BARBARA ROSS-LEE

Dr. Fitzhugh Mullan
Interviewer

Mullan: If you'd give me your name and spell it.

Ross-Lee: Barbara Ross-Lee -- B-a-r-b-a-r-a R-o-s-s-L-e-e.

Mullan: What is your date of birth?

Ross-Lee: June 1st, 1942.

Mullan: The date is the 18th of October, 1996. It's a Friday afternoon. We're sitting in Dr. Ross-Lee's office on rather a wet, Southern Ohio afternoon--we're in Athens, Ohio. Is that right?

Ross-Lee: That's true. Yes.

Mullan: At the College of Osteopathic Medicine of the Ohio University.

Ross-Lee: Right.

Mullan: We are about to participate in a convocation ceremony. Tell me a word about convocation. Where did that come from? Is that from the beginning of the school?

Ross-Lee: Actually, it has been from the beginning. I think initially they were so surprised to have a class as quickly as they did. It's a young school. It's only 20 years old. And so it's been a tradition since then. We've used the Convocation to award medals to people that have distinguished themselves either helped the profession or have done something really significant for the community or have made some important contribution to health care. We only have two major ceremonies--the convocation and the graduation. The coming and the going. Although this year we are going to introduce a white coat ceremony.

Mullan: That's for?

Ross-Lee: That's going to be at the end of the second year for students going to the clerkships to mark their successful progress into the clinical phase of their medical education.

Mullan: That's great. So you get them together. I've never been in a school that did anything before graduation by which time you were jaded and remember to move on.

Ross-Lee: It's a caring school.

Mullan: Yes. That's great. Well, let's talk a little bit about you. That's why we're here. Tell me about your background and why don't we start all the way back in 1942. It was a great year--the year I was born as well.

Ross-Lee: Absolutely.

Mullan: And tell me about where you were born and where you grew up.

Ross-Lee: Oh, I was born in Detroit, Michigan. I was born at Women's Hospital in Detroit, Michigan. I grew up in Detroit. I was the first of six children and actually, the same doctor, Dr. Bernstein, delivered five of my mother's six children. And that's the only time she ever went to the doctor, when it was time to deliver.

Mullan: And tell me about your family. What did your Mom do and what did your Dad do? Your Mom made babies, that was clear.

Ross-Lee: Well, yes. She had a little help. (Laughter) My father worked for Anaconda American Brass in one of the factories

in Detroit. He spent most of his time in the plant, in the union, so he was a union man. The union was the UAW which later became part of AFL/CIO. He spent most of his time working at American Brass; in fact, he retired from there. During all of that time, he was active in the union. My mother was a homemaker. She sewed all of our clothes. However, she had attained more education than my Dad. She taught in community organizations before she and my Father got married. She had a year, if not two years, of college. But she was a homemaker, she was there for us most of the time.

Mullan: Had his interest in the union been from the start or did he get into that later on?

Ross-Lee: Probably later on. In fact, between my birth and my sister's birth, he was in the military during the Second World War. He was an MP. When he came out of the Service, he wanted to be a policeman, but was unable to because of the racial situation at the time. So from that point he moved into the factory and stayed there until he retired. I think when the labor movement really gained momentum, probably the early 50's, he became very active in the union.

Mullan: Was that good for him or did it cause problems or--

Ross-Lee: No, I think it was good for him really. Although it kept him away from the house and the family a lot. In the late 50's being a union rep allowed him to have a job when everybody else had been laid off, because if anybody worked in the plant they had to have a union rep there. So even if one person worked, as the union rep he worked. It allowed him to at least earn some money in the late 50's.

Mullan: He was still at the American Brass?

Ross-Lee: He was still at Anaconda American Brass.

Mullan: UAW is auto workers. Now did they--now did brass and auto workers come together or is that a silly question? I guess union--

Ross-Lee: You know, I really don't know except I guess they made the parts for the auto industry in Detroit. But other than that I can't explain. It's just that he spent his whole life in the union and it consumed him to a large extent because he was gone a lot. There were some times when it helped as far as the family went. He was able to work when other people were laid off.

Mullan: Did his involvement in the union, other than keeping him

away from home influence you or your perception of work or values? Were union principles much talked about or part of your upbringing?

Ross-Lee: I don't know whether we had any real discussions, but I think it was that his concept of working together as a team for the underdog and looking out for everybody pervaded the family. You know, helping and sharing were very much a part of our family upbringing. But as far as any specifics as it relates to the union, I don't think that we ever had an in-depth conversation about it.

Mullan: Well, it sounds like having a sense of working together is an important value.

Ross-Lee: Yes. And that really was important, all of the issues of workplace equity and fairness. Those were very much a part of our growing up.

Mullan: Your mother's influence as (unclear) with your father's influence on the family, she being home and being with you more of the time, did she stay home or did she go to work as well?

Ross-Lee: Well, she worked from time-to-time. It was a

generation when, I think, women didn't work outside of the home. And to do so somehow or another would have been demeaning to my father as the breadwinner of the family. So she did work from time-to-time because we were poor and were frequently unable to make ends meet. Any crisis would be enough to compromise our abilities to acquire things for years. So she worked from time-to-time. But she was the one who was encouraging. She was the one who I think inspired the family to know that they could do anything they wanted to if they worked hard enough. I sometimes joke that my mother felt that it was a sign of maturity to be able to delay gratification. To be able to put off the childish immediate gratification in order to get a better reward later. That was something she pushed all the time. In the family we had this big joke--she could delay gratification forever. I mean, forever. I can remember, she wanted some new living room furniture and we couldn't afford it. She would not settle for cheap furniture. She wanted the best. And so for five years we had an empty living room with the best cocktail tables that she could find. We had no chairs but she saved and bought one couch at a time as she could afford it. So it was a big joke that when you're around her you're going to have to learn to delay your gratification. You've got to work and plan but you'll get there. You don't give up, you just keep on going. And that's a sign of maturity. I think she probably had more of an influence on the

kids then my father did. He really was gone a lot, working all the time.

Mullan: You were the oldest?

Ross-Lee: The oldest.

Mullan: What sort of a role did you play? Did that put you in a surrogate role for Mom at times?

Ross-Lee: Absolutely. I can even remember when my brothers and sisters were teenagers--my Mother would call me and say, "Let me tell you what your son did." I'd have to remind her that those were not my children. (Laughter) I think when you're older--

Mullan: What is the span between you all?

Ross-Lee: I am two years older than Diane and Diane is two years older than Rita, Rita is a year older than Fred, Fred was a year older than Arthur and I'm 13 years older than Chico--Wilbert, who was the youngest. Another family joke is that thank God my Father went into the Service, otherwise we would have had brothers and sisters every year. But, yes, I'm the oldest and I really served as a surrogate parent. In 19--in 1952--in 1952, my

mother went into the hospital with tuberculosis. The family of five children at the time, the youngest was only about a year old, was shipped off to Alabama to live with my mother's sister while my mother was hospitalized. It really was at that time, I was only about 10 years old, that it became clear that my role in the family was going to be the surrogate parent. The move out of State was an effort to keep all of us together for that year so that we wouldn't have to be split up. So all five kids stayed together in Alabama. That time solidified my role as being the surrogate parent. I think that probably that role continues today. So much so, I think my father feels that I compete with his authority as a parent. They look at me as second Mom. My mother died about 12 years ago. Only when they can't get satisfaction from me do they turn to my father. It's just kind of a pattern built up over the years.

Mullan: Interesting. My mother had tuberculosis in 1952 as well.

Ross-Lee: Is that true?

Mullan: It was her second bout, actually. She had the first just after I was born. She was off line for about a year. Your mother was out for about a year?

Ross-Lee: For about a year. Isn't that interesting.

Mullan: That would be I guess about the time (unclear) that streptomycin had come along at that point.

Ross-Lee: Right. Although my mother had to have a lung resection. She had part of her lung taken out. That only complicated her problems with breast cancer later. She didn't have good lung capacity. It made her convalescence from the mastectomy very difficult. Isn't that interesting. Was she hospitalized in a sanatorium?

Mullan: Uh-huh. Both times she went to Saranac in New York. The first time was during the war and she was--she started in Saranac, and then she followed my father who was in the service out to San Bernadino in California. The second time she stayed, we were living in New York, she stayed in New York part of the time and then she went to Saranac part of the time. But from what I remember, sort of the family lore, the second time was when she (Unclear) because the drugs were--

Ross-Lee: A little bit.

Mullan: --she went, I guess, culture negative much quicker.

Ross-Lee: Do you--are you the only child?

Mullan: No, I'm the oldest of three.

Ross-Lee: Did you become the surrogate parent during those times of family crisis?

Mullan: I was thinking about that as you were saying it. And I (unclear)

Ross-Lee: Crises set the dynamics of lifelong behavior. That's interesting.

Mullan: What was Alabama like? Was your mother from Alabama?

Ross-Lee: Yes. Interesting experience. I couldn't wait to get back up north. In fact, my only experience now that I'm here in Ohio, my only real experience with Cincinnati and Ohio occurred every summer even before my mother got sick. We would go down south for the summer to visit her family. The only thing I remember about Cincinnati--Cincinnati is the place where you had to get up out of your seats and go to the back of the bus. That was the turning point from north to south and that's all I remember about Ohio. Alabama was interesting at the time. It

was segregated--

Mullan: This was when you were traveling? You would travel through Cincinnati--

Ross-Lee: Right. That was the turning point, you had to move--your last stop north was in Cincinnati--and you had to get up and move so that when you left Cincinnati you were in the South. When I--we were--Alabama was segregated. It was really, really interesting. We lived in Bessemer (phonetic) Alabama which was a relatively small city then--very segregated--and I was a reader at that time, an avid reader but we were not allowed access to the public library in Bessemer, Alabama. I remember that. There were just so many places you just didn't go. And I saw the Klu Klux Klan parading down the main street which is where our home--where we were living at the time. It was just the mentality that was altogether different.

Mullan: How did that impact on you, it obviously hurt and obviously was there but--

Ross-Lee: I think we already, as a family, felt isolated. I think it just made us feel further isolated from the community. So to some extent it solidified the brothers and sisters

together. We just were this little hub in this foreign place that was different from anything that we were familiar with. As a child your world is small. By leaving Detroit, we were leaving a comfortable world, one that we knew. We then traveled to Alabama and had to get adjusted to going to school there in an environment that was so different. Things you took for granted you could no longer take for granted. You had to be less focused on the concerns of your interaction with your friends or your family than on a new hostile environment that had different rules that you had to follow. So, I think as a group we all became much closer but also felt very isolated from what was going on around us. I don't think we ever really got over that year. My youngest sister still tells stories about Alabama.

Mullan: Everybody was glad to come back at the end of the year?

Ross-Lee: I really was. Although coming back was a culture shock as well. We'd been gone for a year, I couldn't wait to come back to a bigger world. You know, one in which we didn't have to feel so cramped. And we walked back into the city of Detroit, and I realized that the street we lived on was a little narrow street, it wasn't this big thoroughfare that I remembered. We got back before my mother got out of the hospital. She--

Mullan: Where was she hospitalized?

Ross-Lee: She was at a sanatorium in Howell (phonetic) Michigan, which was about an hour away from Detroit at a time when we didn't have a car. We didn't come back to what was normal. In reality we came back to an empty house, my mother still wasn't home and my father was still working very hard to make ends meet. One of my mother's sisters moved in with us so that we could at least be back in Detroit. Part of the reason that I was happy to get home was that I was living with an uncle in Alabama who was the meanest man I have ever met.

Mullan: This was in Detroit?

Ross-Lee: This was in Alabama. That was part of the reason that my mother insisted that we come home. He was a very mean man. Actually, I've never forgiven my father for leaving us there with that mean man. He was never mean to us, but he was very mean to his children in front of us. Anyway--

Mullan: You came back, you're now about 12?

Ross-Lee: Uh-huh. Eleven.

Mullan: Eleven. Tell me about your adolescent. What was it like and you stayed in Detroit?

Ross-Lee: Yes. Actually it was a happy time. We lived in an inner city in a large apartment building. There were a lot of children. The playground was less than a block away, the school was right across the street. It was really a community. People had lived there forever. You could go blocks away and if you did something wrong, they would tell your Mom. I mean it was a real community. So it was wonderful. I loved it. It was safe. I didn't even know I was poor until I left that community. I had no idea we were poor. I mean, everybody else lived the same way we did, and so I didn't know we were poor until I went to junior high school. I did not go to middle school--it was junior high school in the area where I was supposed to, so I had to catch a bus to school every day.

Mullan: Why did you go to the different school?

Ross-Lee: My mother didn't feel that it would give us the same level of education as the school outside of the community. Still, I mean, it was not our district school. So I used a false address and went to a different school. I had to get up real early every morning. It was wonderful--I mean the junior high

school--because it got me back into reading. I worked as a library aide, so I challenged myself to read every single book in the library before I graduated. It was a junior high school library, so it wasn't that big. That was exciting. I mean, those years were real good. I think I must have been in the eighth grade when we moved from the area in Detroit where we'd always lived, because Detroit went into a major recession. We just couldn't afford to live in that community so we moved out. That's when I think the family really ran into hard times. That was right before I graduated from middle school, before I started high school. It never really got any better after that point. It was always a struggle from that point on.

Mullan: That's because your Dad wasn't making as much?

Ross-Lee: He wasn't making as much. He finally did go back to work, but we never really recovered from that. I can remember the battles over this. My mother insisted that we take public assistance--we had never taken public assistance--to move us out of where we were living into the public housing projects because we couldn't pay rent. We were about to be evicted. My father did not feel that he should ever take aid. Her threat was--she was leaving. I mean she was taking the family out of there. I can remember that year of not having heat or electricity because

we just couldn't afford to pay. My father was bringing home $26 a week and the rent was $75 a month. There were six kids, my youngest brother was a baby at the time. This was within a couple of years of my mother getting out of the hospital. We moved into the projects. I don't think my father ever recovered from having to live in the projects. We were one of the few families that had a father in the projects. He was still working, but we were caught in the dynamics of the welfare system. The more we made, the more you had to pay to stay in the projects. You could never get out once you got in. I mean, although my father worked the whole time we were there. If he got a raise, or if he worked more days that week as the plant started to recover, they would raise the rent so that whatever extra you made, you paid. It was really very interesting. I lived in the projects until I was 21--I was going to Wayne State University commuting on a day-to-day basis. It wasn't until Diane started singing, made some money, and bought a house to move the family out of the projects.

Mullan: Tell me about high school. Was that high school in the projects?

Ross-Lee: No, it was Cass Technical High School. It was a--sort of like what they call a magnet school now. It was a

college preparatory school. There were two in the city, Cass Technical, which was science technical and then Commerce High School, a business school. They were right next to each other in the near downtown area of Detroit. It just so happened that the projects were close to downtown so I could walk to Cass Tech on a daily basis where most of the other kids took public transportation from all over the city.

Mullan: Was it a good school?

Ross-Lee: Very good school. It still is a wonderful school. I've gone down there a couple of times and it's--

Mullan: Cass Tech?

Ross-Lee: Cass, C-a-s-s. It's received all kinds of national awards. It is right now probably 98 percent black, and still its college-bound rate and scholarship rate set national records. It's a wonderful school.

Mullan: Was it integrated?

Ross-Lee: When I went there it was probably about 5 percent black and the rest white. It changed over time.

Mullan: How was that? Was that difficult, comfortable, controversial?

Ross-Lee: My elementary school was all black. The junior high school I went to was probably about 75 white and 25 black and Cass Tech was about 5 percent black. There was still some bias. The expectations for minority students were not very high. But you learn to live with bias. And many of the students who started with me did not finish. By senior year, there were very few of us left. Most of us had been lost through some sort of attrition. We were relatively isolated. I mean, it was difficult to get involved in the social elements of the school.

Mullan: What were thinking about career-wise at that point? You were still an avid reader?

Ross-Lee: Oh, yes. I was really thinking about medicine then. And expecting to go to college, not fully realizing that you need money to do that. It wasn't until after I started college that I had to start being a bit more realistic about what I could afford to do.

Mullan: Was Wayne State a given? Or was that--

Ross-Lee: Actually I had a scholarship to Albion but it didn't pay for room and board. I was admitted to Michigan State which was where I wanted to go, and my father promised me that he was going to be able to get the money--but at the last minute he didn't. So Wayne State was nice enough to let me in. So I went to Wayne for four years. I really liked Wayne. It probably was much more comfortable from a diversity perspective. It really is a commuter college. Yeah, I liked Wayne. Wayne was better than Cass Tech to some extent because the minorities were not so isolated. The interesting thing about Cass Tech is that the music instructor would never let Diane sing. She was a grade behind me. She said Diane didn't have the voice and would never allow her to sing. After the Supremes made their first record, Diane was a senior, some of the teachers insisted that she be given an opportunity to try out for senior production. I can remember the teacher predicting that Diane would never be successful singing. It's just amazing.

Mullan: So I wonder if she's ruing that today.

Ross-Lee: She probably sees it from a totally different perspective. Diane, certainly survived. But how do you do that to kids?

Mullan: Well, we'll come back and talk about Diane--

Ross-Lee: Yes.

Mullan: --but in terms of Wayne State were you, what did you major in and what were you thinking about then?

Ross-Lee: I majored in chemistry and biology. Actually, I started off thinking I'd major in math and I took a quantitative analysis course and decided no, maybe math isn't where I want to go. I was in chem/bio as a curriculum in high school, and so I majored in chemistry and biology in college. Actually I started in pre-med thinking that I would go on to med school. After two years I decided that maybe I wasn't going to go to med school. I was average at a time when it was really difficult for minorities to get into med school.

Mullan: This is Barbara Ross-Lee

Ross-Lee: Is this the kind of stuff you want?

Mullan: Oh, yes, it's great. This is Barbara Ross-Lee - Side 2 of the first tape.

So you decided that getting into med school was going to be tough. I mean if (unclear) these kinds of competition in terms

of being African American was going to make it extra tough.

Ross-Lee: Yes. I had none of those characteristics that medical schools were looking for at the time. So I decided to be a little bit more realistic. I don't know when I shifted out of pre-med, but I decided that I'd get a degree in one of the sciences instead. Meanwhile, I fell in love and got married. I certainly couldn't go to medical school then. In fact, my wedding was two days after President Kennedy was shot. Marriage delayed my graduation for a year. So instead of graduating--

Mullan: The marriage.

Ross-Lee: The marriage did. Instead of coming out in '64, I really came out in '65. And I came out with a bachelor's degree in chemistry and biology. And then I realized there is nothing you can do with a bachelor's degree in chemistry and biology. So after interviewing with places like Parke-Davis, I did get a job. I was offered a job with Parke-Davis; my job was going to be weighing rats. The job was available because the person who had it developed a sensitivity on her fingers from picking up the rats by their tails. That's what my bachelor's degree in science was going to get me. So I took a job working at a hospital; it happened to be an osteopathic hospital. That was my first

contact with osteopathic medicine. I worked as a--

Mullan: This was in Detroit?

Ross-Lee: Yes, actually it was in the suburbs of Detroit, in Madison Heights. The laboratory services were just starting to become more mechanized with autoanalyzers and coltercounters. In fact, they were just doing RIA (radio immune assays) using the old resin method. They needed somebody with a science background who would be able to troubleshoot and problem solve some of the new machinery. So that's how I got that job at Martin Place Hospital laboratory. It was wonderful, because it was a small hospital, I got to learn to do everything they had in the lab. I soon realized that I had to do more in life than work in a hospital. What do you do after 10 years in the laboratory? You work in another lab. You know, you just learn everything that's done and there's no where else to grow. I was just a little bit frustrated with what appeared to be a dead end. I has an opportunity to go into the National Teacher Corps. So I left the laboratory to get a master's degree in education. It was an ideal choice because my first husband was a teacher. If I had a teaching certificate, we could both have time off in the summer.

Mullan: And had the Teacher Corps required a credential or a

degree or--

Ross-Lee: A bachelor's, yes. The concept was that with a discipline degree and with some practical experience in the poor and minority communities, you could earn a master's degree in education, and you could effectively teach underprivileged children. So we went out into schools in teams. I taught in inner city Detroit. In fact, I taught at the very school that was next door to the projects that I had lived in. It was down near Wayne State University Medical School.

Mullan: The degree that you had to take, was that a four-year or was that just courses?

Ross-Lee: It was a two-year program to get a Master of Arts degree from the College of Education at Wayne State.

Mullan: And you were teaching at the time, as well?

Ross-Lee: And you were placed in a teaching environment and taking some graduate courses in the evening at the same time. So we were placed in schools and so--

Mullan: Would they pay you?

Ross-Lee: Yes.

Mullan: This was part of the Teacher Corps program?

Ross-Lee: Right, we got paid a teaching salary.

Mullan: Uh-huh.

Ross-Lee: It was the domestic version of the Peace Corps. So I earned a master's degree in teaching while I taught at an inner city middle school in an experimental classroom. I really liked teaching which was kind of a carryover to my medical career. I really enjoyed it. I learned a lot about teaching methodology because these were kids who were really difficult students. In fact, we went to all the teachers and requested "The kids you don't want because they are discipline problems." So we had an experimental classroom. There were five of us on the team with a team leader, in a class with 50 students. We taught them. A couple of years ago I got a call from one of the students. It was just amazing. He was doing very well and he remembered me. He just wanted to call and tell me what he was doing. These were kids that if you'd go into their homes you would never look at them the same way again--one kid, I don't know how he ever came to school. If I'd lived in his house, I don't think I would've

come to school. So it gives you a more realistic perspective on some of the challenges that kids have. I think it's even worse today because even schools aren't safe. As much as my class may not have taken advantage of what a school could offer, the school was safe. I can't imagine how kids must feel when there's no place you can go that's safe. I mean, it has to affect your psyche over the long-term.

Mullan: This was, if I'm not mistaken, in the mid-60s now?

Ross-Lee: Yes.

Mullan: The Civil Rights Movement was underway. How did that affect you?

Ross-Lee: It opened up medical school. A friend of mine who was also in the National Teacher Corps, he was in the class ahead of me, came and said, "Barbara, they're opening up a new osteopathic school. Why don't you apply." I was teaching school at the time. It was the year after I finished the National Teacher Corps, and my marriage--my first marriage--had failed. I was trying to decide what was I going to do with the rest of my life. I had two babies--

Mullan: You had two babies while you were going to school and teaching?

Ross-Lee: Yes. I never participated in a graduation ceremony for my bachelor's or my master's degree. I was pregnant both times. I didn't actually get handed one--until I got my osteopathic degree. This guy came to me in April or May of 1970 saying a new osteopathic school has opened. You really ought to go out there, they'll be taking their second class for the following September. So I investigated the osteopathic medical school. I didn't have enough hours in physics. I had to make the decision whether to take a physics course in the summer. So I did. They admitted me.

Mullan: This was Michigan State?

Ross-Lee: Michigan State. Actually it was the Michigan College of Osteopathic Medicine. It didn't become a State school until after the first year that I was in there.

Mullan: It was in Lansing?

Ross-Lee: It was in Pontiac.

Mullan: Originally.

Ross-Lee: Originally. I could commute to Pontiac from Detroit. It was about a half hour away. The discussion, once I was admitted, was that the school was to become a State school and was going to be moved to Michigan State. The profession thought it would be linked to Oakland University in Rochester, Michigan, not Michigan State in East Lansing, but the legislature decided to link it to Michigan State. It created a dilemma for me. I had two babies and I couldn't afford to move to East Lansing because I was still working, substitute teaching, on the side while I went to school. It was too far to commute on a daily basis. So as it turned out the first two classes of the Michigan College never had to go up to the campus so I never went to school on the campus. By the time they decided that the school was going to be based at Michigan State, I was in my second year and remained in Pontiac.

Mullan: Before we pursue medical school and to get back on the Civil Rights Movement, amplify for me a little more how the comments you made on the Civil Rights Movement opening medical school and how that worked out. And, also, your thoughts about the--as you look back on the civil rights era, it was--went over across '68, 1968, and Martin Luther King's assassination, Detroit

erupted--

Ross-Lee: Oh, let me tell you all about that. The riots were '67 in Detroit. I had just finished the Teacher Corps?

Mullan: Were the riots '65?

Ross-Lee: The riots in Detroit were in '67.

Mullan: '67.

Ross-Lee: It was an interesting time. I had one child Stephen, Monica wasn't born until January '69. So it was the summer of '67. But during those riots, I mean, it was interesting. I lived on the northwest side of Detroit which was the safest area, but my family--in the home that Diane had purchased--was right in the riot area. It started on 12th Street. Dexter, which is where my family lived was only maybe 10 blocks away. So they were very close. The National Guard was all over the community. All the stores were burned down and nobody could get food in the community so we were trying to bring food in to my family from the northwest side. It was real touchy because the National Guard was so trigger happy. Diane, at that time, lived in California and sent for my youngest brother who was about 12 or

13 to leave Detroit. In fact, he never came back after that. He spent the rest of his life in California. My oldest brother who 19 was arrested by the police for driving my sister's expensive foreign car--and was beaten rather badly by the police during that period of time. After the riots, the Detroit News did a survey of the entire Detroit community and they hired black college students to do the surveys. So I was a student surveyor. My job was to go to all of the houses in a section of the east side of Detroit and complete a questionnaire about whether or not they participated in the riots, and what they did during the riots. It was a really interesting job for me. I went into homes that today if any child of mine said they would do what I did, I'd probably have a heart attack. But I did, and I don't think my mother knew what I was doing. I had these questionnaires, I'd go and sit in these people's homes and I went into places, I mean I knew I shouldn't be there even as I was sitting there trying to get answers. It's interesting that the riots, even for those people that took part in the riots, had galvanized the community so that they were focusing on property and authority, not on people. Even after the riots, I didn't feel threatened physically as a person in these communities where I shouldn't have been, because the focus was not on people; it was on property. I'm impressed today that I was doing the kind of stuff that I did. There were several of us performing

surveys, at least in my assigned community. There was no threat to any of us, whatsoever. It wasn't like we were traveling in teams or groups, we were out there by ourselves. It was an interesting perspective to be able to talk to a broad spectrum of people from the black community--I was kind of this fresh out of college kid--and the perspective in the black community at that time for people who were going to college was always supportive. That's changed. People in the black community would say, "Leave that girl alone, she's a school girl. Leave that girl alone." "That's the college girl, leave her alone." Or, "Can I help you--" I mean, education was revered. The culture of the black community supported education. We've lost some of that in the last generation. My youngest daughter told me that she met a man that sounded just like Daddy who said, "Honey, don't let these people get you down--get your education." Everybody helped you if you were trying to get education in the black community. They would protect you. Didn't matter who they were. I worked at the post office for a year, in '64, my last year as an undergraduate. Most of the workers in the post office were black, whereas most of the supervisors were white, but the workers would say, "Let the school girl go home."

Ross-Lee: About the civil rights. In Detroit the Civil Rights Movement was quite visible. Political empowerment was a direct

result. But economic empowerment was lost after the 1967 riots. After King's death, when the new school was opening up, there was a clear commitment to affirmative action; the classes would be diverse. That was impressive when the classes were so small in the first couple classes.

Mullan: And they were diverse?

Ross-Lee: And they were diverse.

Mullan: In a self-conscious way. And the school--now this was before it was part of the State system.

Ross-Lee: Before it was part of the State system.

Mullan: So it was a commitment of the leadership of the new school and the osteopathic community?

Ross-Lee: The leadership of the new school. Not necessarily the osteopathic community.

Mullan: These were certain individuals?

Ross-Lee: Do you know Mike Megan?

Mullan: Uh-huh.

Ross-Lee: This was Mike Megan. He was the dean of the new school. And he was committed. It was going to be diverse. I was in the second class. In the first class there were two blacks and one woman in a class of, I think, 17. And in my class there was supposed to be 25. There were three women admitted and two blacks. One of the women dropped out and we wound up with a class of 21. That was significant at the time, you know. He was committed and ultimately every class after that always had some minorities. But as the classes got bigger the percentages got smaller. I give him and the Civil Rights Movement credit for that.

Mullan: So you had two years in Pontiac and then two years of clerkships which were--

Ross-Lee: Actually, my class was a three year program, 33 months, three years. We got very little time off. It was very tedious and then--so I spent two years in Pontiac and then a year--a little over a year--in clerkships all over the State. We weren't based like most people are at one hospital. We used all the osteopathic hospitals in the State: the first year being mostly basic science; part of our second year in systems approach

were taught in the hospitals; and our final year clerkships. We had our lectures in the morning and then we went up on the floors and rounded on GI patients or cardiology patients or neurology patients in the afternoon. It was possible because the class was small.

Mullan: A question that's much with us these days is that of the quality of clinical education, how you measure it, how you score it, and in schools that have rotations to many institutions of which the osteopathic community has been always a strong proponent or that's been a strong feature of osteopathic education, the question always comes up, well how you do quality assurance if you've got, you know, hundreds of people serving as faculty members in dozens of settings. A: What was your experience like as you went through it and B: now as you superintend education how do you see that? What are the problems; what are the strengths?

Ross-Lee: From the perspective of what I went through, the class was small and we didn't need as many faculty. The profession was extremely committed to making this successful and the college didn't have to use as many people in order to deliver a curriculum. We had one neurologist for the whole class who not only taught the neurology course but provided the neurology

clinical experience. The same thing with, well GI, we may have had two or three faculty for lecture and clinical clerkship. Physicians were willing to voluntarily give up a lot more of their time. We didn't need or have a lot of faculty. We just had a select few that actually came in to lecture at the college at the same time that we also went out into their clinical practice for clerkship experiences. It was tighter. Having run a preceptorship program with five, six hundred doctors in an effort to provide early preceptorship experiences, for 125 students, it does become an issue of quality. The program has to have some requirements of your faculty for faculty development. Your evaluation instruments have to be standardized and the clinical sites monitored so that you get reliable information. It takes a lot more effort and a lot more resources just to make sure that your faculty, as well as your students, know and address course expectations. You must visit these sites. You can't place students into unknown situations. Yes, it is a challenge. I think any system that uses preceptors in ambulatory care training sites is going to have to deal with those problems. It's not like having a captured patient and physician audience in a hospital where you have monitoring systems and nurses are always there. Quality ambulatory education can be achieved, but it does take different resources and strategies than the ones that have been used to support in-patient educational programs.

Mullan: Back to the decisions that went into your selecting medicine, were there any positions in your youth that were important players to you either as role models or as family figures?

Ross-Lee: No, I grew up in a family that didn't really seek medical care. We used emergency rooms.

Mullan: So that your interest in medicine was exogenous in effect, it came from--

Ross-Lee: It was just based on seeing the need and also having the perceptions, real or otherwise, that it was just not available.

Mullan: Tell me about your really thinking about osteopathy. You mentioned that the hospital you worked in was an osteopathic hospital. Obviously with a new school opening up there were opportunities. Beyond that were there was there an appeal to osteopathy or was it something that happened to be there--right time, right place?

Ross-Lee: Happened to be there--right time, right place. I could not, and with my prior experience, I couldn't really see

any difference and it was medicine. Just happened to be there--right time, right place and happened to want me. Perfect match.

Mullan: So you blasted through school in three years, working on the side, trailing your babies behind you--

Ross-Lee: I don't think I could do it again.

Mullan: The things one can do in youth. So now the year is like 1973. What are you thinking about, what career do you see running in front of you and what do you do?

Ross-Lee: Well, you have to understand I felt guilty the whole time I was in medical school. A guilt that I was not giving my children a fair shake. I relied on the sayings of the '60s and early '70s--it's not how much time, it's the quality of time you give. I organized my whole life around my children and school, but I felt guilty. I felt that I could be working and making real money and not struggling, and the kids would not have to be without their mom. I was only able to succeed because my family helped. My mother and my aunt and my sister helped me, they kept my kids for me. We all lived in a two-family house in the city of Detroit. Family was there all the time, so I could leave; there was always somebody there with my children. The only

problem was nobody, not my mother nor my aunt drove, I had to teach my mother how to drive; my aunt never learned. But ultimately it was an interesting time, I had support to do that. I played games in organizing my life, and when I finished up my degree, I did my internship in Martin Place, the same place that I worked. In fact, Martin Place had allowed me to work as a student in the lab and so I worked 7:00 a.m. to 7:00 p.m. on weekends in the lab as a tech in my final year of medical school. I wanted to do a pediatric residency program. I was the best intern they ever had but I didn't get my pediatric residency because the residency director felt that as a woman I might have children and not practice. He didn't want to waste the residency on me. Children's Hospital--

Mullan: He goes in the same category as the singing teacher where Diane couldn't sing.

Ross-Lee: That's right. And I can remember asking him "How can you ask me that, I mean I went through medical school with two babies. How can you ask me if I might have more children and not practice?" Anyway, I didn't get the pediatric residency that I wanted which was part of the reason I chose Martin Place, because they had a great pediatric residency program. I did get an offer to do a residency program in Children's Hospital in Detroit which

was the MD facility and had some DOs on staff, but I would have to repeat my internship year. Well, you know, for a lady who started medical school at 28, which I thought was real old then, divorced with two children; having to repeat a year was overkill. Si I decided to hell with it, I'll go out into practice. Which is what I did. I went out into practice in '74.

Mullan: So the internship was a rotating internship and the general practice tradition was (unclear) in osteopathy to begin with. Was family practice as a concept moving in osteopathy at that time?

Ross-Lee: There was one family practice residency program in the entire profession at the time. That was in Maine. The osteopathic tradition was general practice, achieved with a one year rotating internship.

Mullan: So the norm in osteopathy

Ross-Lee: Was an internship and out into general practice. That was the norm for everybody. Taking a residency program was an option for two kinds of Dos, the macho, or those who were too chicken to go out into practice and stayed in the cocoon.

Mullan: So you went into practice in Detroit?

Ross-Lee: Yea, I practiced in Detroit.

Mullan: This is Dr. Ross-Lee - Tape 2, Side 1 continued. So the first year you were hired?

Ross-Lee: Yes. The first physician I was hired to work with passed out a lot of codeine, amphetamines and Valium. Ten milligram Valium. I worked for him for three months and walked out one day and said I couldn't do that.

Mullan: This was in Detroit?

Ross-Lee: That was in Detroit. And then I worked for--it was on the east side of Detroit--a large group that had about 10 clinics around the Detroit area and the suburbs. I worked for them for about six months before I left and opened my own practice. They didn't pass out drugs but it was a practice mill. They could see 250 patients in a day starting at 9:30, closing at 4:30 and not have one appointment.

Mullan: How many docs?

Ross-Lee: Three. It's amazing. They could give lessons on how to push patients. It was quite impressive. They were more triage than actual treatment, but they still are a major force in the city of Detroit. They were so big and handled so many Medicaid patients that whenever Medicaid wanted to make a programmatic change, they consulted them. So I worked for them for about six months, actually from January 'til June and then I opened my own practice the first of July. And resented them for the first three years. I couldn't figure out why patients would go to them in droves when I was dispensing good care struggling to build a practice.

Mullan: And you were on your own?

Ross-Lee: It was a solo practice. Alone for, actually for the 10 years I worked in the city of Detroit. The name of the practice was Community Family Practice--came before its time, wouldn't you say?

Mullan: Yes.

Ross-Lee: It really was a family practice. It really was a community-focused practice. I moved into a part of the city that was undergoing dynamic change, a lot of white flight. Along with

the flight of the original population, the physicians were moving out as well. So it was possible to build a really good practice with lots of young families new to the community. I was there for 10 years. It was great.

Mullan: Did you hospitalize?

Ross-Lee: No, I did not do much hospital care. I made social rounds on all my patients who were in hospitals, but I didn't really care for them. I felt it was my job to diagnose the patient's problem and then refer to the appropriate specialist. Most of the work had been done by the time they got to the specialist. I mean I didn't have somebody come in with a headache and send them to a neurologist. I worked up the headache and then sent them to a neurologist for final diagnosis and the treatment. You don't see a lot of that anymore. I think a lot of that is discouraged by the ways in which insurance companies pay.

Mullan: What about ob, did you handle that?

Ross-Lee: I handled all of the prenatal. I worked with a group of obstetricians. I would send the patient to the obstetrician in the second trimester for one visit to get to know the

obstetricians and then again in the third trimester. I would do my social rounds at the time of delivery but I didn't actually deliver. I never started because I couldn't leave my kids at home alone. I had became more independent; I moved away from my family home. Even if it had been convenient for me, as a trainee, I had experienced bad obstetric outcomes. It took too heavy an emotional toll on me. In the year that I was in training every dead baby delivered that year happened while I was covering the house nights. I elected as many nights as I could because it gave me time to be home during the day with my kids. I didn't have good experiences with ob.

Mullan: How did you feel about practicing as you look back on it?

Ross-Lee: I loved it, I miss it. That's the one thing I miss about going into academic administration. I don't have time to practice. Even when I was at Michigan State, in the family medicine department, it's not the same as full-time practice. It's not consistent practice, you only practice part time. It wasn't like being in private practice where I had real continuity relationships with people and with families. Academia has never been the same as when I was in private practice. The closest I've come to it, I worked in the Black Child and Family Institute

in Lansing while Chairperson of Family Medicine and to a large extent I was their only doctor, and so I was able to establish continuity relationships. But no, I miss it, I miss it a lot.

Mullan: A lot is discussed in policy circles about the importance of diversity and ethnic matching. In other words, that African American physicians in an African American community has many benefits. There's some controversy about that obviously because the implication being that therefore, African American docs should work in the African American community raises some people's opposition no, it shouldn't be. As somebody who put 10 years in as a practitioner, as a health educator, as a role model, etc., etc., working in an African American community as an African American woman, what are your reflections on that, what import did your race and gender bring to your practice?

Ross-Lee: A couple of mixed, I guess, reactions. First of all, as a minority coming from a minority community, I know that they need the service and therefore I feel compelled and obligated, if I have the skills, to provide service to this community that's been kind of ignored and underserved. That's one of the pressures of the minority physician. The other side of the coin is all of my training was not in black community hospitals. I know, from a service perspective, that the skills I have could

benefit many people. It has nothing to do with who I am, it's what I do. But at the same time, I may serve the minority community because of a personal preference knowing they are underserved. Also, as a minority physician, people aren't knocking down your door to come practice in Beverly Hills. I mean, to a large extent there's a very clear expectation that practice in a minority community is what you'll do. That limits your opportunities as a minority physician. But the third side is, minority patients tend to have a different view of physicians. You know, to a minority, to a patient in need, you're not white, black or green. You're a doctor. The sad part is that minorities want and expect quality care from doctors because they are doctors. They frequently don't get it. If we depend upon only black physicians to treat black patients, we're going to have an awful lot of continued early and preventable deaths of black patients. There just aren't enough minority physicians to go around. The needs are too great for what we could supply even if we marshaled every black physician in this country and gave them nothing but black patients. To me that's Jim Crow with a twist. I resent that, I think that's the worst thing you could do. We really do need to have the health professionals who are capable of delivering on the expectations of all the patients for access to quality health care. Patients who need medical help expect that if you're a doctor you give it

to them irrespective of who you are and who they are. The system hasn't gotten there yet. That's what I think cultural competence is all about. In fact, I just spoke to the National Health Service Corps recently. One of the young white male physicians stood up and made the statement that he appreciates cultural competence and he has worked in many diverse communities, but he's still the white male. He was right, but he doesn't have to change to be anything else. I think there's the expectation from the majority community that they have to somehow be different than what they are to be accepted in the minority community. That's not the case. I read a long time ago, when I was with Michigan State, a case perspective from a second-year student, white male, in some eastern school. He was talking about his first experience doing a pelvic exam. The patient happened to be a black female. Beside the anxieties of his first pelvic exam, he had never had a personal interaction with blacks and definitely not a black female. All at once it dawned on me, I always look at the problem from the minority perspective. There are some issues on the other side that we don't address. You do not have to be something other than a white male in order to treat effectively, and be sensitive to and competent in minority cultures, but you have to accept the fact that being a white male is not a barrier in that process. I hope that's not too confusing.

Mullan: No, I think it's an aspect, a perspective on a much thought about situation that doesn't get much thought about. I can resonant with what we had in Chicago when I went to medical school we had in ob/gyn we had two clinics, East-Side, West-Side or something which we (unclear) in public which was a hundred percent black at the time. That's where the student experience went on and yet it was treated as strictly a clinical interaction and whether the anxieties and cultural gaps were being crossed. Whatever the woman in stirrups is thinking there was no attention, at least no above-board attention, given to what the white males were experiencing or anxiety-wise, or learning-wise, or experience-wise--

Ross-Lee: Isn't that scary? I mean, just think about it. Actually, you taught me--you twisted my mind around to be empathic towards the other side. I think we never deal with that other side of the situation. It becomes a rigid piece and somehow or another we get a reversal of who is the victim. Quite frankly I think both the patient and the physician are the victims when we can't have them understand that a barrier exists that doesn't need to be there. Truly there's an expectation in most of economically depressed and medically underserved communities--when you're a doctor that's all they want. They don't care what you are. If you're a doctor, they assume you

care, they expect you to care about them, so you just have to care. You don't even have to understand. As long as they know you care, they'll help you understand. I really get concerned about the project "3,000 by 2,000," I think it communicates the wrong message. When you get to 3,000, what does that mean? What are the 3,000 going to do? Does that answer the problem in minority health? Anyway, I have some real concerns about how we use words to describe the need, and how we somehow or another build expectations that aren't real.

Mullan: You wouldn't oppose 3,000 by 2,000?

Ross-Lee: I don't, I support anything that would get one extra minority student into medical school. I don't oppose it, but I do think we have to be very cautious about what we're communicating with it.

Mullan: Your point being that even if we were fortunate enough to make 3,000 that would not solve the issue and the questions of medical care are more complicated than simply the number of minorities who we can educate, which at least in the short term, isn't going to solve the problem.

Ross-Lee: Yes, it's sort of like affirmative action.

Affirmative action is a process; it never was an objective. Because we've focused so much on the process, we've forgotten the objective. We're going to kill the process and we'll have nothing to show for it--we never evaluated the effectiveness of process toward reaching the objective. You see the same thing with 3,000 by 2,000. It's a process to start moving us toward an objective but we set it up like an objective. Are you going to evaluate the objective once you get to 3,000? Or is 3,000 the end point?

Mullan: Or don't get to 3,000.

Ross-Lee: Absolutely. And if you get there and say, "Well, now we've got the 3,000. However, we now know that in order to address access and need, using this kind of strategy, we actually 5,000." People will say, "Well, hell, you went to 3,000, why didn't you start with your real 'objective.' I'm not giving you any more effort to reach 5,000." You know? 3,000 is the wrong message.

Mullan: Let's turn if we could to the move that you made out of practice into academia. Tell me about that.

Ross-Lee: Actually, I was in a reactionary mode. No. 1, I'd

been in practice for 10 years, and I really wanted to be stimulated. I mean you're starting to get a little bit bored. I was in solo practice, and I found myself being excited about finding some terrible disease process and being disappointed if it wasn't present. I can't explain it any other way. I really needed to be stimulated in some other way, I started to be reactive to a lot of what was going on as it related to health care delivery.

Mullan: What year are we up to?

Ross-Lee: This is '81, '82. The Michigan Medicaid Program tried a couple of pilot strategies. One they called the Primary Sponsor Plan which they didn't actually capitate, they were trying to better manage and control, lower income Medicaid patients in Wayne County in the Detroit area. They did a couple of strategic things that made me very angry. No. 1, they decided-- because they had Medicaid mills in the cities--that one way of getting rid of these mills, in this changing of the financing system, would be to limit the number of patients that any one doctor could have. It sounds okay except that I started a practice from scratch, I built that practice from scratch, and, in fact, it was a good balance of patients; only half my patients, being a city clinic, were Medicaid. I had 2,500

Medicaid patients in my practice and that was 50 percent of my practice. They were asking me to give them back a thousand patients. I wasn't going to do it. I became reactive to managed care. I challenged them and took them to court. As a result, they finally said that for new physicians they would not enroll more than 1,500 patients, but if you had more than 1,500 patients you could keep your patients. That's was really all I wanted, just to keep my patients. hat just started to taint the whole practice for me. I spent more time trying to get paid than I actually spent seeing patients. I'd reached a point where I was talking to third party computers and not real people. It became a comedy of errors. I started looking around for some other things to do. I joined the Navy Reserves. At the time I was interested in maybe pursuing radiology in the Navy. I applied for a neurology residency and had been accepted as a neurologist resident at Martin Place Hospital in Madison Heights, Michigan, about the same time--I had been a clinical preceptor at Michigan State ever since I'd been in practice--I got a call from a search committee saying "we're looking for a Chair for the Department of Family Medicine and would I consider it?" So I called them back and said I wanted to know if I was a competitive candidate or did they just need some affirmative action representation. The guy was really very cool, he said he'd check and he'd call me back. So he talked to the Dean, the same Dean that got me admitted to

medical school, and asked him if I was really a competitive candidate. The Dean said yes. So I applied for the Chair position after I'd already been accepted as a neurology resident. Ultimately, I was selected as their final candidate, and I made my decision. It was not without a lot of bias in the process. The very Dean who accepted me into medical school was still Dean at the school in which I was applying for the Chair position. He told me within an hour of my going up for the interview process that I was unqualified to be a Chair and that I was wasting my time. It was such a nasty process. At that point I had nothing to lose; I didn't want to just disappear and go home because nobody would know why I left. I completed the interviews and subsequently the Provost of the University said they couldn't give the position to anybody else until I turned it down. So I started my academic career in a very interesting relationship with my Dean who really did not want me to have the position.

Mullan: And the feeling was there that you had not been in academia, you hadn't done research, hadn't taught, hadn't administered? What was--

Ross-Lee: I think those were the raps. Although the white male that the Dean preferred for the position had comparable credentials. One of the objectives that I have as Dean is that

we've got to build an academic cadre of osteopathic physicians. This is a concern I have with the new schools that are opening up. We've got two schools opening up with people who have no academic background, and they're going to be deans, leading the development of these institutions. It's not that it can't be done, but I think the profession hasn't done a good job of creating a pipeline for academicians and academic administrators. I wasn't prepared either. I truly wasn't. I say that because I know. I was lucky. I was in a public institution with a solid infrastructure where I could learn. That's not always the case.

Mullan: How was it--what were the good and bad things? You did it for a decade?

Ross-Lee: Yes. The good things--I think we did wonderful things in the Department of Family Medicine. The bad things--I learned some lessons about faculty. I can't say it any other way except that many of them were often professionally disappointed.

Mullan: Many of them are disappointing? Or are disappointed?

Ross-Lee: Disappointing.

Mullan: Some of them may be disappointed, too.

Ross-Lee: Yes, that's true. That may be part of the reason why there's such frustration and turf protection in academics. The jokes that they make about academia are almost true. I find it kind of sad, but my real challenge is to be able to know that that's part of the culture and the environment in academics, and to be able to use it to still move ahead. It's still fun.

Mullan: And did you find that among the various challenges the students, the residents, research service, what did you--what appealed to you particularly and what didn't particularly appeal to you?

Ross-Lee: The curriculum development really appealed to me. I really enjoyed that. Being able to do things differently and better, and connecting with the students more effectively. I enjoyed developing clinical programs. I did not enjoy the politics of higher education. I think that's what I enjoyed the least. I really enjoyed attempting to start a focus on a more scholarly perspective. Even at Michigan State the osteopathic profession--and I have no other way to describe it except that it is a minority profession with a minority mentality. It limits their vision, and it makes them very defensive. I've heard you say "you're a small profession, you can change quickly." In all honesty, because we are a small profession--and it's not size,

it's mentality--it's almost harder to change because we feel so threatened by change. It's like you've secured a space, and you're afraid to step off of it because it can be taken from you. It's not quite the same in a majority mentality. So it's a little bit harder to change. One of the things I liked least about being at Michigan State was the politics of the profession. It truly was a good old boys club. It's changing now. It's not there yet, it's why I would never work at a private osteopathic college or probably any private school. It's just too politically good old boy dominated. The public institution gives me some process protection.

Mullan: I'm watching the history of medicine unfold with osteopathy arguably in the academic sphere being a hard charging junior partner with Michigan State as being part of the eruption of new schools. It always seemed to me from the friendly distance--distance that this was a sort part of creative energy and new ideas as you know, charging or pushing its way onto the scene. But that's not quite--and you were there through a period where the schools going from beyond adolescence into its more ritual phase. Amplify for me a little more what those within the department in the school. This was something of a battening down?

I mean, we've got a piece of the rock and now we're going to hold

onto it? Or do I have that wrong?

Ross-Lee: No. That's more professional mentality. Michigan State was the exception, but it is also an exception that it again became entrenched and compromised itself in the long run. But Michigan State was the exception, it was the first public osteopathic school. The school had a dynamic, hard-driving, very bright dean, and he took it where he wanted it to go. In many instances he told the rest of the professions where they should go. They couldn't really touch him because he was at a public school. Deans at the private schools--because their boards are all political--would not be able to have the flexibility I think that Mike Meegan had. The whole profession was willing to allow the school a lot more latitude in developing because it was the first public school. Michigan State fed administrative leadership to many of the other subsequent institutions. All the people who started at Michigan State went other places and led other schools. This spread the influence from Michigan State, and allowed MSU-COM to provide the leadership to move the profession rapidly ahead. But there was very little professional development trickle down into the colleges. As leadership styles become out of sync with the new challenges--then the institution starts to stagnate which is really what happened at Michigan State. Mike Megan was a dynamic leader, took the college through

its growth and development stage, but he was not appropriate for the maturation phase.

Mullan: During this time, I actually think it was before you joined the Navy, maybe it was earlier? Tell me a little bit about that, what has that been like?

Ross-Lee: That was in 1982 and in fact, I stayed active most of the time. I really liked Navy for the educational potential. You get opportunities to learn and to experience things that you can't in the private sector. I really, really liked it. When you're in medicine and you live medicine, particularly when I was in practice, the only people you know are other doctors and the only thing you do is talk to doctors. The military offered an opportunity to talk to different kinds of people. I just loved it for a whole bunch of reasons. The last major course I took, actually I'm in the inactive reserves right now, was a survival course in Texas and I loved it. I can't even break away for two weeks to be able to do that kind of training, so I haven't done active duty for quite a while. When I was in D.C. for the Robert Wood Johnson Fellowship program, I damned near got called up within a month or two of being down there and I just couldn't believe. Ultimately, it worked itself out. I just haven't been as active as I think I should be as an obligation.

Mullan: This is Tape 2, Side 2 - Dr. Ross-Lee. We're talking about the Navy. They promoted you?

Ross-Lee: To Captain, and I was surprised. But I figured they were just doing that to be nice. I don't think they want me as an Admiral, which would be the next step up. I miss being able to take some of the courses. I spent a couple of weeks at the Medical Doctrine Center in Bethesda. Just real interesting things to do. I miss that.

Mullan: You also went, as you mentioned, spent a year as a Robert Wood Johnson scholar or fellow in Washington. Tell me about that.

Ross-Lee: I naively applied for it. I had been involved in policy at the State level--particularly involving State public health reports: children; perinatal centers; perinatal regionalization; and minority health issues. When I left practice, I thought "if I go to academia, I'm going to impact minority health or the health of youngsters." Then I got to academia, and I figured out it's a little hard to do, although it's certainly a little bit easier than a private practice. So I became involved with the Public Health Department at the State level. I got more and more interested and actually taught policy

formulation. One of my peers showed me this Robert Wood Johnson application. I applied, naively thinking that I'd go and receive didactic lessons in health policy. I don't think I really understood the actual practical aspect of being engaged in the fellowship.

Mullan: Which year?

Ross-Lee: '90-'91. I went to D.C., and I realized they were looking for somebody who had some academic credentials in research, of which I had none--as far as published papers or funded projects. I figured, "I'm not going to get this," but it was a nice experience to go to the Institute and talk to some of the candidates. Ultimately I was selected, and truly it was an experience that changed my whole life. I look at the world a little differently now.

Mullan: Capture that for me.

Ross-Lee: It expanded my vision of what's possible. It afforded me an opportunity of being able to look at issues and having a policy approach to problem solving. I tell the fellows in AOA Health Policy Fellowship "to take the high ground. You have to know what the problem is before you come up with the

potential answers." You can't just figure out the answers--because that's what you are comfortable with--without truly defining the problem. So I look at the world differently.

Mullan: Because of who you work with or how you work? What was it?

Ross-Lee: Because of the policy process itself. I don't think it mattered much who I would have worked with. It's just the process of looking at the problems differently. You don't get that kind of training, certainly not--

Mullan: Was it working on the Hill as well as the orientation part?

Ross-Lee: Both. It was the orientation that allowed us to talk to people. The people on the Hill talked to us differently than if I myself had gone up to the Hill to talk to them about an issue. They were talking candidly and openly about how they saw the world and how they saw themselves positioned in that world, as well as predicting from their perspective what the world was going to look like--which is quite interesting. These people were experts in the area, people that you could respect for their opinion. People who had spent time, and they were not reactive--

they were coming to the issues from their own perspective. Part of it probably has to do with the polite culture of Washington, D.C., where you never say anything bad, you can do anything positively, even if you cut throats. The orientation was really quite interesting. No. 1, to have a chance to interact with all the leaders in policy, realizing there was no single right solution and that policy was not a done deal. They had no better ideas on the issues than we did coming from the field. So the orientation was very important to let us know that nothing was cast in stone. The experience in the office was even more important. It let us know how to problem solve, so that we could position a member around an issue. You look at an issue differently, not so much from what the possible solutions are, but who are your partners on this issue? Whose on your side and whose not on your side, and understanding why they're not on your side. A different way of looking at issues altogether. What Bill Bradley offered me was the opportunity to play politics with the big boys and to champion the kinds of issues I was interested in.

Mullan: What did you work on particularly?

Ross-Lee: A lot of Medicaid reform issues. The Family Leave Act--a respite care bill--his focus was primarily on the

veteran's issues, Medicaid, and children's issues--particularly immunization. He was not very well educated on AIDS, which was a rapidly emerging issue at that time in '90, before people understood the real threat of AIDS. So that became part of my job, to educate the Senator on AIDS so he would know how to vote out there on the floor. But our work was mostly on children's issues. Bill Bradley is, as you know, very committed to race relations; I was there for the Thomas hearings, and able to give him my perspective on his vote on Clarence Thomas. It was interesting.

Mullan: What was it like coming back?

Ross-Lee: It was, and I think all of us Fellows struggled with this--it was deflating to some extent. You are in the middle of power, and then you move out of it. The truth is, I would not have wanted to work in a Senate office for a second year. I mean, the work it just repeats itself over and over again. I'm sure that I wouldn't want to do it twice in a row. But the Potomac is very seducing. Capitol Hill is a wonderful place to be. Coming back to academia was a little deflating because it's difficult to explain your experience and what it was like. Nobody can really quite understand what the experience is all about except that you worked in a Senator's office. The

challenge is being able to use that experience in a more positive fashion at your institution.

Mullan: Did this opportunity come along fairly soon after that?

Ross-Lee: Well, following the Fellowship, I negotiated with the new Dean at Michigan State for an Associate Deanship on Health Policy. I wanted to interact with the profession around policy issues that I thought the profession needed to take some positions on. When I was in Washington, nobody in the Senate staff had ever heard of osteopathic medicine. We ran into crises like being left out of the Medicaid regulations, or having bills drafted that openly say you had to be board certified by the American Board of Medical Specialties. You are aware of that whole issue. I don't think it was intentional. I think people just didn't understand, and so the Associate Dean's position was supposedly to allow me to continue to work with folks at the National and State level along with the AACOM and AOA. While I was in D.C., I'd met some students who were interning at AACOM. They invited me to come and speak at OU after I got back to Michigan State. I went and spoke, and then the Deanship became available. I really had no aspirations to be Dean. I never thought that I'd leave Michigan, not that I didn't want to. The OUCOM students used to trap me at conventions and beg me apply

for the Deanship. Right now I probably don't have nearly the contact with students I would love to have. The students recruited me for the position. I mean they really did trap me, they were looking for jobs for my husband, I want you to know. They were really an interesting class. At that point, I did talk to Frank Myers who was the Dean at Ohio University COM to see whether it was possible. The former Dean here, before Frank, told me there's no way that OU, in the middle of Appalachia in Southeast Ohio, would be able to accept a black female Dean.

Mullan: How did you beat the process? How did you beat the odds?

Ross-Lee: I don't know. We function in the midst of so many stereotypes that we start to set up our own barriers. My thing was "Well, maybe that's true. I really don't know, but I'm not taking your word for it. I'm going to have to go down there, I'm going to have to see it, and I'm going to have to be uncomfortable." That's how I got down here.

Mullan: Was it a tough competition and how did you feel and how did your family feel?

Ross-Lee: Do you know Chris Meyer? Chris Meyer's my Associate

Dean. He was my primary competition. I looked at the tapes of the three final candidates that came down here. I will confess, I wouldn't look at my tape, because I didn't want to be disappointed. But I looked at their tapes and I didn't think theirs were very good. I think the competition was pretty good. They had academic experience, but they didn't have the kind of experience I had, as far as being a Chair of a Department or anything of that sort. One of the candidates had been the President of the AOA and now is in academia in California but at the time didn't have the kind of credentials that I did in academia. Chris Meyer had been part of the graduate medical education environment and really didn't have undergraduate or actual college experience. From that perspective I had more actual academic experience. This University is very sensitized to the cultural issues of the community in which we reside. I don't see the cultural issues, as much as I know that they are important, as being pivotal to the success of OUCOM. Socioeconomic conditions in this community are more important.

Mullan: How has it been?

Ross-Lee: It's been great. This last year has been the worst year--I mean it's been the hardest year. We are in a period of dynamic change and the faculty accepts the need to change but I

don't think that they will have to do anything different.

Mullan: What characterized the change?

Ross-Lee: We depend upon small community hospitals all around the State to train our students, and hospitals are closing, changing, merging and we have to solidify training. At the same time, we can't predict what will happen in Ohio, and Ohio has been well-targeted by some of the major players in the insurance and managed care business. We can't be sure whether these hospitals will continue to train our students--

Mullan: Osteopathic only?

Ross-Lee: It started off osteopathic only. It's no longer that anymore. Those mergers that stay involved in the training of students, train our students for free. They do it because the students feed their residency program. But, as the GME funding changes many of these hospitals are going to get out of the business, it's not worth it to them. If they get out of the business of graduate training they're not going to take our students. We had to position the college for whatever happened. Which meant that we had to build a stronger practice base for training locally. OUCOM is located in a grossly underserved area.

This whole county. We've got a county next door to us that has one doctor for the whole county. One of our residents just went to join that doctor so now they have two doctors in the whole county. This is a very underserved area and so my strategy was to build up our clinical base right here. If every hospital in the State closes, I still have an obligation to train 100 students and so we have to--we have the luxury of being in an area that doesn't--that can expand whereas many of the other medical schools around the State are having to shrink down and downsize. We've got space to expand, at least from a clinical perspective. So when I got here, a couple of things, we needed--

Mullan: From a clinical perspective in terms of the number of hospitals your in now?

Ross-Lee: We could expand our clinical base, our college clinical base.

Mullan: In Athens?

Ross-Lee: In Athens and surrounding counties.

Mullan: Do you use a hospital here?

Ross-Lee: There are two community hospitals here that we use. I don't know what their utilization rate is, but we have nearly doubled the number of physicians since I got here three years ago. We had 36, we now have 66, 67 doctors.

Mullan: On faculty?

Ross-Lee: On faculty. We are still not meeting the community needs.

Mullan: You mean your service needs?

Ross-Lee: Service needs. We're doing much better. So now we are building a strong ambulatory base. We have--

Mullan: Based out of these hospitals?

Ross-Lee: Actually based out of our clinic services.

Mullan: You've got a clinic here on campus?

Ross-Lee: We have a clinic here on campus. Actually, you'll get a chance to see it this evening. We have satellite clinics in counties all around. We also have contractual relationships

with the VA for in-patient/out-patient services as well as --

Mullan: Which VA is that?

Ross-Lee: Chelecothe County. We provide services to many of the area providers, we provide services for the southeast psychiatric, and we do all of their primary physicals. We geared up our clinical base here. Which means that as we change our curriculum, we need more ambulatory training sites. I'm sorry. I get off on this stuff, you can tell, right? We need more ambulatory sites to train our students. It's still a hospital-based training program. We have built--we have doubled our patient load and our patient visits so we will be able to provide early clinical contact exposure right here on site without having to farm our students out--avoiding the issue of having a thousand adjunct faculty to provide ambulatory training for 100 students--so we can provide ambulatory training and we're starting to do that here. Meanwhile, we restructured our clinical training base and we developed what we call a CORE system which is a State-wide integrated system for predoctoral and postdoctoral students. We restructured fast. We did it so fast we didn't draw all the faculties that are on campus with us which is why that third year was a difficult year. We had to move fast and then we had to pay the price to bring people along later. So we did that and it

worked, but last year was a very difficult year. There was a lot of frustration and morale problems from faculty and just total anxiety because we were changing. They didn't understand and they often didn't want to understand. This year it's starting to get a little bit easier.

Mullan: Are most of your students from Ohio? From this area? What's the demographics?

Ross-Lee: Usually we've been running about 70 to 75 percent of our students from Ohio and 25 to 30 are from out of State. The interesting part is that we've had such a large out-of- State percentage because we have used our out-of-State students slots for minority students. We can't seem to attract minority students from in the State although we're working on new strategies now. This college has a legislative mandate that 80 percent of our students must be from in State or sign a contract to practice in State for five years after training.

Mullan: Are you State supported with--what's the terminology here?

Ross-Lee: State funded.

Mullan: So you're part of the State University system?

Ross-Lee: Right. And so 80 percent of our students are supposed to be from in State or they have to sign contracts. So all of our out-of-State students sign contracts to commit to spending five years training in the State of Ohio if they are from out of State. Another thing we've done is to change that because practice opportunities for graduates are changing. For example, a couple of students who finished anesthesiology residencies had signed out-of-State contracts and couldn't find jobs in the State. The University had been making them pay back money to the State if they had signed contracts in addition to whatever educational loans they had. It was not the intent of the legislation to earn money on these students it was to try and get them to stay in State. What we have introduced is a waiver clause that says if you complete a residency training program in the State of Ohio in an osteopathic program we'll waive that service requirement if you're from out-of-State. In all honesty, people tend to practice where they're trained.

Mullan: Where do your folks get trained, in osteopathic, allopathic division?

Ross-Lee: We've a few mixed staff hospitals. We have five

CORES around the State. One is in Northeast--

Mullan: Five--

Ross-Lee: Five Centers of Osteopathic Regional Education--actually--

Mullan: Core--c-o-r--

Ross-Lee: C-O-R-E-S, Center for Osteopathic Regional Education. Let me show you a picture which is easier to explain--

Mullan: These are for graduate training?

Ross-Lee: We're linking the undergraduate to the graduate in an educational continuum--vertical integration. In addition to that, we have a State-wide consortia for residency programs. Family medicine residents meet once a month from all five CORES (13 hospitals) in effort to standardized some of the training to make sure that all the residents--

Mullan: This is only osteopathic?

Ross-Lee: Some of the hospitals are not traditionally

osteopathic. St. Vincent's in the Northwest CORE is an MD hospital. They train students from the Medical College of Toledo there, as well. But they also happen to be a CORE site so we train students, interns, and residents there. In fact, most hospitals in the State are mixed staff. Some were historically allopathic such as Obleness in the SE CORE, St. Vincent's NW, Firelands NE, and Portsmouth SE. Merges and affiliations have accelerated the changes.

Mullan: So your students graduating from here what do they do?

Ross-Lee: When they graduate from here? Most of them go into residency programs in Ohio. At least--

Mullan: How large are your classes?

Ross-Lee: One hundred. At least 75 percent or more go into training programs in Ohio.

Mullan: In osteopathic training programs?

Ross-Lee: About 70 percent in in-state osteopathic programs. The other 10 or 20 percent--a lot go to Ohio State for their family practice residency programs. The other real issue is the

pediatrics. We don't have a pediatric residency program in State so those people that go into peds can't go into the--

Mullan: So in round terms 70 percent stay, 70 percent stay in osteopathy.

Ross-Lee: Yes, 70 percent in-state. Actually maybe 85 percent in osteopathic programs. We've got a couple of other osteopathic colleges that joined the Ohio CORE. So there are about 40 pre-doctoral students in the CORE at any one time.

Mullan: Pursuing for a moment the question raised about the changing hospital scene and the fact that often the cost of teaching students has been underwritten or diffused into larger agendas which are being jostled now and all of sudden many institutions, many practitioners are saying well you know, it cost me time, it cost me patient contact and I'm going to do teaching and therefore, I can't do it or if I do it, I have to be reimbursed. Is that what you're seeing and how do you address that, how does one address that long-term.

Ross-Lee: Well, I'm not really seeing that. I am seeing physicians say they can't take as many students or as often.

Mullan: As opposed to we won't take them at all.

Ross-Lee: As opposed to we won't take them at all. We used to pay honoraria to the faculty. When we organized--

Mullan: To the faculty.

Ross-Lee: To the faculty. When we organized the CORE system we pulled all that money back to support this new educational structure--three million dollars a year, a million from the College and two million from the hospitals to help build an administrative and educational structure with an Assistant Dean and faculty development at each site. We used to have one faculty developer from the college who would just get on the road, and go to all the sites and maybe give one program a year. Well, given the changes and given our need to really impact quality overall, we have faculty development people at every one of those sites. We have curriculum development people and evaluationists who can make sure that ultimately we are establishing some standards to improve the quality of what we deliver. The core system itself is structured so that it integrates our undergraduates and our graduates. We've never paid for any kind of overhead to have our students go into the hospitals but the reality is that, even though we are a minority

profession and we can't move quickly because we are a minority, we've got a strong commitment to education. That commitment although threatened, remains.

Mullan: Jumping to the big picture, what do you foresee in these changing times as to the future of osteopathy?

Ross-Lee: I see the similarities between the two professions becoming greater than the differences. I see the merging of the hospital system's approach to care, and with it, a great change in the dynamics of how we train. The practices have been coming together all along anyway. As the hospitals come together, the barriers against joint and combined training will erode. When this occurs, I see the distinctiveness between the two professions disappear. I don't think that the osteopathic profession has done a good job in defining their distinctiveness. I don't think we--I think that ultimately we're not going to need two professions to better define and practice the principles and the philosophy of osteopathy that historically created a separate and distinct profession. I do think that the profession--I think what osteopathic medicine has done from its minority position has been unbelievable and I'm not sure that that's appreciated by the allopathic world because we still are coming from a specialty perspective and they don't yet see the value of primary care and

how you can do such a wonderful job in a different kind of environment and still come out with an excellent product.

Mullan: Give me a word about your view of primary care and where it's headed. In spite of this interview being primary care we really have taken it as a given and not articulated your thoughts about it. Had do you see it playing into the current and future of osteopathy and medicine as a whole?

Ross-Lee: Well, I personally feel that family medicine is the primary care that people refer to. I'm hoping that the market will help to bridge the barriers between family medicine and general internal medicine. I think pediatrics belongs in a shop by itself because it is more of a specialty than a generalist discipline.

Mullan: Barbara Ross-Lee, Tape 3, Side A continued

Ross-Lee: I think primary care is synonymous with family medicine. I think that general pediatrics and general internal medicine need to disappear and coalesce into one generalist discipline. I think that family medicine, general internal medicine, and general pediatrics ought to come together as one discipline. I think the current disciplines reflect a legacy of

differences and focus on the professionals, not on the populations or the services that need to be delivered. I think that when we talk primary care, we should be talking about one discipline, not three. I think they should come together.

Mullan: We've talked a lot about professional things. We touched on your family early on both your family at large and, as they say, your family creation but we've moved away from both. Tell me a bit about you got remarried and had indeed those more children that that early Dean was concerned about?

Ross-Lee: Yes. I got remarried and have what I call a "Brady Bunch," although my youngest daughter sees it differently. I have two children from my first marriage, and we raised two children from my husband's first marriage, and then we had one child together. Interestingly, our older two children are both male, my oldest child was a boy and my husband's oldest child was a boy, and now they're my two older children, both male, both named Stephen. This is really cute, they grew up in this house with both boys named Stephen, completely different personalities. They tended to know who you were calling just by the inflection of your voice. So, we had two Stephens in the house and it worked okay, surprisingly. We have five children. My oldest Stephen is an engineer with an MBA and he's in San Francisco now.

My second oldest Stephen is in education; he's teaching in a boy's school in Muskegen, Michigan. My third oldest is my oldest daughter, Monica. She's an ob/gyn resident at Wayne State University in Michigan, the only one that went into medicine. My fourth child, Kevin, wants to be a football player, so he spent this past year playing semi-pro ball. I have real mixed feelings about that. He is working on a Master's in social work. My youngest child, Alaina, is a junior at Stanford and she's interested in public policy. She want's to be a Supreme Court Justice. I figure if she aims that high even if she falls short she'll do okay.

Mullan: That's great. And your husband?

Ross-Lee: My husband just retired as a K-12 superintendent of a school district in Michigan. Right now he is an Associate Professor in the College of Education here at OU. He misses K-12 and I can appreciate that, I miss practice. I'm not sure he's going to stay down here in higher ed. He doesn't like it as much--it's not nearly as dynamic as K-12 education. I'm sure this may be his last year here, and as much as he thought he wanted to retire, I think he will be going back into some K-12 system. That's my immediate family.

Mullan: You sister Diana has come in and out of the story. Tell me a bit about what it was like growing up with her and how, I gathered she contributed a lot to the family--

Ross-Lee: Yes, she did. She--

Mullan: Is it Diane or Diana?

Ross-Lee: Diana. We call her Diane. It's a big controversy. It's spelled with an "A"--

Mullan: But your family calls her Diane?

Ross-Lee: Actually, Dian. Which is not quite Diane either. Well, you know, I'm the oldest child and Diane is the second child. I always felt bad for her because she followed me in school. There's nothing worse, I think, than having to follow an older sister or brother in school. I was very bright and so she was always trying to be different. But, I mean, like most families I don't see her as anything special--from a family perspective. Nobody ever expected her to make a whole lot of money singing. She used to sing, and I danced. I thought I was going to be a dancer, but I don't think she ever really thought she was going to be a singer. Until high school, when she

started singing with this little group and it was more fun than work.

Mullan: Were these the Supremes?

Ross-Lee: They were the Primettes. They were the sister group of a group called the Primes. The Primes became the Temptations and the Primettes became the Supremes. The good old days. And Stevie Wonder will always be little Stevie Wonder to me. Michael Jackson and my youngest brother grew up together--it was a very interesting time. The sixties were special, and I don't think they'll ever be recaptured or revisited in quite the same way. It was really open opportunity at the time for a part of the black culture the music that just exploded onto the national and world scene. Everything came together at the right time.

Mullan: Why Detroit, I mean why--is it a happenstance of the people who were here?

Ross-Lee: Just a happenstance. I think it was--it was really Barry Gordy who was willing to sacrifice and struggle through it and--

Mullan: Who was Barry Gordy?

Ross-Lee: Barry Gordy is the owner of Motown and he was the one who developed all of these artists; the timing was right, the sound was different, and the sound was right. Initially Diane was not the leader of the group. Florence Ballard was the leader, but Florence's voice did not come across well on records. Did I tell you this story--I was telling somebody else about it today. The first song they ever recorded was Butter Popcorn. It didn't go anywhere. Florence sang that song, so on the next cut, as they call it, they changed singers. Diane sang one side and Mary sang the other side to see which voice would sell better. I can't even remember the name of the song, but that song hit the charts and--

Mullan: With Diane singing?

Ross-Lee: With Diane singing it. That was what I think convinced, at least my mother, that Diane didn't have to go on to college. Diane and my father had long and many arguments about her singing. He did not want her to sing. He doesn't remember that now. In fact, when she graduated from high school they had this one little record, Butter Popcorn, and that was enough to get them on the Dick Clark tour. So they went on this bus all over the country on the Dick Clark tour. They got something like fifteen dollars a week that they could buy all the food and stuff

they needed. They slept on the bus--they lived on the bus. It was real difficult at first. For a while my mother would travel with her, because my father wouldn't let her go alone. My mother would be out on the road with Diane sleeping on these busses for weeks at a time. At the end of that year--my father said that he would allow her to do it for a year and then she had to go to school. So she was about to quit singing when the second song, the one that she had led made the charts, it wasn't a hit by any means, but it did get charted. That was enough for her to be able to engage my mother's support in allowing her to continue singing. That's how it happened. Sometimes it's amazing how things can pivot on one little piece. Truly she almost--they almost stopped singing. Ultimately my mother talked my father into signing this contract with Motown, with Barry Gordy, that meant she would have to be singing for a while--not just that one year. That's what happened, that's how she started singing. It's funny--I didn't see her perform for years, because they were on the road in other places and I was at Wayne State as a freshman. They came to Detroit to perform and I looked at her and said, "I can't believe it, you really are professionals." They changed from these little girls that used to sing anywhere at the drop of a hat--into a really poised little group.

Mullan: Did you ever--was there a sense of you wished you'd gone that route or--

Ross-Lee: There were many times when I wished I had that money, but I never wanted to live that life. I don't--you know people don't recognize how really difficult it is. With Diane's three girls, my mother was with her a lot to help raise those kids; you have to move your children and it is not an easy life. Really I feel awful bad for her. I mean sometimes she says, "They don't think I work hard. They think you do." But she's got a night job, when you think about it. I mean she works at night, she's traveling all the time--the joke in the family is that she raises her kids by phone. I mean she talks to them all the time. They think of a phone as just like, "Mom's in the next room," but that's how they were raised. The real tragedy is she can't go anywhere with her kids because people mob her. When Rhonda was in the hospital, she went to see Rhonda and the nurse got so flustered that Diana Ross was there that she dropped one of the babies. When my mother had surgery on her breast and we were standing there in tears--a lady walked up and said, "Excuse me, would you sign an autograph?" The mob scenes at shows--it's not nearly as glamourous as people think. I can remember my mother saying she didn't want Diane to visit her in the hospital because of the curious crowds. She wanted some privacy. It devastated Diana--

Mullan: Did she remain close to her family?

Ross-Lee: Oh, yes. Actually, she and I are so busy that I don't see her as much as I used to. But the kids see each other and I think that's even more important. My youngest daughter and Diane's oldest daughter look more like sisters than they look like their own brothers and sisters. They're very close. Rhonda tells me all the time she's responsible for how good Alaina turned out. I think I was successful and our family survived, because of my mother's extended family. I mean, she had sisters that jumped in and took care of us when she needed the help. In fact, she has one sister who lived with us always--always there to help. As much as my brothers and sisters can't do that kind of stuff, because our lives keep taking different directions, I'm pleased that we are able to keep our children close. They visit and they talk to one another much more than I ever get to see Diane, or even my other sister Rita, for that matter.

Mullan: What are the ages of some of the children--your sisters and brothers?

Ross-Lee: Rita is my youngest sister and she lives in Detroit right now. She's got two children and she has a foster child. It's her dream to open a day-care center for AIDS babies and she's been working on this dream now for five years. Rita is the typical mother figure. She's the one who keeps the family

history. She can tell you who my great, great, great grandfather was. I don't have that kind of patience. My oldest brother is in Detroit and he was a manager for a home construction company. It just went bankrupt, so right now he is looking for a job. My middle brother was just murdered this past summer. My youngest brother is in California, and he is a choreographer/dancer. My brother that was killed, was a song writer. He's done very well writing songs. In fact, two of his songs were just released by Madonna.

Mullan: Was it an accident?

Ross-Lee: No, he was murdered. Actually, we have no idea what happened. We think that he was killed--he and his wife--for the money they had. We don't know, but the people were arrested and are going on trial in Detroit. So we just lived through this, this past summer. It's not a pretty story.

Mullan: Well, your story is a wonderful story and I very much appreciate your sharing it with me. Is there anything, obviously there are many other things we could talk about, anything that you'd like to mention that we haven't talked about?

Ross-Lee: The only thing I talk about when I speak to,

particularly students or residents as it relates to medicine and some of my personal concerns about the underserved, has to do with my personal history. Although I don't perceive it as a bad health history, it really is an interesting one. I lost my very first child from German Measles during the Rubella epidemic. Not that I knew I had it. The child was born with transposition of the great vessel. It was after the birth that we were able to determine that that's what I had. During my last three pregnancies I had an incompetent cervix. Alaina was very premature, 23 weeks, and we didn't think she was going to survive. That was probably the worst time for my husband and I. He wanted them to let her die. He was afraid she'd be mentally retarded. So we had battles in the hospital over her incubator. But I lost the two subsequent pregnancies because of the incompetent cervix. I learned a lot of lessons along the way about how people are treated in hospitals--how assumptions are made based on what you look like versus what you come in with, and how doctors don't listen. It doesn't matter who you are, doctors don't listen, it's a power position. When I lost the baby with the transposition of the great vessel, I was not in medicine. They misled me to think that this was a minor problem. They didn't realize how much I needed to know the truth to better prepare myself for what subsequently occurred.

Mullan: How long did the baby live?

Ross-Lee: Three days. For the last two pregnancies, I had the best high-risk person in all of Michigan who refused to believe me when I said that I thought the membranes were leaking. He just said "you don't know what you're talking about." I had to depend upon this man to intercede. Indeed, they were leaking, they were ruptured. I became septic and I lost that baby. Anyway, other than that, that's my wonderful history.

Mullan: Well good, thank you for sharing that.

Ross-Lee: Okay.