

This is Allan Jensen, Chair of the History of Maryland Medicine Committee of MedChi's Center for a Healthy Maryland. We are having an interview for the Oral History Project of the Center for a Healthy Maryland of MedChi, The Maryland State Medical Society.

It is Sunday, April 28, 2013. Our guest today is Bernadette Huber. I'll ask her to introduce herself and then share some of her memories of working at MedChi and the Baltimore City Medical Society (BCMS), where she had 38 years of experience and input.



**BH:** I am Bernadette Huber. I was Bernadette Huber Lane and, when I worked for MedChi, my last name was Silk, which tells you a long history. I worked for MedChi from 1961 until 1969 when I left and went to be the executive at the Baltimore City Medical Society until 1999.

**ADJ:** Bernadette, when you began to work for Baltimore City Medical Society, there were also other components of MedChi. Remind us about them – how active they were, how they were staffed and how they related to MedChi, and how MedChi was organized.

**BH:** Actually there were 24 components belonging to MedChi, Baltimore City and 23 counties. At that time, the structure of MedChi included the Executive Committee, the group that met monthly and actually ran MedChi; the Council which met six times a year; and the House of Delegates. The Executive Committee included the Chairman of Council, Vice Chairman of Council, President, President-elect, Secretary, and Treasurer – six people.

Those were the people who ran MedChi. The Council had a representative from each of the larger components (Baltimore City, Baltimore County, and, I think, Montgomery County), and then the rest of counties were grouped. I am not sure how many members they had to have to have a delegate, but the structure was that you had one delegate and one more for each X number of members.

**ADJ:** Maybe you can clarify. MedChi had a House of Delegates, a Council, and an Executive Committee, and of course, staff?

**BH:** Yes, and the Executive Committee ran it. They met every month.

**ADJ:** How were they chosen?

**BH:** The Council was elected by the House of Delegates. The Council officers were the Executive Committee. The Council met six times a year. The House of Delegates met twice a year.

**ADJ:** You've mentioned that Baltimore City, Baltimore County and Montgomery County were large and well-represented. How were the other counties represented?

**BH:** I don't know that much. Prince Georges was very small at one time, and for representation on the Council, I think that it was combined with Montgomery County, and Allegeny and Garrett were together and I think, Washington and Frederick were together. On the Eastern Shore, the

Lower Shore was together, and the Upper Shore, Harford and Cecil.

**ADJ:** Did most of the components have staff, or was BCMS unique in having a staff person?

**BH:** I think Montgomery County had a full-time staff person, but I was the only other component staff person full-time. Before me, there was another full-time staff person in Baltimore City, Lucy McGuire, and she had a part-time helper. In Baltimore County, I think, Charles O'Donnell's secretary served as the staff. In most counties, the President's or Secretary's secretary or wife served as their staff.

**ADJ:** Out of a shoe box.

**BH:** Yes, or somebody's bottom drawer.

**ADJ:** When I joined the Baltimore City Medical Society you were the executive, I remember. While we had activities at MedChi, BCMS offices were at Cross Keys, and then on Park Avenue, and then back to the MedChi building on Cathedral Street. Was BCMS unique, or did other components have their own building or offices?

**BH:** Montgomery County did. I don't think Prince George did early on. When I first went to MedChi, I worked strictly for MedChi, but Baltimore City had an office, when you first went in the old building, just to the right of the front door.

**ADJ:** I believe that is where the Monumental City Medical Society has an office now.

**BH:** While Baltimore City Medical Society was in that right front office, Jack Sargent, Executive Director of MedChi, was on the left hand side. All of MedChi staff was on the left hand side of the main hall. Downstairs there was a dental society office, with a secretary.

When I went with Baltimore City, we were still in that MedChi office. Baltimore City hired Lucy McGuire, and then hired me, but they paid MedChi to pay our salaries for fringe benefits purposes. Baltimore City paid MedChi for use of the room, use of the hall and use of the equipment. So BCMS was essentially renting space and staff. And then it was, I think, John deHoff who was probably responsible, and who spearheaded, the BCMS move from MedChi to Cross Keys. We were there for several years, and then Leon Kassel and Henry Wagner spearheaded the purchase of the Park Avenue building downtown.

**ADJ:** You are mentioning some of the revered wonderful folks from MedChi and BCMS from 40 to 50 years ago. Do we have much information about activities of the Society before that?

**BH:** There was a separate Baltimore City Medical Society much before 50 years and it had a number of offices previous to going into the MedChi building. In fact, it was mostly Baltimore City doctors who ran MedChi in the earlier years, until the 1950's and 1960's or in that time period.

**ADJ:** At MedChi and Baltimore City, you had experience with executives and presidents. Can you share a bit of your memories about the executives at MedChi - who they were, how long they served and what they did?

**BH:** Jack Sargent was there when I first arrived.

**ADJ:** I understand he was like Mr. MedChi?

**BH:** Yes, he was, and when he died, Elza Davis (now Dunning) was interim exec, and then the Executive Committee chose Angelo Troisi.

**ADJ:** And after Angelo?

**BH:** It was Mike Preston, and then when he left, I guess, Gene Ransom.

**ADJ:** But also in between was former Maryland Secretary of Health, Marty Wassermann.

**BH:** Oh right, but he was only there for a short period of time.

**ADJ:** Tell me about Jack Sargent. A lot of members of MedChi have no idea who he was.

**BH:** Jack Sargent was very dynamic, really put the organization together and was very smart. He was really good at what he did. He was an excellent organizer, and got things done. I had a great admiration for him. He was an excellent writer, and he was married to a writer for the *Baltimore Sun* paper. They had two girls. I worked for him for seven or eight years.

Now, for the first four years I really didn't work for him directly, I worked in the bookkeeping and membership department. When I first went there, there were maybe twelve people on the staff (exclusive of the Journal and Library), and I worked in the basement. That's where the membership department was, and I worked for Erma Herget and a man named Reid, and I think his first name was Rodney, but I can't remember. He got fired for embezzlement.

**ADJ:** Oops! I hope that didn't happen too many times.

**BH:** Joe Harrison came on board then (as the financial person), and Joe was just a super person too. And while I was there Jack Sargent had an assistant, Ted Chilcoat, and he worked for MedChi for maybe five or six years or more and he then went with AMA.

After Ted Chilcoat left, Mike Murray was hired, a young man who worked there 10 or 12 years and then he also went to AMA.

**ADJ:** It sounds like MedChi was a good training ground for the AMA.

**BH:** Yes, MedChi was a good training ground.

**ADJ:** What other leaders do you recall?

**BH:** Well, when I first worked for MedChi, and the Executive Committee ran MedChi, the person who really ran the Executive Committee was Russell Fisher, the Chairman of the Council, and the other was Charles O'Donnell, Vice Chairman. Charles O'Donnell was from Baltimore County

and Russell Fisher was from Baltimore City.

**ADJ:** When you talk about MedChi and working in the basement, I assume that was in the original Osler building?

**BH:** The old building was wonderful, and it still is. All of the offices were there. As I mentioned, when you came in the front door, on the left-hand side were MedChi offices and there weren't that many. There were maybe six people – five, and a person working the switchboard. Downstairs was the accounting and membership department. When I first went there, there were three people and then it expanded.

**ADJ:** Were you there when MedChi expanded and the adjacent Robert E. Lee School was added?

**BH:** I was not at MedChi then. I was at Baltimore City.

**ADJ:** Tell us why Baltimore City decided to leave MedChi. Was it just that they needed more space?

**BH:** Well it was space, but it was also a desire to separate functions.

**ADJ:** To be independent?

**BH:** Yes, to be independent and to advocate for City issues as opposed to State issues. The City was more progressive than the State was on a number of issues.

**ADJ:** Who were the Baltimore City Medical Society leaders during that time?

**BH:** There were a number of leaders. John deHoff was one of the more memorable.

**ADJ:** John deHoff was actually Commissioner of Health for the City of Baltimore, and a wonderful character.

**BH:** Yes, but before that he was in private practice in Baltimore. He was in the military and then he came back and became Commissioner of Health. Leon Kassell was also involved.

**ADJ:** Was there just a friendly conflict with MedChi? Was there serious conflict at all?

**BH:** Well, there was some conflict. I mean it wasn't shouting or fighting. There was just some desire among the physicians in Baltimore City to go their own way. MedChi became very actively focused on legislation and protecting physician's fees when Medicare came in. Baltimore City wasn't so focused on that. They were more focused on educational things, and activities promoting health.

MedChi did emphasize their educational things, but Baltimore City was more interested in education.

**ADJ:** You raise the issue of what these societies wanted to do. What were the missions and projects and activities?

**BH:** When I first went to MedChi, and after I got out of the membership department, I worked for Genevieve Ritchie who was staff for the Committee on Public Health and Preventive Medicine

and the Program Committee. She arranged the programs at the annual and semiannual meetings. The Preventive Medicine and Public Health Committee had five or six sub-committees on alcoholism, maternal and child health, traffic safety, mental health, things like that.

But MedChi also always had advocacy interests. The Legislative Committee really wasn't very strong until Medicare came along, and then it took much of the focus to legislative issues. When I was there with Genevieve Ritchie, the Maternal and Child Health Subcommittee was very active in writing the abortion law in the state of Maryland. And, the Alcoholism Sub-committee was very active in promoting alcoholism to be considered a disease. It was that kind of advocacy.

**ADJ:** Can you talk about the Doctors Day in Annapolis and what it accomplished?

**BH:** I can't remember exactly what part of the malpractice issue caused the first "Doctors Day" in Annapolis, but it may have been the cap on awards. It certainly was something like that because we did get a large group of doctors to take the day or half day off and go to Annapolis to visit legislators. This worked better for the counties where the doctors actually lived in the legislators' districts, but did not work so well in the City.

In the City, after the first time or two, we developed a system where we made appointments with legislators for specific doctors to visit them with talking points. I think some of the larger counties did the same thing. I don't know how helpful all of that was though. I remember we had Delegate Weisengoff from South Baltimore speak at a Baltimore City meeting one evening and one of the things that he repeated several times was - It doesn't matter if you are right or wrong, it only matters how many votes you have.

**ADJ:** In the 1970's, there was a gas crisis in the US, and people had to wait in line for hours to buy gas. How did that affect our members?

**BH:** During the Carter Administration when gas became scarce and there was a threat of rationing, I remember that Jack Sargeant worked with AAA and, I believe, the gasoline dealers association to set up a plan to get doctors gasoline. Again, it was really better in the rural areas where the doctors knew the gas station owners personally and so were able to get gas as needed. Some of the hospitals, like Hopkins, were able to arrange to get gas for their emergency and/or necessary staff, but many physicians were sitting in gas lines.

I don't remember how it all came about, but in the City, John De Hoff chaired a committee that set up a priority system that would be used if gas became rationed based on specialty and type of practice. Fortunately, the situation resolved itself with time and rationing did not go into effect, but it was a big deal at the time.

John De Hoff did not make a lot of friends when he told people they were not high on the list. I remember one dermatologist who was outraged that he was not considered an emergency physician.

**ADJ:** Do you recall other activities and leaders?

**BH:** Frank Kalthreider was chairman of the Maternal & Child Health Subcommittee and was president of BCMS when I was hired. He was chief of OB/GYN at Baltimore City Hospital for many years. John Hirschfeld, Abraham Schneidmuhl, Isador Tuerk, and Frank Furstenberg were on the Alcoholism Subcommittee. Frank Furstenberg once told me that he was the only white person in the Maryland chapter of the NAACP.

One of the major public health efforts during the time I was at MedChi was the Measles Campaign. It was important, not just because it arranged for many children throughout the state to be immunized, but because it was a joint operation of the State and local health departments, and MedChi and its component societies (and individual physicians) as well as hospitals. Individual physicians staffed clinics throughout the state to give immunizations. Malpractice coverage was arranged through health departments. It was a very impressive program of cooperation.

**ADJ:** What did the Mental Health Committee do?

**BH:** Again, they had a lot of legislative issues that they dealt with. Because in those days mental health was considered a lot differently than it is now. There was no insurance coverage for mental health or illnesses. There were few diagnoses that were standard, so it was a different world than we live in today.

**ADJ:** The Mental Health Committee was aimed outwardly helping people while the Alcoholism Subcommittee was working with doctors?

**BH:** Yes. I think they were putting on educational programs mostly.

**ADJ:** Was BCMS doing this, or MedChi?

**BH:** MedChi. When I went to Baltimore City, that was also where the focus was. Not because I went there, but that is where it was.

In Baltimore City, we did a Boy Scout camp every year where physicians went and examined the Boy Scouts before they went to camp. We also did a program that was really great for coaches. It was one of the first programs to help coaches recognize injuries to athletes. Vincent Fitzpatrick spearheaded that. He did a great job of organizing educational programs for coaches every year.

**ADJ:** Have Baltimore County, Prince George's, and Montgomery done similar things, and did you have relationships with them? Do you remember working with some of their executives?

**BH:** Yes, they did similar programs in their communities and we used to meet several times a year to talk, and to try and share. When we tried to meet with Angelo, things did not work out well, so we would meet independently. But when Jack Sargent was there, we would meet with him and other staff at MedChi.

**ADJ:** Do you remember who was at Baltimore County?

**BH:** I can't remember who was there before Neilson Andrews. It was a part-time person and I really think that she was Charles O'Donnell's secretary, but I don't want to swear to that. I just can't remember.

**BH:** Montgomery County had an exec for a long time. The first I remember was Lila Yongquist and she was there for several years. She passed away and then there was a fellow named Hal Frye. He was there for six or seven years, I think, and then Ed Shanbacker came in.

Ed went to Montgomery County in 1980, and became Executive Director in 1986 or so. He was previously at Prince George's County for a short time. Angelo was the exec at PG County and there was someone there before him, but I cannot remember his name.

**ADJ:** Parenthetically, we were just at the MedChi House of Delegates Meeting and heard memorial resolutions honoring some people you knew. Henry Wagner just passed, as have Joe Yosucio and Gus Dritsas. Can you tell me about your dealings with them?

**BH:** Henry Wagner was truly a remarkable person. I used to write a little article in the newsletter giving some background for each new President. When he became BCMS President, I called his secretary and asked her to send me his CV; she sent me 72 pages.

It was a challenge to put it into two paragraphs. He had the ability to completely focus on what he was doing. He traveled a great deal, but every couple of months he would come into the office and go over what was going on. He never seemed to miss a beat. I think that his interest in the local medical society was simply that he wanted to get to AMA and work on a national/international level. And he did that.

From the Eastern Shore, I think Howard Kinnamon was there when Medicare came in. Charles O'Donnell was really a force to be reckoned with. Fisher and O'Donnell were like George Malouf is now. If you wanted to be president you had to be blessed by those two. Being chairman of the Program Committee was sort of a stepping stone to the Presidency.

**ADJ:** You mentioned that BCMS was more interested in public health issues, while MedChi became more reimbursement and insurance oriented. Tell us about BCMS peer review activities.

**BH:** Actually, Baltimore City set up a peer review committee first and then MedChi followed. But the precursors of peer review were component society, Grievance Committees or Professional Relations Committees.

Baltimore City had one and complaints went to those committees which were not very well organized, and initially didn't do a great job. Peer review came along and Baltimore City set up its committee and we wrote the book on peer review. MedChi was like the appeal board for peer-review. Component societies had peer review people with varying degrees of quality. Baltimore City had a very strong peer review committee. Philip Whittlesey was the first chairman.

**ADJ:** Were patients or organizations calling with concerns about doctors that the committees would then review?

**BH:** With Grievance Committees and Professional Relations Committees, patients would write to complain about doctors and the committee would do a review.

Originally, with Baltimore City, from the twelve-member Board, three members would serve for three months and then rotate. They would review letters that came in and tell me what to write back. It got more formal later on when it became the Peer Review Committee, and maybe five people were on it and they would review the questions. It was physician-oriented in that it wasn't disciplinary to physicians.

**ADJ:** Who decided when these things would go to the licensing board?

**BH:** I don't recall, but perhaps peer review in Baltimore City sent three or four people to the licensing board. It was really a good committee. I remember Roland Smoot was on it, and Edyth Schoenrich. I remember one time they had this sad, sad physician, and he came with his card file and they really thought he was drunk.

He was sitting at the far end of the table and at one point Dr. Schoenrich got up with his card and went over and leaned over him and asked him to explain something. When he left she said he reeked of alcohol.

**ADJ:** He has his records on three-by-five cards?

**BH:** Yes, maybe five-by-seven cards. Lots of physicians in those days did that.

**BH:** And it wasn't whether they were on cards or not, it was whether you could read what you put on the card and whether they put the right stuff on it. I learned a lot of medicine.

**ADJ:** Now of course, MedChi has had a very well-respected Physician's Rehabilitation Program.

**BH:** Yes, that came out of the Alcoholism Subcommittee at MedChi while they advocated hard to get alcoholism recognized as an illness.

**ADJ:** Stan Platman has run that program for some time. Was he involved with the City?

**BH:** Yes. Others on the Committee were John Hirshfeld and Abraham Schneiduhl, as well as Frank Furstenberg and Isador Tuerk who set up Tuerk House, which is still a respected rehab place for alcoholics.

**ADJ:** Changing the subject a bit, at MedChi and BCMS, who do you think were the most influential leaders and doctors and who would you say were the best presidents?

**BH:** Well, you know I think that there were some people who were really good leaders who never were president of MedChi.

**ADJ:** Some didn't want to do it?

**BH:** Yes, like Israel (Sonny) Weiner. I mean he just didn't want to fool with that stuff. He had other things in life. Gary Rosenberg I thought was good. Henry Wagner certainly is high up there. But I think that the cream didn't always rise at MedChi. You know it was determined by what they said and whose turn it was, or whatever.

**ADJ:** So there was politics?

**BH:** And in Baltimore City it evolved to that, too, but much, much later.

**ADJ:** Henry Wagner actually became a delegate from MedChi to the AMA for years.

**BH:** Sonny Weiner was the best legislative chairman MedChi ever had. He and Gary Rosenberg were superb in doing that. Then Iz Weiner went on to whatever they called the Board of Medical Examiners then. I think it was The Board of Physician Quality Assurance.

**ADJ:** We've mentioned the folks who have been MedChi executives. Angelo Troisi followed Jack Sargent. What were your relationships and what things did Angelo contribute to MedChi?

**BH:** Angelo did not contribute much positive to MedChi. That is what I think. Angelo was not liked or respected by his peers and all of the execs in the State were surprised that he was chosen.

**ADJ:** What had he done before?

**BH:** I think he was in the military and he ran a hospital in the military. Maybe he was director of Prince George's General Hospital.

**ADJ:** Tell us about Mike Preston.

**BH:** Mike Preston was very smart, very bright. He was with Anderson, Coe & King, the law firm that worked for MedChi for many years. John King was MedChi's attorney when I went there and then Dale Adkins came on board. Dale was the attorney for most of the time that I was at MedChi, and he was BCMS attorney too. Then Mike Preston joined the firm, and he periodically did some work for us.

**ADJ:** You bring names out of the past. I remember Dale Adkins well.

**BH:** He was MedChi's attorney while he was with Anderson, Coe and King.

**ADJ:** When I first became involved with MedChi as an ophthalmologist we had our own small eye society. What happened between sub-specialty societies and MedChi, and how did relationships evolve?

**BH:** Well, early on there were sections. MedChi had sections for internal medicine, surgery, etc. They had a Joint Anesthesia Study Committee that reviewed all anesthesia deaths throughout the state and used the information for monthly educational sessions. But there were no really organized specialty societies in MedChi.

**ADJ:** Did they have champions?

**BH:** No. Again they were small organizations and whoever was president kept documents in his secretary's "bottom drawer." They had specialty educational meetings. The specialty groups would put on a program during the annual meeting. I recall there would be one put on by ophthalmology, one by internal medicine, one by surgery.

**ADJ:** You bring up the annual meeting. Tell us a little bit about them. I remember fondly we used to go to Ocean City for meetings.

**BH:** The annual meetings were three days and were held at the Alcazar. There were lots of exhibitors, drug companies, and whatever, and they actually paid for the meetings.

**ADJ:** The Alcazar on Cathedral Street? Three days?

**BH:** The Alcazar Hotel, which is now the Baltimore School for the Arts. Yes, three days. The House of Delegates met two days. The first day was ceremonial stuff and then the last day was the election of officers, election of Board of Medical Examiners, and adoption of resolutions or whatever.

The programs were all arranged by the Program Committee, many of them by the specialty groups, later the specialty societies. They were held at the Alcazar for several years, and then for some years they were held out at Hunt Valley. I can't remember where else they might have been held in the City.

The Semi-Annual Meeting was always held in Ocean City and that was two days and again it had an educational component, and I think there was only one House of Delegates meeting. There was always a Council meeting. The early meetings at Ocean City were all held at the Commander Hotel.

**ADJ:** So there were two quite long meetings a year, the annual meeting and semi-annual meeting? One in or near Baltimore, and one in Ocean City?

**BH:** Yes. Some years, there was an effort to move the semi-annual meetings around. I remember one was held in Prince George's County, one was held in Washington County, and then on the Eastern Shore, in Cambridge.

**BH:** One of the interesting educational programs that MedChi did when I was there was by Dr. Frederick Heldrich, who was originally from Washington or Frederick County. The Program Committee set it up.

It was radio system connected to all of the county societies, so once a month or so they would have a lecture in Osler Hall and the attendees in various hospitals throughout the state could interact with the speaker. They could hear the speaker and then ask questions. It was really a pretty interesting program.

**ADJ:** Sounds like things that are happening now, like they were anticipating Skype?

**BH:** Yes, this was like Skype without pictures. I can't remember where he got the funding for it.

**ADJ:** I have a list of names of people you might want to say something more about: Russell Fisher.

**BH:** Russell Fisher was Chairman of Council for many years. He was the person who decided everything at MedChi. For a number of years he was Chief Medical Examiner of the state. He did ground breaking research on SIDS (sudden infant death syndrome), and he did major research on automobile accidents and traffic safety.

**ADJ:** Karl Mech, Sr.?

**BH:** He was a general surgeon, and chief at St. Agnes. He was on the Executive Committee at MedChi and for a long time he was the chairman of the Board of Medical Examiners.

**ADJ:** David Nagel?

**BH:** Well, David assumed power from Charles O'Donnell. Charles O'Donnell was the power to be at Baltimore County, and as he aged, David Nagel assumed the power from him and became very effective in determining who did what at MedChi, because he worked with Dr. Malouf to select/support some people.

**ADJ:** Tell us about Charles O'Donnell.

**BH:** Charles O'Donnell was a family practitioner in Baltimore County. He was Vice-Chairman of Council, Chairman of Council, and President of MedChi. He determined who got to be the President – he and Russell Fisher.

**ADJ:** John deHoff seemed an apolitical kind of person... But quite influential.

**BH:** John deHoff was one of the most interesting people I have ever known. He was very interested in so many subjects, it was astounding. One time he gave me a lecture on what kind of type we should use in the newsletter, because there were certain kinds of type that people could read better than others. He used to send me notes all the time.

**ADJ:** Well, I was his ophthalmologist. Did he talk to you about what font size should he?

**BH:** No, it was the style of type. He just had an incredible knowledge of many subjects and he was truly interested in fostering good medical practice and promoting quality physician practice and in having the medical society concern for patients and public health. He was a strong personality and he was truly a force. And he would never be MedChi president. He knew that.

**ADJ:** He avoided the politics?

**BH:** He did a lot of other stuff.

**ADJ:** Tell us about Tim Baker.

**BH:** Timothy Baker was Professor of Public Health at Hopkins and again a very interesting person. He still calls me Ms. Silk. He knew me way back when. He used to do wonderful things in public health. He was on several of the committees in MedChi and in Baltimore City including public health, with an interest in traffic safety, and I think, child health.

**ADJ:** I remember Robert Farber because he signed some of the documents on the wall in my office.

**BH:** He was Commissioner of Health before John deHoff, and his wife Mary Farber was also a doctor. I think she was at Hopkins. He was Commissioner of Health and did much to clean up Baltimore City. Huntington Williams preceded him. He was the one who got them to stop having dead animals hanging around in Lexington Market. John deHoff cleaned up some other things.

**ADJ:** You are not talking about rodents? Are you are talking about dead turkeys?

**BH:** I didn't know Huntington Williams, as he was before my time, but did know Robert Farber. I got some cards from Robert Farber that told me that he was going to turn off my water. I called him and said please don't turn off my water, I paid this bill.

**ADJ:** Tell us about Ted Lewers. He now lives on the Eastern Shore, but was he active with the City?

**BH:** I don't remember Ted Lewers being active with the City. He was very active in MedChi, and was very effective with legislative issues. I thought he was really sharp and he was really good at the AMA. I thought he was going to be President of the AMA until he had a terrible auto accident, and I think something else happened at AMA that assured he would not to get to be President.

**ADJ:** Were you close to Don Dembo?

**BH:** Don Dembo loves politics above everything else. He is very sharp. At MedChi, I think he didn't want to be too involved in some of the machinations. An interesting story he told me was that he graduated from Hopkins and he was going to apply for medical school at Hopkins, but his professor told him not to bother because Hopkins already had their quota of Jews.

**ADJ:** You bring up the subject of discrimination. Tell us a little about race relations in the societies. I understand that Monumental Medical Society was created and still is the society of African-American doctors in the Baltimore area. Were there other such societies in the state?

**BH:** No, there was only the Monumental City Medical Society.

**ADJ:** Were African-American doctors simply excluded from the medical societies?

**BH:** Yes, if you go way back into MedChi's minutes you will see that black physicians actually met with MedChi members for educational meetings. Way back. And then in the 30s and 40s they became excluded. And then, Baltimore City actually won an award for including Black physicians in their component. I can't remember, but it was sometime in the late 40s. It was the Hollander award.

**ADJ:** Do you remember who gave the award?

**BH:** The award that Baltimore City got was called the Hollander award and I can't remember the year. We hung it on the wall. John Chissell was the first black member of the MedChi Council. That was in the 60s, and it caused quite a stir because in Ocean City they hadn't caught up with desegregation. Med Chi couldn't go to the Commander Hotel one year because they would not allow Blacks. I think they went to the Carousel [Hotel].

Chissell was a notable person. His brother H. Garland Chissell also became a member of the Council. And, then Roland Smoot, and of course, Willarda Edwards, were ground breakers.

**ADJ:** We have lived through very interesting, and hopefully improving times, haven't we?

**BH:** Dorchester County Medical Society almost had its charter revoked because they would not allow Black members. Finally, they were told either allow Black members, or they could no longer be a member of MedChi and AMA, and they finally admitted Black members.

**ADJ:** This was MedChi telling a county what to do.

**BH:** Yes. And I think AMA was telling MedChi what to do.

**ADJ:** Bernadette, during your tenure with MedChi and BCMS, Maryland faced a malpractice liability crisis, when literally such insurance was not available to some physicians. Share with us your memories about how the problem was addressed!

**BH:** I remember that some very good physicians were ready to stop practicing, particularly, neurosurgeons and obstetricians. The cost of insurance was so high they could not recoup enough from their practices to stay in business.

MedChi and all of the components went into high gear in lobbying the State Legislature and the Governor. I think it was the first time BCMS hired a lobbyist, Richard Rombro, who later became a judge. The results were pretty far-reaching. The legislature demanded some changes in physician licensing and discipline.

The peer review system became a part of the Board of Physician Quality Assurance. Physicians on the Board were no longer elected by the MedChi House of Delegates, they were appointed by the Governor. This was a double-edged sword because the appointees became people who were contributors or friends of the Governor, rather than ones who came through the political process at MedChi.

Another manifestation of the malpractice problem was, as I mentioned, that insurance became unobtainable at any cost for some physicians. The result was the formation of the Med Mutual Insurance Company, chartered by the State. Ted Lewers was a leader in establishing Med Mutual and, I think, was its first board chairman.

MedChi created an insurance agency which was the sole agency from whom physicians could buy insurance from Med Mutual for a period of time. MedChi Insurance Agency provided much financial support to MedChi and some to component societies by sponsoring meetings and buying ads in newsletters.

**ADJ:** Bernadette, now you also were there when Medicare was introduced, and fees were being evaluated. Tell us about the MedChi Fee Schedule Committee, and what role MedChi and BCMS were playing during the introduction of Medicare.

**BH:** The introduction of fee schedules by insurance companies and the advent of Medicare caused a

major change in the focus of MedChi. As MedChi became almost exclusively an advocate for physicians, the educational and public health programs became much less emphasized.

There was a Fee Schedule Committee – chaired by Howard Mays early on – that tried to agree upon the amounts Blue Cross/Blue Shield would pay for services. There were major debates between the physicians who provided "cognitive" services and those who were "procedure" oriented.

I remember at least one heated session between Katherine Borkovich (cardiologist) and Arthur Cocco (gastroenterologist) when the chairman had to adjourn the meeting so tempers could cool.

Medicare brought about the formation of strong Political Action Committees nationally, statewide, and locally. I think it may have been the first time that physicians individually took part, to a great extent, in contributing to legislative campaigns and lobbying for a particular point of view.

**ADJ:** Bernadette, there are many other questions I'd like to ask, but our time is up. Thanks for sharing your memories and insights, and being part of MedChi's Center for a Healthy Maryland Oral History Project. We'll make them available for posterity!