



# Randi Abramson Transcript

Deborah Ross: I'm here with Randi Abramson. The date today is January 22, [2011]. We're in my home in Bethesda [Maryland]. Randy has agreed to talk to me about her life. So, thank you, Randi. So, let's start at the beginning. Tell me about where you grew up and your childhood.

Randi Abramson: I was born in Ann Arbor, Michigan, but I actually grew up in Toledo, Ohio. That's where I lived from age two to age eighteen. Toledo, Ohio, is a couple things to me. One of them is I had an enormous number of family there.

DR: Your own family.

RA: My own family. My mom has three other siblings. They all were there in that same town. My aunts, my uncles, all of my cousins were in Toledo. Toledo was a big family town for me. And it's Midwest.

DR: What was the level of Jewish observance in your home?

RA: My mom was raised Reform. My dad was raised Orthodox. Of course, in Toledo, there's three synagogues: one Orthodox, one Reform, one Conservative, and we were Conservative. It was interesting because my mom had to do a lot of learning and shifting to make it comfortable for my dad. We had a kosher home. My mom had never had a kosher home growing up [and] didn't really know anything about being kosher, but she learned.

DR: Did you feel like a minority growing up in a town the size of Toledo?

AR: Absolutely. Huge influence on what I thought and who I was. I went to the public high school, and there were a handful of Jews there. I have deep, searing memories, for

instance, in elementary school, when, for weeks – it felt like months – we would be singing Christmas songs to get ready for the Christmas pageant, and then one day out of the blue, they'd say, "All the Jewish kids" – all four of us out of the eighty kids in that grade – "come up to the front and sing a Jewish song for Hannukah." We always sang I Have a Little Dreidel because that's the only one that everyone knew. That was the worst song. All in English. Very embarrassing.

DR: Do you think that experience being a distinct minority affected your Jewish identity later on?

RA: Absolutely. I've always felt I live in two worlds and that everyone looks at me, and I kind of blend right in, and I kind of look like everybody else, but I feel like I'm not like everybody else. I don't outwardly portray that and don't outwardly scream that at people. I do dress like everybody else. It isn't that I set myself apart, but I feel so different in many aspects – how I do things – could I participate in things? – the struggle for football on Friday nights in my own home.

DR: Because you wanted to go to the game, but you wanted to be at home?

RA: Right. Exactly.

DR: How did you solve it?

RA: How we solved it was we had Friday night dinner together, and I then would go to the game afterward. But it wasn't the: it doesn't really matter, just go to the game, or it wasn't: no, you can't go to the game, stay home. This was our compromise we came up with.

DR: Where did you go to college?

RA: I started at the University of Michigan in Ann Arbor [and] went there for two years. I then left and lived in Israel for nine months. Then I came back, and I went to the University of Wisconsin in Madison.

DR: In all those three different locations, there were a large number of Jewish students.

RA: Yes.

DR: How did you respond to being no longer such a small minority, but I guess I would call it a comfortable minority?

RA: Right. Finally, you could find people you could feel comfortable with, there was enough of a population there where you had lots of friends that were Jewish, who you had other interests besides just that you were both Jewish. It felt great to participate in lots of things and feel comfortable in your own skin after being like, I'm trying to hide something.

DR: Talk about your nine months in Israel. Why did you choose to go? I assume it was a junior year abroad program.

RA: In high school, I was involved in Young Judaea. Afterward, some of the core people – that was really very influential in my life – Young Judaea. In high school, I just kept feeling more and more withdrawn. I felt really alienated from the on-goings of high school, and the thing that kept me going was really Young Judaea and my friends who lived in other cities and other parts of the country. At the end of that, many of my friends were going on Year Course. My dad, in particular, was convinced that if I didn't go to school right away that I would never come back. He might be right. [laughter] The deal was, I'd go to school for two years, and then I got to decide. So I went, and I just went to Kibbutz Ulpan by myself.

DR: Was this your first trip to Israel?

RA: I had been for a summer with Young Judeaea for a trip as a junior in high school.

DR: Can you look back and see that that time in Israel affected how you view your Jewish identity, how you feel about being Jewish?

RA: I think for the first time, I felt like you could be Jewish, and it wasn't all about your observance and how to really live a Jewish life that felt like part of the culture of the life, not just about the laws and the religious observance. It was a really great experience. It was great to meet people from all over and to see commonalities. It really kind of sunk in then – so, how do you want to live your life, and how to make that happen.

DR: Tell me about your decision to become a doctor.

RA: I went through many phases of what I would do with my life. Lots of different options, all over the board, from a teacher, a journalist – I was going to be a ranger in the park system – all over the place. I think I evolved into this and felt really strongly that this was the combination of things that would be good for me. I liked science. I liked to teach. I wanted to do something with people. I did not want to just be about papers and paperwork and just ideas. I wanted to touch people every day. Literally, touch people every day. I had enough different experiences that this kind of brought it together. I had this fear of going to medical school. At the time, women were a huge minority in entering medical school, and I thought, “Could I do it? Did I have what it takes to kind of get through all of that?” I took some pre-med classes, and it was not a very loving, nurturing environment, and learning was very competitive. Is that what I really wanted? So I struggled with it but then moved in this direction.

DR: Do you feel that you were influenced by the women's movement at that time?

RA: Absolutely. I felt that I had this responsibility to push myself. If I thought I could do it, I should take that risk, and I should push myself to do it. I really had this responsibility. I could not say, “Oh, this is more comfortable. I'll do what I like and what feels good to

me.” I had to do it to kind of push the boundaries a little bit.

DR: Was your family encouraging?

RA: Absolutely. Absolutely. Very encouraging. Very supportive.

DR: Was your medical school experience what you expected? How was it being a woman in medical school because this was just the brink of a great wave of females in the professions?

RA: Exactly. It really was just the brink. I always say that I thought that once I got to medical school, it would be much better, and when I got there, I realized the same people who went to medical school were all the people that I didn't really like in pre-med classes. It was very competitive. Not a lot of camaraderie. I felt there were very, very few role models, female role models. It was really a man's world. We were accepted in a very nice way, but I really felt like second-class citizens there. Accepted, not dismissed completely, but you clearly had to push yourself and prove yourself over and over.

DR: Did you rely on the other women to support each other?

RA: Some of them. There was a small group of women who were, I felt, similar to me, who were really in it for what I thought were the right reasons, and then there were some women who shocked me. They just really wanted to make a lot of money. It was just the antithesis of what I thought women would be in that profession.

DR: Going through this experience without role models or mentors, do you like to see yourself as a role model for the next generation?

RA: I do, and I see that in many different levels. I see it as a woman. I see it as a mom and how you balance career and family, and I see it also as my choice of profession in primary care. Part of what happens in my work is that there's residents and students

who come through there, and I think it's a huge part of what I need to do is not just teach them the medicine but teach them, to model what needs to happen and my experience.

DR: When you got out of medical school, you made a conscious decision to, first of all, be a primary care physician and then to serve the poor. Talk about that decision, how that came about, your experience with Bread for the City, the clinic where you work.

RA: I knew I wanted to work in a community setting. That's really what I wanted to do. I felt that I had this knowledge and these skills, and I wanted to make it to the best use possible. It would be the places where no one wanted to go and no one wanted to practice. I didn't want to go to a place where you could choose among one of dozens of cardiologists but a place where nobody was there. When we moved to DC, and I was looking for jobs, I ended up doing a fellowship in primary care at GW. Through that, I met this amazing woman, Eve Bargmann, who was running the primary care tract residency program at GW. She took her residents over to this clinic, at that time called Zaccheus Free Clinic, and so I tagged along with her. That is where I felt the most comfortable in practicing medicine of all the years I had been lots of different places, hospital outpatient settings, inpatient settings.

DR: What was it about it that made you feel so at home?

RA: Patients came in – there was an immense amount of respect. There was this thirst for knowledge when they came in. They had lots of questions. They were so appreciative of what we said, so appreciative of any time you gave them. They really listened; they were like sponges because they had never had the opportunity to sit with a professional by themselves and ask all those questions. They were mostly relying on their aunts, their mothers, [and] their friends to try and figure out their health problems. Or they were in an emergency room setting, where they would often go and not get really proper care. So I think I felt really appreciated, and it was really this great mutual relationship.

DR: And you've been there how many years now?

RA: So, I started working there in 1991, when I was pregnant with Yonah.

DR: Your youngest.

RA: My youngest.

DR: Do you think this decision to work with the poor was at all a Jewish decision?

RA: It's hard to answer that question, and I think about it a lot. I think the reason it's hard to say is this really because I'm Jewish, is because being Jewish and who I am are so intertwined. On the one hand, no, I'm doing this because it's who I am. On the other hand, I'm doing this, of course, because I'm Jewish. Because I am who I am because I'm Jewish, and I think that you can't separate the two.

DR: Yet so many other Jewish professionals, Jewish doctors, choose a different type of practice.

RA: That's true. That's true. I think it's really my Jewish upbringing and my values that were just so much the core of who I am that this is where I had to be. This is the place where I would feel I was doing the most good, that I was the most comfortable in serving here.

DR: Do you ever wonder what your life would have been like had you chosen a different type of practice, more lucrative?

RA: Never.

DR: Never? You're not seduced by the glitter?

RA: Not at all. No, I never think about that. Yeah, it's interesting.

DR: You have three children. Talk about the work/home management conflict that all women of our generation had to deal with.

RA: Yes, it's enormous. I had three kids. I had one in medical school, one in residency, and one right after I got out. Clearly, it takes a very supportive husband. It takes someone who's got a little bit of flexibility. Someone's sick; someone has to stay home. I can't sometimes. So you have to have that great supportive home environment. But it's really, how do you draw lines? How do you know what's my life, what's important for me professionally, what's the family life? When is it okay to say, "I'm a mom, and I need to take time off for this?" It's really a struggle. Just when you think you've figured it out, the kids change, and they grow, and they have different needs, and you kind of have to readjust. So I try to be in a work environment that would be supportive of that as well, and I think that's really the key thing.

DR: Do you think men feel as guilty as women?

RA: At this point in time?

DR: Yes.

RA: I still don't. I think that women still feel they're the primary one. That men are the number one backup, but it's still the woman's [responsibility]. How can she reach this balance? How can she do that? For instance, I just feel like I want to be home every night. I never had a job that would make me travel, even if I know that they'd be home with their dad. Should that be good enough? I just felt that I needed that time with my kids. I needed time away. That was my professional life, and I had to draw the line, and I had to be home at night. After being on call for so many years and sleeping in the hospital, that was one of my key things when I got out to find a job where I would come home every night, sleep in my bed, and be home with my kids.



DR: I know you have a very strong Jewish background and obviously a very strong Jewish identity. You're very knowledgeable Jewishly. Because we belong to the same synagogue, I know that you read Torah, and you do it beautifully. Where did you learn this?

RA: I learned Torah as an adult.

DR: What motivated you to learn to read Torah?

RA: I'm always trying to push myself to learn a little something that's not part of my background. My Jewish formal learning was Hebrew school and Sunday school, and not tremendous. I think that most of my love of learning and some of my core values came from my family, and so, as a teenager, when I was in Young Judaea, I discovered that I could teach myself. We, as teens in this organization, taught each other all about Israel, all about Zionism, and things that I'd never been exposed to before. I realized that that's really my lifelong learning of Judaism. So, I try to learn something and push myself a little bit. Reading Torah is something that – I'd never had a bat mitzvah, so I thought this was something I really wanted to do.

DR: To have a bat mitzvah or to read Torah?

RA: To read Torah. To have that skill.

DR: Why didn't you ever have a bat mitzvah?

RA: When I was thirteen, it was an option for women, so that was the first thing. Then I felt that I could learn what they had to learn, but could I really be a bat mitzvah? Am I learned enough? Would I really take on all these responsibilities? It felt almost like I was "slipping in" and not really participating in the whole event. 'It] was interesting that I felt very strongly about that, yet if I looked at my brothers, or if I looked at any of the boys that were my age, that's what they did. They kind of memorized what they had to do, and

then they moved on. But I felt that because I had the choice – it wasn't just, this is what you do, and then you move on. I had the choice. So, I really thought about it a lot. I didn't know if I knew enough, or who could teach me enough, or how much I wanted to take on, and so I decided it wasn't right.

DR: You were a very serious thirteen-year-old.

RA: I was a serious thirteen-year-old.

DR: When you read Torah, is there any special feeling you get? Do you feel that you have achieved your goal?

RA: I do. Actually, I love to learn the Torah portions. It's very nerve-wracking to get up there and read it, but I can use my Hebrew, which clearly is mostly from when I was on Ulpan, so it's great. It's really amazing to read this sacred text literally from the scroll itself. It's a little bit mystical.

DR: Transcendent moment?

RA: Yeah. It really, really is.

DR: I know you chose to educate your kids at a Jewish –

RA: Day school.

DR: – day school. What was involved with that decision?

RA: I grew up in public school and had this education from Sunday school and Hebrew school and felt I learned almost nothing. I felt that the way to continue to be Jewish is to have the knowledge. If you don't have the knowledge, then you don't have anything.

You don't have any basis to decide whether you want to choose or not choose to do something. I thought that it was my responsibility to give my kids that knowledge base so

that they could then make the decisions on how they wanted to lead their Jewish lives. I didn't think Hebrew school and Sunday school was going to do it, so I thought that this was the best way to give them a Jewish education.

DR: Do you still feel that way?

RA: I do, but I must say that I'm a strong believer in public education. My kids never had a choice about going to private school. They never had any special needs for a private school, and I'm a big believer in being a part of the community and public schools, and it was always a difficult choice. It has worked out. I think that they have a great basis of what to choose from, and however they choose to live their lives, they have this great knowledge base, or they go back to learn what they really never learned, but there's something in there that makes sense to them.

DR: I know your husband, [a lawyer], also works in the world of non-profits. The choices the two of you have made to work in the non-profit world, I think this is a powerful example for your own children. Do they talk to you about that?

RA: Always. Every day. Not as kids, obviously, but as they are young adults and figuring out their lives, I think the most influential thing in their lives was our dinner table conversations. Because you'd talk about, "What did you do today?" "Tell me about your day," was the joke that we'd say. Or as my kids would say, "Talk about my day," when they were very little. Yes, this is really what we did and what we felt strongly enough – this is where we were and where we were going to stay. We were not just kind of checking it out and passing through. This was really our life commitment to this kind of work. Huge influence on them, feeling that they need to be involved in their world, involved in their community, and be an active member.

DR: Do you see any of them following in their footsteps?

RA: It will be interesting to see where they all end up. We have one daughter in law school, who wants to work probably in government. Our second daughter works for a non-profit in New York doing paralegal work. She will probably end up in the non-profit world in some way. Although we were teasing her that we thought she should go to medical school. She said, "I'm still young. Anything can happen." Although that is really not her leanings. And then our youngest wants to be a teacher.

DR: I know you have a very strong work ethic. You work long hours at the clinic, and you have a lot of patients to see. What do you consider the biggest challenges of your work?

RA: The biggest challenges for the work itself?

DR: Yes.

RA: Probably the inequities in the system and getting patients not to focus on their inequities is probably the biggest challenge. I feel that they feel like if they had better insurance, if they had more money to access different resources, their health would be better; they would have a different life.

DR: That's not true?

RA: To some extent it's true, but to a large extent, it's how to make the most of what you have and to focus on that as opposed to focus on what I don't have.

DR: Is working with the poor different? Are the poor different from people who have means?

RA: No, they're not. Someone else above has more than you have; if they can have it, why can't I have it? I think that's probably very true of everyone. So, I guess that is true, but sometimes you can't do something about that, so let's focus in and put your energy on what you can do something about. Sometimes, I feel like people with resources feel

like, I can conquer this, I can do this. Of course, if I had more money/more resources, I could do more, but they feel that they have enough that can get what they need done.

Sometimes, the poor feel like this is where I'm at, and I can't do anything about it. They don't feel empowered to make even personal choices that could make a difference.

DR: Do they feel that education is power, as well as money and access?

RA: Clearly, education is part of it, but I also feel like there's a large feeling among the poor that they feel oppressed, and that really weighs on them, every decision they make, so it's hard. It's hard to believe. It's hard to have hope. You feel like you're at the bottom.

DR: What would you like people who are not poor to know about the poor?

RA: First of all, I'd say the most amazing part of poor people and my job – that I have insight I have into them – is the amazing strength that they have. They are full of these amazing stories that would surprise you.

DR: Stories about their life experiences?

RA: Their life experiences. What they've overcome to get where they are. You may think that they are at the bottom and they have nothing, but they have really done something to get where they are at that point. So, it's really great. Many new immigrant stories are really truly amazing. Sometimes you just see a row of people, and they all look the same, and you forget they have really unique stories, each one of them. This guy, he's not doing anything you told him to do, but in the meantime, what he's doing to support his niece, or something else, is really truly amazing. Very, very strong sense of community and family, that I think that people who are not poor in this country become more about themselves and more about it's all me and what can I get for myself. These guys, maybe the reason why they're still poor is that whatever they get, they share because there's a very strong sense of I'm not in this alone, that we are in this together.

DR: What have you learned from your work with these people?

RA: The importance of community is enormous, the importance of recognizing that, recognizing each individual, to let them know what they've accomplished that is so great, to not let moments go by that you don't give them that recognition, give them that encouragement, say thank you, have been really huge, huge things that keep me going, and are really pretty amazing.

DR: Do your patients know that you're Jewish?

RA: Many do. I don't tell them that, but sometimes they'll ask me. I get blessed many times during the day – "Bless you, bless you." But sometimes people will say, "Do you believe? Who's your God?" Or at holiday time, they want to know. So, they do.

DR: Do they try to convert you?

RA: Never. Never try to convert me. Different people have different reactions, of course. Some – "Whatever, it's fine." Others can be, "Oh, what does that mean?" They can be somewhat concerned.

DR: Do you ever have Jewish patients?

RA: Rarely. Very, very rarely in this city.

DR: When you are feeling in need of inspiration, where do you get the inspiration to get out of bed and do it all again the next day, if ever?

RA: If ever. Getting out of bed sometimes is hard, but once you're up and moving and just lucky that you're there, it feels really good.

DR: Do you think it takes a certain personality to work with the poor?

RA: Yes, definitely, definitely. I feel that you have that great balance of pushing people and letting them understand what's going on. Pushing them to get themselves to kind of move to that next level without being frustrated with them. This is not my burden, and I try and explain that to them. I'm there to help them, guide them, and assist them. The right personality has to do this job.

DR: Do you have a message for the next generation of Jewish women doctors? What would you tell a young woman graduating from medical school?

RA: They should think about why they went to medical school and think about their overall values to figure out what they need to do. I think that whatever you choose to do, you should be happy in doing it. You should make sure that you've got that right balance between your work and your family before you move on.

DR: You are a very humble person. People who don't know you don't know all the wonderful things you do for this community. Where does that come from?

RA: I don't know. But it's not about me. I've just been lucky to have been a part of a great organization and be involved with amazing patients, that I can work with them to do what I can do.

DR: Do you learn from them?

RA: Absolutely, every day. They amaze me. They teach me things about the importance of life, family, community, and the importance of history, and where we all come from.

DR: Personal history? Family history?

RA: Personal history, family history, and it's our responsibility to keep that going and figure out what the right next steps are.

DR: Last question. To someone looking at your life who doesn't really know you, you're performing so many mitzvot, taking care of the poor, taking care of the sick, having great humility, educating your children Jewishly, your own Jewish observance – this looks like a true exemplary Jewish life. Are you conscious of that at all?

RA: Not at all. Now that you lay it out there like that, it's like, "Who are you talking about?" I think you flipped a page and did the wrong thing. No, not at all. It's just who I am. It's what I do. I'm lucky. I've got great kids. I've got a great family, a lot of support from my larger family, my cousins, my aunts and uncles, my dad, and this amazing community at work. A lot of love. I get more hugs during the day from my patients. I'm just lucky that it makes me feel really a part of what's happening, and I work with this great staff that says, this is what we're doing; we need to do better. What can we do? Everyone is really pushing themselves and thinking it through, and nobody is just cruising and hoping to slide by at all, so it's a great combination.

DR: You feel lucky.

RA: I feel lucky.

DR: Anything you'd like to add?

RA: I don't think so.

DR: Thank you, Randi.

[END OF INTERVIEW]