetery was a quiet place to sit and study - - peaceful compared to activities at the boarding house. My Irish landlady cared for the Yale Bulldog and that was as close as I ever got to a football game at Yale.

When my orals were complete, I was “shocked” to learn I was the only one of the nine to earn honors. My doctorate research resulted in two volumes on health beliefs and behaviors of Old Order Amish in Pennsylvania. Once I completed the research, my faculty advisor asked if his “Godmother could read it” (my dissertation) and I agreed and never asked who or why. His Godmother happened to be Margaret Mead! She praised my thesis as a top rate ethnographic manuscript and recommended it be published. (Instead, I put it on restricted reading at Yale because of confidentiality and protection of Amish informants.) My faculty advisor had submitted it to the Yale committee that evaluates and awards the best dissertation for the year. He was dismayed that mine could not be nominated because only males qualified for that honor. I knew that gender discrimination would be a constant factor in academic life.

LANG: And tell more about that research.

EGELAND: The question was: “Why does a family or patient seek and/or accept one type of treatment or health practice over another, especially in a given cultural setting?” Is it determined by beliefs? Is it according to age (young versus old), or gender, or values (liberal versus conservative) or some other determining factor? I used typical public health survey methods and interviewed a random sample of families in Amish church districts. None of the hypotheses reached statistical significance. The thing that made the difference in choice of treatment related to family traditions. Within a given family, it could be a mixture, perhaps “orthodox” in belief and treatment for one condition and another time guided by primitive and/or folk beliefs and practices. “This is how we do it and it works!”

LANG: That would have been my guess.

EGELAND: Well, you were ahead of me, Max! This was an important issue for the World Health Organization and other health providers. Too often third world efforts were based on western education (e.g. germ theory), assuming that teaching how to boil water should be understood by our standards. I again compliment the good courses in methodology and in public health at Yale taught by Dr. Hiscock, an epidemiologist. His case studies made me think less about a microscope and more about how we assess medical needs among people and design and deliver improved health measures.

LANG: Well, now, what led you to Hopkins then?

EGELAND: I was doing my several years of field work among the Amish and earning a salary teaching at Franklin and Marshall (filling in while the Chairman of Anthropology was on sabbatical). As I interviewed in different Amish church districts, there were invitations to stay overnight and attend church. Early on, I stayed for a month with a family that had manifested a rare form of dwarfism, called the Ellis-van Creveld syndrome (EvC). They could trace the dwarfism for several generations and reported a number died at birth. They explained special features and “educated” me. Before long I met other families, numbering at least a dozen with living EvC dwarfs, (a few friends to this day). Naturally, I consulted textbooks immediately on my next trip to Yale and searched the index file at the medical school library. Only a single early article was located about this rare form of dwarfism, citing a few cases. My sample was already two or three times greater than what was reported in the medical literature of the world. I wondered if the genetics department at Yale would be interested in a follow-up. The spokesperson made it plain: “You do not know what you are talking about!! You’re seeing typical achondroplastic dwarfs. ” He dismissed EvC and me. It seemed that he considered a female graduate student in behavioral science too uneducated to be correct.

I knew of the prominence of genetics at Hopkins and that the “father of medical genetics” was the famous Dr. Victor A. McKusick. When I called the Moore Clinic, he came to the phone and began to question me carefully about features of EvC (polydactyly, partial harelip, atrial septal defect, and so on). “And you have been right in some of these homes?” Two days later he arrived with staff. I took them to visit three or four families. It was very hot that day and we pulled up under a shade tree. McKusick turned to me and said “Young lady, this is a medical gold mine.” I will never forget that statement.

I was appointed as a “fellow in genetics” and put on the pay roll. I conducted case ascertainment and searched and copied endless death certificates. My major responsibility was to trace EvC back to the original, common pioneer, for both the paternal and maternal lines. As we approached publication, the Hopkins staff had drawn a pedigree and determined that the pioneer who introduced the gene was “Fisher” – which was not surprising since the only published genealogy was a book about the Fisher family. However, several EvC dwarfs in Pennsylvania and Ohio did not meet the requirement of tracing back to Fisher. I had access to Amish written documents, unpublished library records and rare genealogies and was in the process of tracking all Old Order Amish back to some 30 progenitors. I created progenitor charts that were the resource to prove to McKusick that it was a “Koenig” (King) who introduced the condition into this deme. The galley proofs were corrected just before the article appeared in 1964. Our article reported on a total of 31 EvC sibships with 59 dwarfs (18 living). As a graduate student, it was gratifying to be co-author of an article that became a classic in the field and is still required reading at some medical schools. (ASIDE: In 2014, it has come full circle because I am co-author of an article, 50 years later, defining the EvC gene as a protective gene for manic-depressive (bipolar) disorder and is located on chromosome 4 in the sonic hedgehog pathway.)

LANG: Are there any Amish in your ancestors?

EGELAND: Not that I have proven. Perhaps one connection might be through Grandmother Egeland. She was born in Germany close to where early Fisher families resided. Most Amish came from the Canton of Bern, Switzerland, and from numerous Alsatian communities and the Palatinate.

LANG: Now you mentioned where the Amish came from. Is there still a nucleus of those people in those countries?

EGELAND: None that identify themselves as Amish. There are many Mennonites. The Mennonite Church evolved as part of the Anabaptist Movement, prior to the Amish in 1690. The first Amish coming to America often called themselves Amish-Mennonite. Today, we have Old Order (or “house” Amish) who worship within the home, and various liberal “church” Amish who worship in church buildings.

To me, the Old Order Amish population is a natural human laboratory to study all kinds of questions in a closed community that is homogeneous for life style and inheritance. The Amish have not readily opened to research until the 1960’s. You can be “accepted” as a scientist if you invest quality time to explain your work and engage them as your partner in the quest and not simply as a subject for research. This requires time for regular visits and updates on the research progress or findings.

LANG: What led you to Hershey?

EGELAND: I was not recruited. I guess I recruited myself. I was continuing my research among the Amish and the dissertation had been submitted and accepted. I was casting about for a position with a medical school, particularly after training in “medical behavioral science” at Yale. Press releases in the local newspaper had reported on a new medical school. It would not be on main campus in State College but built in Hershey to serve that community and replace the small Hershey hospital. I thought, “This is incredible! A medical school attached to an important academic institution, Penn State, with a perfect geographic location in the center of the state between Pittsburgh (west), the cluster of Philadelphia schools (east), and Hopkins (south) – points of referral and/or rivalry.” I called, in 1966, to inquire if I could have an appointment to speak with Dr. George Harrell, the Dean. The meeting was in the farmhouse on the hill, called Long Lane. We had quite a conversation. The Dean saw my C.V. and recommended that Dr. Evan Pattishall hire me in his Department of Behavioral Science. I was the fourth faculty on site before the year that students arrived. The Dean thought my training in medical behavioral science at Yale fit the program. “Evan is going to need you to teach required courses for first and second year students.”

That same day I met Dr. Pattishall at Long Lane and noticed his office (as the others) was quite small. In lieu of file cabinets, army style cot beds lined the hallway where he was busy sorting piles of materials on the cots. My first Long Lane office must have been a room for house parents because it had wallpaper covered with roses. Max, I recall that your office showed a battleground of army and Indians, with many fallen horses shot full with arrows. . . you being the expert “animal farm” director. Later, you asked me to find a hex sign designed to offer protection for animals. I had one made by the Zook “hex” sign shop in Paradise, PA. It was installed on the big barn with different animals in each quadrant.

LANG: Few of us would have those memories. Talk more about the early days.

EGELAND: Since the Long Lane meeting was a full year prior to the students arriving, my immediate position was varied. There were speaking engagements at local groups (e.g. Lion’s Club, Library Club) often with Dr. Harrell and I together to explain the plans and answer questions of local concern. I had credentials in survey work (Amish and at the State level) even using the National Health survey approach. The Dean related his experience having founded two other medical schools. Now he wanted to address potential areas of conflict between the “town and the gown”. He hoped to assess the feelings of the people, their present medical treatment behaviors, and their expectations. What do they really expect? What do they think they are going to lose if that little hospital is not there anymore? There already were rumors that patients “will be a bunch of guinea pigs” – “the students will need to practice on us.” Dean Harrell asked if I thought I could design the instrument, recruit interviewers and work with the program. I said “yes” to the opportunity. I felt I had some expertise in design and methodology. I could hardly imagine being at a new medical school in this beautiful setting and able to maintain my contacts with the Amish and my family in New Jersey.

Topic: Memories before students: I recall the Dean working on the concept of a classroom where the students could stay in one place while there was rotation of faculty (subjects) laboratory materials and even bringing a patient on a gurney into that room. I will never forget us standing out on the hillside when the construction team blasted holes in the ground for the foundation of the medical school. I attempted to photo the dirt going up in the air. Another memory at Long Lane was the day our “first ever” copy machine was installed. We were like kids in a candy shop (the Dean included) making images of ID’s and hands and rings. It was interesting to plan for the furnishing of the lobby-to-be, voting on fabric and colors for drapes and furniture. I was amazed that the Dean wanted his hands and eyes on everything that was happening. One day the student cubicles arrived. The Dean wanted every student to have privacy – a small study area where they could use their microscope, file papers, store personal items. I sat down at a cubicle and (being left-handed) noticed the desks were functional only for right-handed students. It was cramped and uncomfortable for a “lefty” to take notes. I asked the Dean if any cubicles were on order for left-handers. He said, “Oh, I did not think about that” and ordered some. There was a lot to accomplish before the students arrived.

I felt a particular kinship with the Dean, the doctors in Family Medicine (Leaman and Wiest) and also with Evan Pattishall. With Family Medicine, we worked together to prepare a strategy where each student would be assigned to a local family – and was expected to leave class if a family member came in for an appointment or emergency. They were expected to make family home visits. I helped to develop a “home health calendar” that a patient could use (based on what I learned about people recording daily health observations from my work among the Amish). Dr. Wiest and I visited the old Hershey Hospital to review medical records kept in the basement. We wanted to develop a HMC medical record format that would incorporate that early and valuable, historic health information, sometimes spanning generations for the German, Italian and other families in the area.

LANG: You know, I think one of the problems that we had here at Hershey is that Hershey was always very secretive. You remember Arthur Whiteman?

EGELAND: Oh yes. He is the one I went birding with . . . Mr. Whiteman, his wife, and her mother.

LANG: I said, “All of these rumors that float all over town. Why do you not all just say, ‘This is how it is’?” He said, “Well, we decided many years ago that if we dispel some rumors, they will come up with more, and we will never get anything else done!”

EGELAND: Well, isn’t that interesting!

LANG: And you know the closing of the Hershey Hospital is one of them. Not very many people in this town knew that they had been put on notice that they were losing their accreditation.

EGELAND: There was a lot of hostility, I know. I worked, I think, more closely with Tom and Hiram at first because I had an active role in helping to set things up for the student assignments. I thought the local physicians would have some role with the med center even if they were not appointed in Family and Community Medicine. I could be mistaken. I know some who were bitter.

LANG: All of them in town were actually invited. But Tom Leaman was the only one who accepted. However, there were conditions. They had to spend six months at their own expense at an academic medical center to learn how to teach.

Topic: Students arrive: Entrance through the door at the west wing was a contraption like an Amish water-wheel because the door was attached to a rope that was attached to a cement block swinging back and forth. Those of us who taught the first day wore hard hats because there was no ceiling in the hallway, all the pipes and wires hung loose overhead. When I had checked the lecture room a few days earlier, no desks had arrived and none were expected on time. This caused a small panic. We were able to borrow 40+ desks from a Girl Scout building, the old-fashioned kind with a lid and an arm on the right side, from grammar school decades ago. Some students barely fit. However, the opening lecture quickly got their attention because it was about Huntingdon’s disease and we presented a patient. Patients presented in the classroom was a special feature for the required first year course in Growth and Development. Our goal was to interview a patient (illustrating the medical topic for that lecture) and require that a student be prepared to assist with the interview before the class. Along with assignment to a local family, this put our first year students with patients from day one. It was extra work but very successful.

Topic: Community Health Survey: Finally the day came when the Dean announced funding for the community health survey. I do not recall who wrote the grant. Suddenly, I had a second job along with teaching first and second year required courses, offering electives and mentoring the student research assignments. Dean Harrell had said before the students arrived: “This time around I really want a survey done for the first time to relate to the local people.” Now with funding, someone recommended using psychology students from main campus. The idea was to bring them down to Hershey for a summer program where “Janice can train them about interviewing techniques and they would earn credits and be able to help to conduct this survey.” My response was negative and not just because it was another job for me with no additional salary. I thought this would add to rumors about students “practicing” on local citizens. “How about if I try to recruit local women.” They would be ambassadors of good will and trained to listen to concerns of the respondent prior to asking Health Survey questions. I recruited 12 women, including five nurses, several school teachers on summer vacation, a Red Cross lady, the wife of a successful dentist, ladies who had worked in local banks and (best of all) Catherine Krasovic, the personal nurse of Mr. Hershey during his last illness (when he said: “Take me to my hospital.”). These local women would visit in teams of two, having written ahead to set the appointment. The Derry Township Supervisors helped me draw a random sample of all the houses in Derry Township. When our HMC team arrived at the door, an interviewee welcomed them without hesitation: “They are one of us.”

LANG: Part of the community.

EGELAND: Yes. “They are us and we can tell them what we do not like.” Well, the Dean embraced that idea and authorized me to “recruit those women.” Another positive feature was that I would engage them in being certain the questions were right and complete for the interview guide. And secondly, they would not have previous training like the Penn State psychology students. I would not have to help them “unlearn” what they were already taught. We had wonderful cooperation for interviewing. The program ran from 1967-1974 while I taught full-time. The HMC staff helped to code/analyze the data. I wrote the report and decided we should have a history of the existing health services provided by Mr. Hershey in the factory and at the Hershey Hospital. This was the first chapter of the first of two volumes, paper documents. We printed hundreds of them and distributed them to local people who had requested a copy.

LANG: Is it available? I would like to see a copy.

(The team in alphabetical order: Inez H. Davis; Ruth P. Dugan; Janice R. Engle; Elizabeth D. Fercucci, RN; Irene G. Grooms; Ellen J. Hechman; Ruth S. King, RN; Catherine M. Krasovic, RN; Helen M. Mariano, RN; Pauline I. Rainey; Olga G. Rowe; Marilyn J. Wilson; RN (Wilson was the Health Survey Coordinator)

EGELAND: There is a copy (archives 2015) at the Harrell library and the public library. I finally saw the grant for the Community Health Survey. It called for a part-time, MD director who would be paid more than twice my salary. I began to take stock of my expanding job description: directing the community health survey while teaching two required courses, teaching several elective courses, and writing a protocol to expand my research among the Old Order Amish. I was ready to submit a grant application to study one or more genetic conditions. I went to Dean Prystowsky (successor to Dean Harrell) with that design and showed my pedigrees and my genealogy (first book published at HMC, 1969). The policy of the new dean was that research needed to be restricted to patients in HMC clinics, hospital or in the community. Essentially, I was told not to leave campus.

LANG: Let me ask you this. Do you think Evan Pattishall ever accepted Behavior Science as a basic science department versus clinical?

EGELAND: I think he was conflicted. I think it was his definition of himself and others responding to him about the “concept” of Behavioral Science. I remember educators came from all over the country to Boiling Springs for the conferences arranged by Evan. He was the “father” of behavioral science like McKusick was for medical genetics. At conferences, he was socially engaged, very articulate and motivating. He had a warm personality. However, this new thing had a strange birthing. The fact was that it already existed in medical school courses, a mix of basic science and clinical. It was inherent in the curriculum. There was no single correct way. Some of it was so traditional that it might not have been noticed as such. Perhaps that is when “behavioral science” is most effective, when embedded in the clinical context. We strained slightly to carve out what belonged to the Department of Behavioral Science. Then it reached the point of a debate and I had moved elsewhere.

I am with a Department of Psychiatry and also, earlier, with the Department of Epidemiology, at Miami. Recently, the name was changed and it is called the Department of Psychiatry and Behavioral Sciences. There was quite a discussion about adding the “s” to Science.

LANG: There really is no Behavioral Science anymore. Psychiatry, you know, clinically is no longer on campus and the Humanities would probably not be here if it were not for the Kienles. (The Doctors Kienle Center for Humanistic Medicine).

EGELAND: I was not here to see it firsthand. Folks knew psychiatry was going to be a problem. There was a walk-out of a huge number of senior faculty, nurses, and even staff because of the policy of supporting a sleep clinic and not opening a clinic to serve the public. Dean Harrell would have been sincerely disappointed. The goal of the community health survey was to provide data regarding what people needed and wanted.

LANG: What led up to your leaving the Hershey Medical Center?

EGELAND: There were various factors. As previously, there was discrimination of women. Early on there were rumors that females would not be accepted at Hershey. The Dean spoke up against that barrier. After I was hired in 1966, my chairman constantly introduced me, at lectures, special events or dinners, as “our token female”. That was insulting. Recruitment of women was lean and salaries were not commensurate with those of males. When consideration of tenure arose, I was advised to stay on a research track (no one so far was approved for tenure). Chairmen like Drs. Morgan and Naeye and others strongly endorsed my long working hours, broad teaching record and research contributions. I had full support for tenure. It was a surprise to my chairman, but not to me.

Of course, salaries became an increasing factor and were lower than teaching general courses at a local college. Finally, there was to be an across the board raise of $2,000 for each of us in Behavioral Science. When my paycheck did not reflect it and all others had the raise, I asked my chairman to correct the problem. He said he meant to tell me that a colleague of mine would have left us unless he got a substantial raise. So “my raise” was given to that man, along with his raise. Neither of us had been consulted! The promise was: “Don’t worry; you will receive it back next year.” The next year, the State froze all salaries! A final factor was my work overload (double that of colleagues) for required courses and electives for all four student years, plus mentoring student research, plus directing the Community Heath Survey (1967-1974). I was simply exhausted.

Lastly, it had been an extremely difficult year because my father was hospitalized for six months with a diagnosis of an acute myelogenous leukemia. During that period, he volunteered for experimental treatments. He was only the third person in the United States to receive a transfusion of white cells (the first two rejected the cells and died). Mother and I stayed with him all that night. It was the first successful white cell transfusion and made headlines nationwide. Dad awoke saying besides his daily cereal, he was hungry for eggs for his breakfast. Peter A. Egeland was the last patient we presented (the topic of “terminally ill”) for the Growth and Development Course. He was a skeleton too weak to walk unaided. He wanted to wear his navy suit, not pajamas. (We had to buy one three sizes smaller.) At the auditorium door, he insisted on leaving the wheelchair and walking to a chair on the stage. “What is it like to know you can die any day now?” asked a brave student. Pointing at the ceiling, my father replied: “It is like there is a tightrope overhead and every day I must walk it with my family, the doctors and nurses watching me, and waiting for me to fall . . . and there is no net.” There were not a lot of dry eyes in that auditorium.

That was the last time I presented a patient at Hershey! I did not take a salary and in order to go on a sabbatical with the promise to return. Instead, I took a “leave-of-absence” without pay to recover my health and explore options to advance my academic career. The Department of Psychiatry, University of Miami School of Medicine, Miami, Florida, resolved my search. They more than doubled my salary and encouraged me to seek a grant to continue my genetic research. I was blessed with the freedom to leave the Miami campus as a “scholar-at-large” to develop my program among the Amish. They trusted my goals. I never looked back. At age 80, I still walk at the edge of the next discovery in medicine.

Topic: Story of the blizzard The first year the students were here through the winter, we had a horrible blizzard that shut down the roads and took days to recover. Do you remember it, Max?

LANG: I remember that winter.

EGELAND: It was a horrible blizzard. I had to come across the fields along the woods on the east side. I had the eight o’clock class for Growth and Development. I was pulling a sled behind me and wore my father’s hip boots to wade through the snow. I started out early with my books and clothes in a box on the sled because in those days women did not lecture wearing trousers. As I approached the Medical Center, I saw two people at the front entrance. One man looked like the Dean, his shape, long overcoat and wearing a Fedora hat. The other was a maintenance man. “Can it be that the Dean is shoveling snow?” As I got closer and closer, I knew it was true. “Dean Harrell, why are you here? You should not be shoveling snow!” The storm prevented other maintenance helpers from reaching campus. And he said: “Why are you here?” I explained I had the eight o’clock. It was quarter after seven but I had to change into my skirt to look proper. I figured if I could get to class, so could the four girls (in the first class) who lived in the little white house. The boys were also on campus. The Dean said, “Well, after your class starts, I am going to make a little appearance. I just want to see who shows up!” There was a very limited attendance because the snow was so deep. After a bit the back door opened and down came the Dean, looking back and forth and greeting the students. “Good morning, Dr. Egeland, and I am so glad to see some people could get here when they had much less distance to come than we did!” That is a typical story of how Dr. George Harrell participated. He knew them all by name.

LANG: Well, thank you very much.