



# Phyllis Greenberger Transcript

Deborah Ross: I'd like to start with your childhood. If you could talk about where you grew up, and a little bit about your family background.

Phyllis Greenberger: I grew up in Brooklyn, New York. The family background: Well, my grandparents were from Russia, and they emigrated when they were, I guess, in their teens or twenties. So we don't go back much further than that. My grandparents on my father's side came from Poland, Krakow. I knew my mother's parents. I did not know my father's parents. They were both dead before I was born.

DR: Was your neighborhood a Jewish neighborhood?

PG: Brooklyn, you know, a lot of Jews, famous Jews, come from Brooklyn. I don't know that it was exceptionally so, but I certainly never felt like a minority. I mean there were enough Jews there and certainly in the schools I went to, but it wasn't a religious area. The area I lived in when I was in high school, Midwood, became very religious shortly after we moved out, but not for that reason, it was just happenstance. I think it continues to be a very religious area, there's a yeshiva there and a very vibrant Jewish community there now.

DR: What kind of religious education did you have?

PG: I went to Hebrew school, Sunday school, at Temple Beth Emes. It was on Ostern Avenue, I believe. In those days, it was a long time ago, I don't think girls really got bat mitzvahed. I was confirmed, and pretty much stopped going, like most of us did I guess, then. We weren't a religious family. We're still not a religious family, but we adhere to the traditions very seriously and celebrate them all. And I think being Jewish is important to us, not necessarily as I said, as a religion, but more as a tradition and just an identity.



DR: When you say you're not religious, you mean you're not religiously observant, going to shul weekly.

PG: Right, we've become a little bit more religious. I have two daughters-in-law who converted before they married two of my sons, and all my grandchildren now go to religious school, and so we're back lighting the candles and doing all that stuff because all the little kids know the prayers. Actually one of them built a sukkah every year, so we're actually getting a little bit more religious as time goes on.

DR: Do you reflect on Jewish values that were transmitted to you as a young girl?

PG: Yes, I think, I just think there's something special about being Jewish. About heritage, about the traditions, about the types of people, and also not very politically correct, but I think also Jewish people are very intelligent, and ambitious, and achieving, and I think that that, combined with our history, the fact that we've withstood quite a number of difficulties over the years, I think there's a very strong sort of connection between Jews, wherever they are. I discovered that in India. Years ago, my sister--she works at the State Department--and we visited her in Tunisia, and went to a temple there and went to a Friday night dinner, with Jewish Tunisians, and just felt like you were at home.

DR: Does it surprise you that Judaism has become more meaningful to you at this stage in your life?

PG: I think part of it has to do with the daughters-in-law, who've converted, and so we're more in touch with Judaism, but I think as you get older you do. I'm just very proud, proud of being Jewish, proud of our history, and I've read a lot more about it, you know, frankly a lot of things we were blamed for, from the Inquisition to the plagues and everything else. And it's interesting that [they] sort of pop up almost wherever you look, whether it's way back in Obama's family, or Hillary's family, or if you look far enough you'll find them.



I think it's just interesting.

DR: I'll ask you a little later in the interview whether you think being Jewish has played a role in your professional life, but let's get back to your earlier years. Where did you go to college?

PG: Syracuse.

DR: Your first job was as a social worker. How did you select that as a career?

PG: Well, I was always very interested in psychology, and thought that I wanted to be a psychologist, and ended up going to social work school for very practical reasons. I had three little children under the age of six and I was told, and that may be different now because it's been a number of years, that the only good psychology program was in Baltimore, I guess at Hopkins, and I just didn't see how I could go to school and travel back and forth with the three kids.

DR: And you had a busy husband.

PG: Yes, at the time he was working for the Wall Street Journal and I think he was covering foreign policy at the time, so he was traveling a lot. The other thing is I was told that unless you wanted to do research, that you could essentially, that you could practice as a therapist with a social work degree. You didn't need to get a PhD. And so I thought, well I could start with this and then go from there. But then, shortly after I got my masters degree I decided to go into policy instead, so it was just as well that I didn't spend the extra time and years getting the PhD.

DR: Social work is traditionally a career that is selected by women.

PG: Yes, it is.

DR: Were you feeling any kind of influence of the feminist movement at this time?



PG: Well, I don't think so. You know it's funny. Actually, I don't know that I did consciously, when I got my degree. You had to get a couple of internships during the course of the curriculum. My first internship was at Lutheran Social Services, child adoption, and then I started working at the American Psychiatric Association. I've been asked this a lot of times, and I can't say I consciously considered myself a feminist, but as soon as I got there, almost, I basically pointed out that they were doing nothing on women's issues. They weren't involved with the ERA, or any psychological issues affecting women, and I felt they should be. Ultimately I became very involved with all the women's psychiatric issues, got friendly with all the women psychiatrists, and actually ran, I convinced them to start a political action committee and then I funded mostly women on the Hill when people really didn't fund women. A lot of the women, including Nancy Pelosi, and some of the ones who are in high positions now I funded when they first started running.

DR: When you say you funded them, you mean your organization made contributions to their campaigns?

PG: I decided to give them money so that they could run. So even though I don't remember ever consciously thinking about feminism, it certainly occurred to me that they weren't doing anything along women's issues. I felt strongly about getting women into the house and senate, so somewhere it came from.

DR: If someone were to ask you today if you were a feminist, how do you answer that?

PG: It depends on the definition of feminist. I mean, I don't think women have to work, I think they should work if they want, if they can. I think they should get the same amount of respect and salary as men do. There've been articles recently about how women have been taking over, sort of the stronger of the couple, and I'm invited to a conference in April where the group of people are getting together to pound their chests on the fact of What's happened to all the men? Why are boys falling behind in education? I think it's



interesting the way those are the kind of meetings they were having years ago on women and now they're having them on men. I don't know how much reality there is to that, but women certainly have become much more assertive and ambitious and stronger.

DR: And are the majority in many of the professional schools at this point.

PG: Right. The downside is there are still not that many CEO's, or women on boards, law partners, or heads of medical schools. You can count them on one hand. So while they're ahead in the educational achievements in numbers, they're still not up there in numbers in terms of the heights of their careers.

DR: Can you talk a little bit about the work and home balance when you were raising your family?

PG: I've been asked about that a lot. I got a lot of grief once when I was interviewed for a book a while ago saying that, You can have it all, but you can't have it all at the same time. There were a lot of women who said, Oh, that's not true, you can work. Look, you can work and have a family, but something's got to give on both sides. You cannot be a law partner and never see your kids and think they're going to be fine. I was very lucky. The pressure was much less on a woman to work because this was a long time ago. It was something that I wanted. My mother worked. My sister had a career, and so it just seemed natural to me that I would as well. But you know, I went to school part time, and then my first job was manageable, and I had full time help. You could afford it then. It was very inexpensive. Then I changed jobs, and I started with the Society [for Women's Health Research]. As my responsibilities got greater, my hours longer, the kids were older. So it worked out. Frankly, I didn't plan it that way, but it worked out very well. I see what my daughters-in-law are going through now, and I just think it's incredibly stressful, and not healthy actually for them, or the kids. It's too much.



DR: In your home, growing up, you had one sister. What was the atmosphere like in terms of encouraging girls to do what they wanted to do? Was there an expectation that you would have a career?

PG: I don't think that there was. My mother, for financial reasons, went back to college when we were young. She went to Brooklyn College, and then I think my father's business wasn't doing so well, and then she ended up working for City Housing, which is very lucky because she's 92 and she still gets a pension from them. Which is why the state's going bankrupt, but I'm glad she still gets it. It's not much, but it helps.

DR: From New York City?

PG: Yes. You know, I think part of the role model might have been my sister.

DR: Was she older?

PG: Yes, she's four years older. And so I guess, between my mother working, and then my sister working, I just always assumed that I would work. And I knew that I wanted a career, I didn't want a job, I wanted a career.

DR: Where do you think your self-confidence comes from?

PG: You know, that's an interesting question, because I was not self-confident. Bob, my husband, sort of kids me, when we first started dating, all his friends thought I was so quiet and shy and everything, and I think I was. I'm not quite sure. I sure changed a lot. I'm maybe too outspoken and very, sort of opinionated. I mean I could talk to anybody about anything, and I'm not intimidated at all. Now part of that just has to do with just growing older and being more sure of yourself, and also not caring as much. Right now I'm working with a lot of doctors, a lot of strong, intelligent, successful women. So I'm surrounded by women who are very successful and intelligent.



DR: Do you think Washington is an environment that nurtures this type of development for women?

PG: I think it does. I don't know how to compare it to the financial arena in New York, but here you have a lot of very strong women, whether they're lobbyists on the Hill, lawyers, so I don't think that as a women, anyone would feel they're a second class citizen. There are probably as many strong, powerful women as there are men. Maybe more.

DR: Raising your boys, your three boys, you were the only female in your house. Did you make a conscious effort--obviously you were a working mother, which is a role model for them--but did you make a conscious effort to transmit gender-neutral values to them?

PG: Well, I don't know about gender-neutral. I consider myself kind of a strong personality, and I think I did then, maybe not as strong as it is now. I've had a fair number of achievements in my life, and they know about it. I just came across some photographs, two little ones sitting there. We're all sitting there, with my graduation hat, when I got my masters, so they can see, Mom's graduating, getting her masters. So they were aware and of course as they grew older, some of my achievements. But I think I also taught them manners toward women, you know, pulling out the chair, opening the door, things like that. I think that's important. I think we're not the same. I think men and women are not the same. And women still, there should be a certain deference. In spite of the fact that they may be as powerful, as strong, maybe that's a little old-fashioned, but they still do it, and I still like it.

DR: You're talking about societal courtesies.

PG: Yes, and also, I taught them how to do the laundry early on. I wasn't doing laundry every time somebody came back from practice. When the housekeeper finally left, I made dinner and they did the dishes. My daughters-in-law are very grateful for the training they had. So I guess that was sort of gender-neutral. I mean, I was working, we



all had to share, we all had to take part and they did.

DR: Did they articulate, or express their sense of how they were raised, or even venture an opinion on what you do now in terms of seeking parity for women and men in medical research?

PG: Well I think they're proud of me. I've gotten several awards, and they've come to those ceremonies, and of course, they've seen the magazines that I'm in, so I think they have an appreciation for my accomplishments.

DR: I'd like to talk now about your professional development, and the Society for Women's Health Research. I'll let you explain what it is.

PG: Well, the mission is to improve the health of women through research and education, and advocacy. It was really begun 20 years ago, focusing attention on the lack of women and minorities in clinical trials, and the fact that all the medical research we had was done on young, white, healthy males. We were the first organization that raised the question, How do we know that the research done on males is relevant to women? No one had asked that before.

DR: It seems obvious now, but it wasn't two decades ago.

PG: No, it wasn't.

DR: I've read that you've described the view that women were seen as 'little men', but in reality they are not little men, they are women, and men are men.

PG: Totally different.

DR: Where did you learn about this initially?





PG: Well, I can't take all the credit for that. There was a woman at the National Institutes of Health, also Jewish, [who] works at the National Institute of Child and Human Development, Florence Haseltine, [who] came to me. [She] was in the process I think of putting together a board really focusing on women's issues. She, at the time, was the only woman Ob-Gyn at that institute, which was supposed to be the only institute that focused on women's health issues. But it turned out that it really focused on pediatric issues. She was the only Ob-Gyn and was sort of annoyed and frustrated that nobody was looking. I must say even to this day, there are some basic women's health issues, like endometriosis, and fibroids, that nobody knows how to treat. You would think by now someone would have figured that out. There was just very little attention given to those issues.

She brought a group of women together, mostly doctors and researchers whom she had known throughout her career, and I by that time was at the American Psychiatric Association and I had gotten very involved with women members of Congress and women's psychiatric issues, and women psychiatrists. And so somebody told her that I was connected. You know Bob [husband] was media so I had the media, and I was on the board of the Democratic National Committee, and then I was very involved in these women's issues. I was on the ERA America Steering Committee, all that stuff, so she asked me to be on this board. Then we actually worked with the Congress and with the NIH and found that women were not being included in clinical trials and that there really wasn't anybody paying attention. I mean this was even before breast cancer. There was practically no money for breast cancer. Nobody even said the word "breast" at that point. I remember the first time it was said at a [Senator] Packwood hearing, everybody was like, [gasp], you know.

DR: Are we talking about the 1970's?



PG: This was in the late '80's, early '90's. There was very little funding for breast cancer or for any kind of women's health condition, and there was no distinction at any of the institutes, whether it's the Heart, Lung, and Blood Institute, or the Institute for Musculoskeletal issues. There was nobody looking at women and those issues, or women and cardio-vascular issues. Everybody was all lumped together based on research on men. We were the first organization, five years before the American Heart Association, that held a conference looking at sex differences in cardio-vascular disease, and now it's like, there's differences from beginning to end, from diagnostics to treatment. Then we started focusing on funding for all these different conditions. Practically all these conditions really disproportionately affect women with the exception of male only, like testicular cancer, prostate cancer, bladder cancer. There's about three things that I can think of that are more prevalent in men, everything else is more prevalent in women.

Then we went to the Institute of Medicine with a proposal to validate the concept of sex differences, because people were sort of taking what we said with a, Well, who are they? They don't know. We've always done research this way, you know. It's just some politically correct women's group. But when the Institute of Medicine came out--which I raised the money for that proposal, it took a number of years to get it going. Finally it came out. They finally and unequivocally confirmed that sex differences are important. We're still pushing this because it's far from over, but there's certainly a lot more attention and information coming out all the time, mostly questions, but there's a lot of attention to it now, and we, frankly, take credit for that. We're still pushing it all the time.

DR: Do you still feel like you're fighting an uphill battle?

PG: Yes, we're doing a poster session at our scientific meeting in June. We did an analysis of the how many grants were going to sex differences research at the NIH, and assuming that we're slightly off, we see about five percent, which we don't consider very impressive.



DR: Do you think things are trending well?

PG: Well, I think they are in terms of the realization that this is important, and then this organization that we just started a few years ago, it's international looking at sex differences. But depending on what happens in Congress and cuts in research I think we're in big trouble because this is not a priority.

DR: Do you mean medical research is not a priority, or research on women is not a priority?

PG: Well, for many in this Congress, medical research is not a priority, but since sex differences research hasn't done that well up until now, with decent funding, if they cut it significantly, it can only get worse I think. So there's a lot of consternation and concern about what's going to happen to research, what's going to happen to scientists. Young scientists aren't going to be going into these careers if they can't get funding.

DR: Do you find a difference between how the men and women doctors or scientists respond to your group?

PG: Yes, if you're female, you respond, Well, why do we know that? Or, Of course. Another important thing that we do is, we have a program to work with young scientists, to advance their careers, and we give an award each year to a young woman scientist who does research in women's health or sex differences. It's more difficult for women scientists to advance in their career because many of them are married, have child-rearing responsibilities, along with the other responsibilities a wife has, and so it's more difficult and it takes longer for them to publish and do all the other things they have to do to get tenure and get advancement. We find more women are interested in looking at sex difference research for obvious reasons, and so this climate for restricting funding for research could really hurt women disproportionately. I think they won't go into research and then it'll be even slower to get the answers in these areas.



DR: I wonder if you've ever reflected about whether what you do is not only consonant with Jewish values, but a result of Jewish values.

PG: I do think, and obviously this is a generalization, I do think I'm very aggressive and won't take no for an answer, and really, [with regard to] the IOM report, I had a lot of people who were against me, including people at the NIH.

DR: Which report?

PG: The Institute of Medicine report, which is the academic, scientific arm of the government. Independent, but it's the government's scientific arm. If I decide I want to do something, I do it. Is that a Jewish trait? I don't know. I think to some extent it is.

DR: Confronting the status quo, asking questions, seeking education, advocating?

PG: Yes, if those are descriptive of Jewish personalities or Jewish women I'd say I've got them. I always felt that I wanted to do something, become something. I do think who you are is a combination of how you're brought up, your environment, your genetics. You know my environment was Jewish even though it wasn't overly religious, and the environment, and genetics—there's your genetics. So I think you can't separate.

DR: You've won numerous awards for your work on behalf of the research and education that the Society advocates for. People would consider you a pioneer in this field, a leader, certainly a leader, and you've had an influence on medicine. You're not a boastful person, but how does this recognition of your work make you feel?

PG: You know, I'm delighted. As I've said, I always wanted to have a career, I always wanted to accomplish something. I sort of fell into this in a way, I didn't know exactly where I was going, or how it was going to end up, so it's been incredibly rewarding and satisfying, and I think there's lots of non-profit organizations and I work with a lot of them, and I really think that we are one the few—now of course there is the Cancer (Society)



they can do a lot more, they can only treat cancer in a way they couldn't before. They know a lot more about autoimmune diseases than we did before. Same thing with cardiovascular, but have they changed the way research is done? Can they go away and say, Well we've accomplished this, we no longer have to be around. I think the difference with us is we've influenced all those organizations to look at sex differences, whether it's autoimmune, cardio-vascular, whatever, lung cancer. I think we've changed the way research is done. Our international organization is working with other countries, Israel and some of the European countries, on these issues, and I don't think—maybe someone would have thought of this after me, I don't know, but we'll never know that.

So I take credit for changing the way research is done and I think it's very exciting. My biggest frustration is that we have a terrible time raising money. If you're a disease, ovarian cancer, or breast cancer, that's easy because people suffer from it, their family members do, they're afraid they're going to get it. But if you're the Society for Women's Health Research it's really hard and foundations—and we talk about this all the time, I just talked about it this morning—it's just very hard. They may be interested in global issues but they don't see this as a global issue even though it is. The frustration is we could do a whole lot more a whole lot faster. We are talking about starting a foundation to start funding our own research to really jump-start this field because it's gone so slowly, but that entails raising a lot of money and so it's sort of I don't know.

DR: What inspires you to keep fighting this Goliath?

PG: I keep thinking of new big things we need to do. I've got two big things I want to do. One is starting this foundation. I've been working on it, and I've got some wealthy people who say they might be able to help, and I want to get it to a point where they have to, at least try. Then I'd like to bring together these centers throughout the country where they're doing clinical research. There once was a consortium under the auspices of Health and Human Services and they stopped funding them, and they've been sort of



disbanded, but the center still exists, and they periodically call us, or contact us, to find out if we know what's going on in the other centers, and what's the latest research. What I'd like to do if I can is raise the money to bring those together. I always have to have a new project. So those are my two new projects. I need a lot, I need millions of dollars, and I'm not going to give up until I reach a point where the writing's on the wall and I have to.

And then we're doing a lot of work this year on women veterans' health. A lot of issues out there that are very important, and I've been speaking and working with a lot of veterans groups and so we're hoping--again, and I need to raise some money. For me, it gets boring if it's the same old thing. As long as I've got new projects, new ideas, then I'm good.

DR: Do you have advice for the next generation of young women coming up?

PG: I think you have to follow your heart. I still believe in marriage even though it's been denigrated to some extent with so many divorces, and people are getting married later, which actually is not a bad idea, people getting married later. I do think it's possible to at least have a career, or at least figure out a plan where you can maybe start more slowly and then work up to it so that you have the benefit, the satisfaction of having a rewarding career, but spend at least some of the early crucial years with your family. I think that's very important.

Lately, I saw Suzie Orman on television the other day on MSNBC, she just wrote a book. I don't know if this is wishful thinking or it's true that our values have to change, that what's not important is the McMansion and having three boats, but having enough so that you can live comfortably but having a career or a vocation that you find fulfilling and satisfying, whether it's doing non-profit or a foundation, or just having a career that's a nice career that gives you the living standards that you want but not thinking that money's the be and the end all of everything. Whether it's public service or government service. I



think people now are going into government service, certainly on the Hill for the wrong reasons, certainly the staff is. Years ago when I was a lobbyist, staff was there forever. You work with people, they'd been there, and that was what their career was. Now it's sort of a jumping off point for making more money someplace else. And that's sad. So if we can come back to the old values, I think that would be easier on women also.

DR: Phyllis, do you see yourself as a role model?

PG: I think so, I mean that's what people say. That's why I get interviewed. And this magazine, wherever it is. I don't even know if you can buy it on newsstands, I never heard of it before. It's called Women of Wealth, and when they first called me, I said to them, I didn't really have a lot of money.

DR: But you are a woman...

PG: Right, so it's one part of that. But they said, No it's women of wealth who have given in mentoring, in time, in achievements, it's not money wealth. Which I feel is nice.

DR: Very nice. Which is more interesting to you, the science or the politics?

PG: I think the science. Well, it depends how you define politics. If politics means on the Hill, I can't bear that stuff anymore. But politics of having an idea and pushing all the buttons and talking to all the people and trying to get it off the ground, that's sort of the politics of achieving what you want to achieve, not the political, government politics, because there's politics in everything you do. You have to know who to ask, how to ask, how to get to the people you need to get to. So that part of the politics I find fun and challenging, and that's part of raising money too. But the science is exciting. I'm not a scientist, but I hear the presentations. It's amazing to work with all these young doctors and young researchers and their dedication, and they're not making a lot of money. That sort of goes back to doing what you believe in, and you love, and you're interested in for posterity, really. It's not about the money, and a lot of these women physicians,



especially now, the economic situation, the practice of medicine's changed, so you don't go into medicine to make a lot of money. I mean some people do if you're a surgeon, I guess. But more to help people.

DR: A question of meaning?

PG: Meaning in your life. I hope, I hope Suzie Orman's right, I don't know. Maybe that's just an excuse for the fact that people aren't going to be making, except for the top millionaires, people have to adjust to a more reasonable standard of living and money can't be the yardstick by which you measure your success. Your yardstick should be your personal satisfaction.

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