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NORMA BRAUN: I'm Dr. Norma Braun, Chairman of the Archives Committee of Mount Sinai-St. Luke's and Mount Sinai West. And I'm here today to interview Judy Axelrod, one of our outstanding physicians who've been with our institution for many years, and she will describe that for us. Good morning, Dr. Axelrod.

JUDY AXELROD: Good morning, Norma.

NB: Well Judy, you are a pioneer, and you've been one of the early women at our institution. So I'd like to start with where you were born, where you were raised, whether you had siblings, where you went to school, and what were the elements in this journey to become a woman physician?

JA: Well, I was born in Massachusetts in Worcester City Hospital. And I grew up in Clinton, which is a town just outside of Worcester, where my father was a general practitioner in the town. And my interest in medicine started at a very young age, when I used to tag around with him when he made house calls, and I would sit in the office with his secretary, and see the patients. And I admired him very much. He was a very personable, outgoing man, and a wonderful doctor, and his patients loved him. And we often got paid with bushels of potatoes, and chocolates from the Greek baker in town.

I saw how much he loved it, and how much his patient's loved him, and I think that that had a positive influence on why I ultimately became a doctor. But it was also my interest, because my sister, who was a bit older than I was, hated all of this; couldn't stand blood, and she became a lawyer, so that was the story. So I grew up with this, and when I was very young I also started reading my father's medical books.

And what I always tell, because it's sort of interesting, the chapters that I was really interested in—and I wasn't that young; I was nine, ten, eleven when I was doing this—were the chapters in microbiology, and bacteriology and immunology, and wouldn't you know, I ended up going into that field. It just was something that I thought was fascinating at the time, and in fact, after these many years, I still find it fascinating. I love my field.

NB: Great. And where did you go to school?

JA: Oh, I forgot that. So I went to a local public school the first eight grades, and then I went to a private high school in Worcester for the four years of high school, where I was the top of my class and the president of student government, as you might want to know. And then I went to Wellesley College and I majored in history. I knew I was pre-med and I took the four pre-med courses, but I knew I wanted to go to medical school.

And I remember—well, ultimately, there were ten women in my class at Wellesley who went to medical school, and that was extraordinary for the time. And I remember that we had a dean, Dean Theresa Frisch, and I went to talk to her about it. I said, "I think I want to go to medical school, and what do you think?" And she was very, very encouraging for me to do that. And I said, "But very few women are doing this." And she said, "No, it's a great idea. Go for it." And I did.

When she died there was an obituary in the Wellesley alumni magazine, and the story was that she grew up in Vienna. And her father was a physician and she wanted very much to be a physician. But her father said, "No. That's not a good job for you. Become a teacher." And so she became a professor, and she was a professor at Wellesley. And I think that she was reliving what she had wanted to do with all the young women at Wellesley who went to medical school. And we went to all the top medical schools. I went to Cornell [Cornell University Medical College], and a couple of classmates went to Harvard, and they went to—we all got into very good schools.

So once I was in medical school in New York, again, there were only three women in my class. One of my funny stories is I never opened a door for myself through four years in medical school, because the men were gentlemen and they always allowed me to go first. And then, of course, when I was in the operating rooms—I'm only 5'4", and at the time I was there, there were a lot of tall, blond young men who were graduates of Cornell University in my class. So I was there with all these six-footers and they had to have two footstools for me to even hold the retractors because I was short. [Laughs] So anyway, so I graduated from Cornell and then I—how much—you want to know the rest?

NB: Mm-hm. Absolutely

JA: I did my internship and first year medical residency at Montefiore Hospital in the Bronx. And then I transferred to Mount Sinai in New York for my second year residency, with Sol Berson [Solomon A. Berson, MD], who was the head of Medicine then, who was a very famous and wonderful man. And then I did a fellowship in infectious disease at Mount Sinai, so my career kind of started and is ending at Mount Sinai. And I was one of the—there were two women, myself and Donna Mildvan, [MD] who were the two first Fellows in the newly developed department—Division of Infectious Diseases at Mount Sinai. She was also short and dark, and they used to call us the gram positive diplos.

NB: [Laughs]

JA: So she became the head of infectious disease at Beth Israel and was there for many years. And I was hired away by Dr. [Theodore] VanItallie just out of my Fellowship, basically, one year out of my Fellowship, to become the head of ID at St. Luke's, which was, honestly, a joke for a young woman just finishing her Fellowship. But Mike Grieco [Michael H. Grieco, MD], who had been the chairman of the—head of the Infectious Disease Division, was wooed down to Roosevelt Hospital, and this was before the two hospitals had merged.

So I came in a year out of my fellowship with a Fellow to train, making rounds twelve months of the year in infectious disease, and eleven months of the year in medicine. I was given seed money for a research lab by Dr. VanItallie, who was very wonderfully encouraging to me. And I started a research lab, and I basically did everything for several years and it was pretty difficult.

NB: Demanding.

JA: Doing all the rounds but the department, we didn't have as many cases in those days so I was able to do it, although it was a lot of work. Ultimately the department grew and grew and grew, of course, as you know, and now I don't know how many Attendings we have. And it's become a program—Infectious Diseases has become a specialty that's just grown over the years.

Another story I have about that is that I was also in the first group to take the boards in Infectious Disease, and because we were the first group to take it, many of my professors were also taking the boards at the same time. And we had a study group with some of the Attendings at Mount Sinai, Donna and I, and we got together every week preparing for the boards. So I passed on the first try, but some of the professors—not the ones at Sinai, but some of the other professors didn't pass, but I'm not going to name those names. So that was the start of my career. And I've been at St. Luke's since then, so I came in 1973, so it's been 44 years.

NB: Right. Did the merger with Roosevelt impact on anything that you did?

JA: Yes, it did. We merged in I think it was 1980 [the institutions merged in 1979 – ed.], and Mike Grieco, who was, of course, senior to me—he became the head of the division. And I had two babies. One was in 1978, and the other was in 1979, and so I wanted to back off my intense involvement with my career when they were very little. So it all worked out perfectly at the time, because Dr. Grieco took over the management of the entire division, and I cut back on my hours at the hospital for a few years while the kids were babies. They were a year apart, so it was pretty difficult, even though I had a lot of help. I had 24/7 help. I had two people living with me, helpers for the kids [laughs], so I could work. And I took off a month for each baby, and I just did it.

Oh, I've another funny story about that. So I was writing a chapter in a book for Dr. Grieco when I was pregnant, and one of the pregnancies—I guess it was the first one.

NB: So you'd have something to do? [Laughs]

JA: No, no. Well, this was while I was still running the department, and doing all the lectures and doing all the rounds. But Mike had asked me to write this chapter on infections in renal transplant. So I did, but it was also a lot of work. So I think around the sixth month of my pregnancy, I said, "I just can't do it all. I can't write the chapter and I've got to get it done before I have the baby."

So I went—I can't remember who was head of medicine then, but I said, "You know, I'm having difficulty doing all this work because I'm pregnant," and I wonder if I could just back off on a lot of the clinical responsibilities at the time? And of course they said, "Yes, that's fine." And they found someone to help make rounds for me at St. Luke's. But really, I felt perfectly fine, and I spent three months in the Library at Columbia researching the chapter in the book. And then I took a real month off after my son was born, and then I came back and worked full time after that.

NB: Ever since.

JA: Yes, yes.

NB: I was going to ask you how you merged your personal life with your professional life, and for women, it's double duty.

JA: Right. Well it was difficult, but as I said, the father of my children was also a doctor, and we had enough money and we just hired—we had first night people and day people, and then we had a housekeeper and cook, and then a nanny and an au pair for the kids. And we just worked it out. It was difficult but I don't regret a minute.

NB: But your husband was supportive?

JA: He was supportive in a monetary fashion. He was European and he didn't really help very much, so. [Laughs] Anyway, that was that story. And the kids—it was fun bringing them up. I remember talking to them about medicine, and I used to bring them to the hospital, too, hoping that they might go into medicine following in my footsteps. But my son came to the hospital—well, this is another funny story. I don't know if I'm talking too much?

NB: No.

JA: But he was the older one, and I brought him with me on rounds on a Sunday morning. And I picked a patient, one of those really nice men who had diabetes, and he was able to talk. And I forget what he was in the hospital for, and I thought he would be a nice person for my son to meet, and they could talk. And I asked him if it was okay and it was fine. So I brought my son, who was about eight or nine at the time, and we go into the room, and my son took one look at this patient—now he was a middle-aged man. He wasn't demented. He was lying in bed, fine.

And my son said to me, "Mom, I got to get out of here!" I said, "What's the matter?" He said, "Mom, he doesn't have a leg." And I said, "Oh, no. I'd forgotten he had an amputation." And I didn't even think about it. And my son saw the emptiness in the bed, and he got nauseous and that was it. He's gone to business school. [Laughs] My daughter did end up going to medical school.

NB: Oh, great. Where is she?

JA: That's another long story, but she's a stay at home mom right now with two kids. She had some medical issues, so she wasn't able to go on. But that's—

NB: Well, yeah, that's what happens, anyway. Yeah, because life happens no matter how you plan.

JA: Right, right.

NB: No question about that.

JA: But she tried. She tried, but she couldn't end up finishing it up.

NB: Well, did the connection with BI make any difference? Because we became part of Continuum [Continuum Health Partners, Inc.], so did that impact at all?

JA: On what?

NB: On your career.

JA: Not at all.

NB: Not at all.

JA: No, I really was St. Luke's-Roosevelt. And actually, at one point I got an offer to go back to Sinai—this was an interesting thing—because I was doing research in ophthalmology with Dr. Kochman. You might remember him, Dr. Richard Kochman, who passed away.

NB: Yeah, I certainly do.

JA: And I used to give lectures on eye infections. That was my area and I was kind of known for that. And I was offered a joint appointment in Ophthalmology and Medicine at Mount Sinai, and I turned it down because I didn't want to leave St. Luke's-Roosevelt. And one of the reasons—

NB: Well, why? Yeah, I was going to say.

JA: One of the reasons I came here, and one of the reasons I stayed here, and I love it here, is because even when I came there were several female Attendings, you were one of them. Airlee Cameron was another. Jeanne Baer was another. And there were women who were around who would be very supportive, and we could talk to about what it's like to be a woman in medicine. And you were all a little bit older than I was. You are a little bit older than I am, but not much. But you were already here as Attendings, and it was wonderful for me. And we used to be in the doctor's dining room, which was only for the doctors at that time. [Laughs] Now we don't do those things any more.

NB: Well, we actually have a doctor's dining room down at Babcock, but nobody uses it.

JA: Oh. I never have lunch here anymore, so.

NB: Yeah, well, so the collegiality is what's gone. We used to do all our curbside consultations in the doctor's dining room.

JA: Right. Right.

NB: At lunch time.

JA: Right.

NB: Because you'd talk about a patient, or a case, or a problem, and then next thing you know, "What should I do? Maybe you should do this consultation because maybe I need a little bit more help."

JA: Right, right, right.

NB: Or, "Gee, thanks for that, because I'll go back and apply it to the patient," because it's a curbside consultation. It didn't require the person you spoke with to go and see the patient. But they had an opportunity to exchange.

JA: Right.

NB: That's what's missing now.

JA: Well, the doctor's dining room, again, it's not politically correct, but at the time there was the collegiality, and that was one of the wonderful things about this hospital. I mean, we would all be sitting there and talking—the women, the men. We would talk about everything, not just patients.

NB: Right, politics.

JA: About our families, about politics, about theater. And it was a very collegial group, and I feel very warmly toward all of these physicians.

NB: Yeah, and I think this was a more intense response to this environment, as opposed to even Roosevelt. Didn't have the same feel; no question about that. They had a doctor's dining room, but it didn't have the same ambiance for whatever reasons were.

JA: That's right.

NB: Where did you live then when you were working?

JA: In those early years I was living in a town in New Jersey that was very close. It was Alpine, which was right over the George Washington Bridge. So it was quite easy to commute to St. Luke's from there. And I would leave at nine in the morning so I didn't have any traffic.

NB: Well, that was good.

JA: Yeah.

NB: It didn't add that much more time to your day.

JA: Right. No, no, it worked out fine. Then I have some other stories. It was a town where most of the women didn't work, and so they were not very helpful to me if sometimes I couldn't get home to bring the kids to little league, or whatever, or my daughter's flute lessons. And so they were not very appreciative of me as a professional. But anyway, I made it work, so.

NB: Well, yeah, because they have to see what it is that you do, and if they don't understand that, it's hard. It's very hard.

JA: Yeah. I was different, too.

NB: Well, there's an impact no matter how you slice it. Different cultures have different expectations.

JA: And different environments have different, yeah.

NB: Exactly.

JA: Now I think a lot more women—well, I don't really know what's happened in that area in New Jersey anymore. I haven't been there for a long time.

NB: Well, when did you move?

JA: I moved back to the city when the kids were twelve and thirteen. They were going to school in New York, anyway, and so there was no point in all of us commuting.

NB: Right. That makes sense.

JA: Yeah.

NB: What were things that upset you or that you didn't like, in either location or career trajectory or possible interactions? Can you think of anything, or any persons? You don't have to name anybody obviously, but were there things that interfered?

JA: Not - I'm sort of a Pollyanna, I think. People always say that about me. I'm always happy. I've always loved what I've been doing.

NB: How about your interactions with nurses and staff?

JA: No, I think I got along pretty well with everybody. I think. [Laughs] I don't have any—

NB: Yeah, pretty much. That's your reputation anyway. [Laughs]

NB: Yeah, I really enjoyed interacting with everybody at every level. I remember when Dr. [George E.] Green's son worked here. Remember him?

NB: Sam.

JA: Yeah, Sam. I don't know if he's—probably not here anymore.

NB: He is.

JA: Is he still here?

NB: He is. He is.

JA: And he was always so warm and, you know, "Oh, Dr. Axelrod!"

NB: And he got the President's Award last year.

JA: Did he? No, he was a lovely guy. And we all—it was a very nice atmosphere in which to work.

NB: That collegiality is what made it.

JA: Yeah, yeah. It's really …

NB: Were there any outstanding people in your mind, besides maybe Dr. Grieco?

JA: In terms of other physicians?

NB: Yeah, other physicians or other staff. Presidents of the Hospital, for heaven's sakes. They changed, right? [Laughs]

JA: Well, I didn't have too much to do with them, but no, we just—I think I made a lot of very good friends. And it was a very friendly crowd of physicians and—

NB: Were there any demands made on you that were not made perhaps on others?

JA: No.

NB: No?

JA: No.

NB: Well, that's good. That's good.

JA: Yeah. No, I think I was asked to do everything so. [Laughs]

NB: Yeah. Was there anything you'd like to do over? Anything different?

JA: No. I've had a very fortunate life, and I've been very lucky to have this career which I still love. I can't leave, even now I'm retired. I'm retired, but I never left. They gave me a big retirement party, and then next day I was back in the hospital, so I just didn't leave.

NB: [Laughs] They can't get rid of you.

JA: No. Like you, I mean. And there's a few others of us that are our vintage that we just keep coming to this hospital.

NB: Yeah, because it's been an important part of our lives.

JA: It's part of my life, although it changed over the years. And we have a great Infectious Disease Department now—some of the old people, and mainly a lot of new people. They're very bright. They're very dedicated. And we have wonderful conferences. And they let me talk. [Laughs]

NB: Well, that's important.

JA: They ask my opinion and I give it. I'm like you. But not quite as like you, but you're unique! You're totally unique. She has a question at every Grand Rounds. Every topic.

NB: It tells you what I don't know.

JA: No, no. It tells you do know a lot. You know a lot.

NB: Well, because if I don't stay awake for the Grand Rounds, I won't get much out of sitting there. And having done research on this topic, that the average Grand Rounds preparation time for the speaker is eight hours—the average, given more or less depending on the person and the topic. So if I can cull in 45 minutes all the work that person has done for eight hours, I have saved myself seven and a quarter hours, right?

JA: Right. Yeah, no.

NB: So that's how I look at Grand Rounds. And that's the reason why I go, because I need to understand the things that connect with what I do, and also for me to understand how to help my patients, because they are still whole people and not pieces of patients.

JA: Right, right, right.

NB: So if things impact one system on another, so that's why I prefer to learn.

JA: No, I love learning. That's one of the reasons I go, because I keep up a little bit more with infectious disease, but I don't keep up with the latest in hemodialysis or oncology or all these other topics. And it's fascinating, what's going on. I mean, and I still love to learn.

NB: Well, if you spend every day just reading everything, you'd do nothing else.

JA: Right.

NB: I know that Dr. Grieco's pattern-he was boarded in six specialties?

JA: Well, Pulmonary, ID.

NB: Critical care.

JA: Allergy and Immunology.

NB: Cardiology and Rheumatology. He did.

JA: Oh, you know more than I do.

NB: Well, because I asked him. I said, "How do you do all that?" I mean, he was somebody who always felt he had to know more, had to know more.

JA: Yeah.

NB: But he would start his day with the journals that came the day before in the morning. He would skim them, and then he would put them aside; mark the ones he wanted to go back and read in depth with a pink slip, and then come to the hospital. So he started every day—and he would have in his basement—his wife used to tell me—stacks of journals. And then he was always feeling insecure about not knowing enough.

JA: Yeah.

NB: So.

JA: Are you going to interview him for this?

NB: I'm going to try to get him, if he's willing.

JA: I don't know where he's living.

NB: Florida.

JA: Yeah.

NB: Yeah, we're going to try to get him. No question, because I think—

JA: He would be great.

NB: Well, I think for most people, they come to New York for various events, anyway, so I'm hoping to capture him to do that. I'd like to grab Miles Schwartz [Miles J. Schwartz, MD], too, but I don't know whether Miles will come.

JA: And the other one, Dr. VanItallie. Have you—?

NB: Already did Dr. VanItallie.

JA: You already did him. Oh, yeah.

NB: Yeah, he was fabulous.

JA: Yeah.

NB: Yeah, but not only that, when he showed us the desk that he had built onto his treadmill so that he can keep working while he's doing his exercise.

JA: Oh, that's so good.

NB: And he has a personal trainer that comes twice a week to help him do weights, because he said if he doesn't have someone to tell him to do it, he's likely to skip it. So twice a week he does weights.

JA: Yeah.

NB: So that's really, really great.

JA: Yeah, he's great. He's in his nineties now.

NB: Ninety-seven.

JA: Yeah, that's amazing.

NB: And he's currently writing a paper.

JA: I know. Well, I told you how his daughter and I are friendly, so she keeps me up to date on him.

NB: Yeah, yeah. And part of the reason and that connection is because he then reaches out to Nancy Panella [Nancy M. Panella, PhD - St. Luke's Medical Librarian] to pull the articles he needs to support whatever his thesis. He has a paper and he sent me the draft, because it's submitted but he's waiting for the review process, which is to look at inflammation and the sources of inflammation for developing Alzheimer's disease.

JA: Oh, yes. Actually I was with them playing tennis with them last weekend, and apparently he's got some coconut oil.

NB: No. He's been on hydroxybutyrate. – Ester. [Ester is the name of a medication being developed by Drs. Sami Hashim and VanItallie.]

JA: Oh. Lucy told me it was coconut oil, or something.

NB: Yeah, well it's extracted from coconut oil.

JA: Oh, okay.

NB: Yeah, so hydroxybutyrate, in rat models they bred for Alzheimer's, they actually have a diminution of the effects of Alzheimer's when fed this supplement. And it tastes so lousy that they have somebody in the corporate arena who deals with taste, because all these food companies deal with taste, to add a taste that doesn't alter its function, to make it palatable, because it comes under a food supplement rather than a medication, which has a different approval process through the FDA. So, that's pending.

JA: So I heard you can get it from Canada. That's what they were telling me.

NB: Well, they import tons of it, from a source that's relatively inexpensive. But it's patented, so this time they were smart enough to patent it. Well, so many things they did earlier—I mean, I did things, too, I never even thought of patenting, because I don't have a business head for thinking about those things. But that's what happens. Okay. Oh, yeah, I was going to ask about that - when you came to St. Luke's, it was just before the AIDS epidemic.

JA: Oh, right.

NB: What was the impact of that?

JA: Oh, that had a great impact on all of it.

NB: Huge impact!

JA: That was fascinating. That's a fascinating story. So I started practicing here—I came in 1973, which was before we knew about HIV and AIDS. And we had a group called the Infectious Disease—we would do infectious disease intercity rounds. Every Monday afternoon, all the infectious disease doctors from the many hospitals in New York, Westchester, and New Jersey, and Long Island, we would get together at the different host hospitals and we would present cases.

In the late seventies we started seeing—and all of us were presenting these strange cases—young, healthy men who had come down with these opportunistic infections. We did realize that it was in—that they were gay, but we didn't put it all together. And in fact, in the beginning we called it GRID, which was Gay-Related Infectious Disease. We would see pneumocystis, and then we started seeing Kaposi's sarcoma, which is a skin cancer and you normally would see that in older men.

NB: Of Mediterranean extract.

JA: Yeah, right. We were seeing it in these young gay guys. And nobody knew anything about it. There was all this discussion about what was causing it. Well, finally, a couple of years later the virologists figured out that it was due to this new retrovirus, and again, there was a big controversy about who discovered it first.

NB: Oh, yeah. I remember that.

JA: And what to do…It was like, was it Gallo [Robert Gallo, MD], or was it this one, or was it that one? But at least we now had an understanding of what was causing the disease, and we soon learned how it was transmitted, which we learned initially that it was through sex, and of course, homosexual sex, because they would have multiple partners, and they didn't use protection. And so the initial—

NB: Yeah, and IV drug abusers.

JA: —the initial understanding of it, it was a gay related disease. And then we found out that it was in the blood. And sadly, sadly, many people who received blood transfusions—

NB: Including Arthur Ashe.

JA: I was going to mention him. Arthur Ashe at our hospital, the famous tennis player, needed a bypass, and we had Dr. [John] Hutchinson who was also African-American. I don't know if that's why Dr. Ashe came—I mean Arthur Ashe came to him, but he was a very renowned surgeon. And he got his bypass, and he got HIV here at St. Luke's Hospital. And then, of course, the hemophiliacs who were getting the factor 8 transfusions to help them stop help them clot, and a lot, a lot of hemophiliac kids developed HIV. So then, of course, it spread to heterosexual transmission, and the drug abusers were sharing needles. We had tons of articles in the infectious disease literature by our group. Dr. [Donald] Luria [from Bellevue Hospital] is one who became—

NB: Dr. [Michael] Lang. [from the former St. Luke's-Roosevelt Hospital Center]

JA: Dr. Lang. We were all—I wasn't doing it, but they were all doing research on HIV.

NB: Dr. [Donald] Kotler. [From the former St. Luke's-Roosevelt Hospital Center]

JA: Dr. Kotler was doing the GI, and Dr. [George] McKinley [also from St. Luke's-Roosevelt Hospital Center] was doing CMV, and it caused a huge—

NB: Exploded.

JA: —explosion of our sub-specialty. And now, people are just doing HIV because it's very hard to keep up with everything. But it was very interesting, and sad to live through the

evolution of this epidemic. And then all the patients were dying. No matter what we did, I mean, they were all dying. I held the hands of the mothers and the siblings as you would watch these wonderful young men—and they were just dying like flies. And then finally we got the first drug, which was AZT, and there was this huge controversy about AZT. Some said it didn't work. Some of these gay rights groups said it didn't work, and it was killing them. And anyway, it wasn't working.

NB: It was a horrible schedule. They set the—

JA: That was the other thing, yes.

NB: —alarm clock to wake up every four hours to take it. They were so afraid.

JA: Every four hours. Right, nobody had any idea what to do.

NB: Right.

JA: And so we lived through that. So the epidemic was first published in the *New England Journal* in '81, but we knew about it in 1979. And then AZT came in in the eighties, and it really, in the end, wasn't doing very much. It wasn't until 1996, so this is sixteen years after the epidemic started, that they understood that, in fact, you had to get multiple drugs. Like TB, you had to give multiple drugs in order to stop the development of resistance, and to get really get a handle on eradicating this drug—I mean this virus. And so since 1996, the death rate in the compliant patients—which is another whole issue—has gone down, and the HIV positive patients who take their medicines and are compliant actually are now dying pretty much from the same causes that the rest of us are dying from who are not HIV.

NB: They're living a normal life.

JA: They're living a normal life and it's really a miracle. And then when I retired from my practice, I had about a third of my practice were the gay guys. I didn't have the drug addicts. I had the, well, the homosexuals who—

NB: Had insurance.

JA: Well, yes, they had insurance and they were also compliant. And I had a wonderful group of patients. I had architects and artists and an organist. I had teachers. I don't know, just a very nice group of men, and I gave them all big hugs when I retired from the practice. And we were all very fond of each other because I saw them quite frequently. I was really their primary care doctor. And then, of course, I would come home to my family, and they would say, "Oh, Mom, what are you doing?" "It's fine. It's fine. I'm fine." So they didn't really like it that I was hugging all these guys, but it was fine. I used to draw blood on them as well.

NB: Yeah, me too.

JA: I never had a problem, so.

NB: Neither did I. Well, the other—

JA: So that was it. It was a fascinating time. But infectious disease is always fascinating. That's why I love it. I mean, we've had Ebola. Now we have Zika. There's always something. We had Legionnaire's.

NB: Well, now there's a Legionnaire's...

JA: Now a new Legionnaire's outbreak.

NB: Yeah, another one.

JA: In our conference this morning we presented. We had a case of it that our group saw. And yeah, it's always been new and fascinating. You want to hear more about—?

Michala Biondi: Talk more about that.

JA: About which?

MB: Any of the infectious diseases that you've worked with, the research you've done.

JA: Oh, well, I really only did research in ophthalmology, so that was all the research. But we lived through, well the Legionnaire's epidemic and what was causing it, finding it out and then finding the proper treatment. And finding the environmental causes and how to treat them. And then Ebola came. I didn't have much to do with that, but I did do the—I worked in the clinic for eight years after I retired from my private practice, and so we had to go practice putting on these suits. So I've got a picture of myself in one of these.

NB: Oh, send us picture.

JA: Oh, my cell phone got lost so I don't have that picture. But it was very funny. I looked like a moon woman, a space woman. And we had to do that. So there was Ebola, and of course now there's Zika, and that's become a very horrible problem, which I'm sure you read about in the *New York Times,* which I've been reading about.

And I read this stuff assiduously because I am retired now, but they're always asking me everything about infectious disease, and I feel I have to keep up. So the *New York Times* is my most read journal, medical journal, at the moment. I do keep up with some of the others. But they always ask me about that, and about the vaccines, like the Zostavax, which we have now for shingles for older people. So it's always something new and different. I suppose every field is the same, but I just find that infectious disease is really something that catches everybody's fancy. And people talk about it a lot.

NB: Well, it impacts everyone.

JA: Right.

NB: It is non-discriminatory, infectious disease.

JA: Right, right.

NB: So I think that's the reason why, because even some things like the common cold is common because anybody and everybody gets it. [Laughs]

JA: Yeah, right.

NB: And it rarely kills, so that it doesn't have the same impact, but it has an enormous work productivity impact!

JA: Right, right, right.

NB: Because people get sick; they either spread it at work or they stay home, and they're not doing their job. So all those things are impacting.

JA: Right, right, right. So I don't know; it's just a vast field which gets more interesting every year, and I still love it. I'm still interested in it, and I'm really—I feel I'm very fortunate that I chose this field, and it's been very exciting over 44 years. More than that—45 years. So…

NB: It's great. It's a wonderful career, yeah.

JA: And I love it. And I'm so lucky that I did this.

NB: Yeah. And it started in your father's office.

JA: Yeah. Oh, the other thing, you know, back to my parents. I have several friends who were my age who wanted to go into medicine, but their parents either wouldn't pay for it, or didn't encourage them. And my parents? I don't know why they were very happy to support me in medical school and they supported my decision to go to medical school. They never—

NB: Well, did you have any brothers?

JA: No.

NB: Well, maybe that's why.

JA: Oh, Norma! [Laughs] Well, I had a sister who went to law school, so. Actually, it's sort of funny. She went to law school when she was in her early thirties with three children already.

NB: Wow.

JA: But she told me, later on in our lives together, that one of the reasons she went to law school was she was kind of jealous that I'd gone to medical school, which I thought was kind of cute. So she was a brilliant woman.

NB: Was she older?

JA: Yeah, yeah. You might have met her. She was very brilliant. She is a very brilliant woman. She still is. She could have done it, but she got married at twenty and had her kids, so she had a different route.

NB: Well, she had a delayed route.

JA: A delayed route, right.

NB: But at least it was still open.

JA: Right. That's right.

NB: It wouldn't have to be a choice.

JA: There were still very few women in her law school class. But now, the law school classes are more than 50 percent women, and when my daughter went to medical school—she went to NYU—more than 50 percent women in her class, as well.

NB: Yeah, true at Columbia, where I went. Now it's 53 percent women.

JA: Yeah, right, right. And Cornell is the same. I know it's over 50 percent women now.

NB: Right, right. Nothing like breaking down barriers to change things to make a difference.

JA: Right, right. We've come a long way.

NB: And just this year there was a paper published on the fact that patient satisfaction of women doctors was greater than men's.

JA: We're more nurturing.

NB: Not only were they greater, but their survival of the patients was better, and their compliance was better than patients of male physicians. And it almost didn't matter what the sub-specialty was, that it was, in general, the case.

JA: Yeah.

NB: So yesterday I encountered a patient who, at the end of two hours, because she was painstakingly difficult to get a history from, she said, "Well, I really wanted a male doctor." I

said, “Well, you should have told me that right at the start. I could have easily given you a male doctor.”

JA: Passed you on. Yeah, right.

NB: “Reassigned you.” And then she laughed. She said, “I guess I’ll stay with you.” [Laughs]

JA: Yeah. You know, in my own life even early on, I always wanted to go to male doctors. Now all my doctors are women, so. [Laughs]

NB: Well, there weren’t much choices then.

JA: Right.

NB: You couldn’t find a female except for a pediatrician. At the time when I had my kids I wanted to do part-time work so I could be home with the children. They would not salary a woman physician unless she were a pathologist or a radiologist. If you did anything else, you would not get a salary. No paid part-time positions in Medicine. So in order to stay in practice I had to volunteer. So I started early volunteering. I had to pay for a babysitter while I volunteered. So my husband claimed he was supporting my career by paying for the babysitter, because we had no money coming in. But the worst thing is to go to a conference—been my habit for a long time. If I don’t understand something or something is a query for me, I ask a question.

JA: I know. [Laughs]

NB: And the men would come up after the conference and said, “What are you doing asking questions?” “Well, I have a question.” “Well, you’re just a volunteer. You don’t get paid anything. You can’t be any good if you’re willing to volunteer.” That was what men said to me.

JA: Oh, I can’t believe that!

NB: Well, I could tell you a lot more stories. But I’d say, “Well, that’s interesting. When does a brain stop working because you’re a volunteer?” You know, that’s such a ridiculous conclusion.

JA: Right, yeah. I have actually a funny story. When I was an intern we were paired up with another intern, and I was paired up with this young man. And he realized I was going to be his partner, and he said, “Oh no. You’re going to be out when you get your period every month. And then you’re going to be out when you’re sick with this. And then if you get pregnant, you’re going to be out with that.’ And he was really unhappy that he was my partner.

So we partnered for the year. I was there every single day. I think one day I had the flu, and I was a 104 fever, and I didn't come in that day. He was out—he got sick, his wife got sick, his kids got sick. I mean, he was out a lot. I was out one day the whole year.

NB: Did you bring it up the end of the year?

JA: No, I didn't care. [Laughs]

NB: Let's tally, Joe.

JA: I just let him go along, but I remember that that he was so unhappy to partner with me. He should have been happy to partner with me.

NB: Well, the problem is biases, and it's been shown repeatedly—

JA: Yeah.

NB: —that actually women work a lot harder because of that. And they have to accomplish more to get to the same place.

JA: That's right.

NB: And we're still not in the same places in many, many, many arenas.

JA: Right. I think women still are not at the highest echelons of medicine. They're still not, but if you have a family it is hard to do that.

NB: You can't dump your kids, no matter how you slice it.

JA: Right.

NB: So we're not just baby machines that make babies and then discard them. Though I grew up—my early life was in China, and my mother had five children and that was with the Second World War. But she said the only way to have five children is to have a servant for each one. That way…

JA: [Laughs] Is that how you grew up?

NB: Yeah.

JA: Ooh! [Laughs]

NB: So I'm used to that environment, where that it's a whole different culture. If a child had a birthday party in China, the parents have the party. They present the birthday child, and say, "This is the reason we're having the party. Okay, now you go." And they have the

party. It's not your party. So to come to this country and have a birthday cake for me? - that was like novel.

JA: Yeah.

NB: So my first birthday here I turned eleven, and my grandmother made me a birthday cake. It was the first birthday cake I ever had.

JA: Aw.

NB: I couldn't believe it!

JA: Yeah.

NB: Just for me? I couldn't eat the whole thing anyway, but it was still different.

JA: Right.

NB: It was so different, in terms of the emphasis on children.

JA: Right, right, right.

NB: And where their place is.

JA: Yeah. Even here, I remember, again, when I finally had my children, both my mother and my mother-in-law said to me, "You're too involved with your children." Because it was a different—that wasn't anything to do with medicine. I mean, it was just a different era.

NB: Yeah, yeah. That's true.

JA: And I think the younger kids are totally involved with their children.

NB: Yeah, yeah. Too much to me.

JA: I would say even to a fault but, you know, the hovering mothers.

NB: Too much, yeah. Yeah.

JA: But it's become more child-centric.

NB: And the children actually don't like the children who don't understand about what age is. It's the same thing. They think the world revolves around them only.

JA: Yeah.

NB: And that's a hard way to greet the world when they have to go there. So it's not good training in the long run, actually, for them.

JA: Yeah. My kids both, they ended up okay. And even though I, you know, I wasn't home a lot, but I think what they did see is both their father and I, we worked really hard. And I think that you really learn by example, and I think both of them are very solid citizens, and I think that's part of it. And then, of course, they kid me and they say, "Mom, if you stayed home all the time we'd really be screwed up." So, anyway...

NB: Well, there was an ethics that people live by, and they lived by it every day. It wasn't just on Sundays or when they worshipped.

JA: Yeah, yeah.

NB: And that does transcend, and it transmitted to the next generation. So that's what we're hoping for.

JA: You teach by example. It's not what I say, but what I do.

NB: Yeah, exactly. [Tape is edited; final question asked is, "Please state your name and your titles."]

JA: Well, my name is Judith Axelrod, and I have a few titles.

NB: All of them.

JA: I'm a Senior Attending Physician at St. Luke's—Mount Sinai St. Luke's and Mount Sinai West. I'm an Associate Professor of Clinical Medicine. It was at Columbia, it's now at the Icahn School of Medicine. And I'm an active member of the Division of Infectious Diseases here, and I have been forever.

[End of Interview]