



# Diane Rippa Transcript

Sandy Gartner: This is Sandy Gartner and Ann Buffum meeting with Diane Rippa to record a life history interview as part of the Vermont Jewish Women's History Project. Today is November 9, 2008. We are at Diane's home on Chapin Road in Essex Junction, Vermont. Diane, do we have your permission to record this interview?

Diane Rippa: Yes, you do.

SG: Thank you. Did you know your grandparents? What was your relationship with them? Did they have an influence on your life? Do you have any anecdotes or stories you might want to share with us?

DR: I did not know my father's parents very well because they lived in Florida, and they died when I was really young. My father's father was actually one of the first Jewish lawyers in St. Petersburg, Florida. He had many jobs in Florida. I had a much closer relationship with my mother's parents, who lived in Braintree, Massachusetts. My grandfather was a physician, a family physician, actually. My grandmother was a music teacher who trained at New England Conservatory and taught piano at her home. My grandfather had his medical practice right in the home, and we visited often. I used to spend a lot of time in his office. He even performed tonsillectomies in his office and had bottles of ether and all kinds of things like that. He eventually switched when he got older to be a physician for patients who wanted to lose weight. But before that, he primary care practice. He used to take me out on house calls and take me to the pharmacy. He knew everybody in town and was center of the town there. They had their home right on the main street. He was my predominant role model for going into medicine. He lived long enough to see me graduate from medical school. That was the last thing he came to. He was sick, but he made it to my graduation. He was a really special person in my



life. My grandmother lived until she was ninety-one. We also had a close relationship with her and used to see her a lot. She was a homemaker, although she did teach piano students. She taught us occasionally, although she was fairly strict in the old school with the ruler and all that, so I didn't really care for having her teach me piano very often. But she had a huge, beautiful piano at her home, which I now have in our home. She played until she got too severely in her hands to continue. I got a lot of her old music, which I still have in our home. She did a lot of cooking and even fed meals to some of my grandfather's patients. She had a big kitchen, and she was always preparing things and baking things. They had blueberry bushes, and we used to pick the blueberries. My grandmother was quite orderly and sorted the berries into small, medium, and large and washed them very thoroughly before she made blueberry pies. My grandparents did come to Vermont to visit, but our family really enjoyed visiting their home in Braintree, Massachusetts. When my grandmother got older, after my grandfather passed, she had to learn everything from the checkbook to taking care of all the finances, which weren't in very good shape when he died because he wasn't feeling very well. But she became extremely independent and was driving up until a month before she died. She told me she never wanted to stop driving. When she couldn't drive anymore, that was when she wanted to pass away. She didn't want to be in assisted living or any of those things that we tried to get her to agree to. I remember because one time she passed out at home [and] wasn't feeling well. She got up, got showered, packed her suitcase, and drove herself to the hospital but brought a friend with her who has Alzheimer's. My grandmother also had a very famous freezer. She used lots of coupons. She would go to three or four different markets with the coupons, trying to get deals on everything. She would buy a lot of things – multiple containers of the same thing. She had lots of cans of all kinds of things in her basement and in her pantry. She stored things for years in her freezer. When she died, going through the freezer was a huge activity. She froze everything. [laughter] She was something else.

SG: What was your grandmother's name?



DR: Her name was Frances Frogel. My grandfather was Reuben. They had two children – my mother, Barbara, and my aunt Phyllis who lives on Cape Cod with her husband David Rubin, who is also a physician. Their oldest son, Jonathan, is an emergency room physician, so we have a number of doctors in the family.

SG: How did your parents meet each other? Why did they settle in Burlington? Can you talk a little bit about their professional lives and what their interests were while you were growing up at home?

DR: Well, my mother went to a private school in Boston called Thayer Academy. She then attended Radcliffe College. She is really brilliant. My father was a graduate student at Harvard, getting his doctorate in education. My parents met at a Harvard mixer. They got engaged within a month of meeting, which I know was quite common at that time. My dad finished his doctorate, and my mother finished college after that. The reason they moved to Burlington was because my father got a teaching position at the University of Vermont [UVM] in the Education Department. They moved here in 1960, which is when I was three. It was just after my brother was born; they had a couple of positions before then. My dad taught high school history for a short while in Massachusetts, and they lived in New Mexico for a year. They lived in DeKalb, Illinois, for a year. My mother didn't like New Mexico, but she enjoyed her time in Illinois and had good friends there. My brother was born in DeKalb.

SG: The other part was – what did your mom do?

DR: My mother was a chemistry major at Radcliffe. She stayed home with us when we were growing up. Then she taught chemistry at Trinity College in Burlington for a while when I was in high school. She went back and got her master's degree in education and taught math at Pine Ridge School in Williston, which is a school for kids with learning disabilities, and she actually taught there for about twenty-five years. She was tutoring math until 2008. She had private high school students who came to her home for



tutoring.

SG: What were some of their interests while you were growing up? Do you remember their involvement in the communities?

DR: My father was really involved at the university on multiple committees. When he had spare time, he would do gardening because they had a big garden every year. He used to swim every single day at the pool at UVM for years. My mom was involved in Sisterhood and did volunteering when I was growing up. I'm trying to think of what she did. She did a lot of reading, and she has always enjoyed cooking. She used to participate in AAUW and Women of UVM. She and my father were members of the foreign food group at UVM, which was a lot of fun.

SG: That's fine. We're going to move into a little bit more about you. The next question is, could you talk about what it was like to grow up as a Jewish child in Burlington, Vermont? What was the ethnic makeup of your neighborhood? And talk a little bit about your public school experiences. Did you have Jewish friends growing up?

DR: Growing up in Burlington, we lived in a white Protestant and Catholic neighborhood. We were the only Jewish family on the street. I remember antisemitism from some of the kids in the neighborhood, just calling me Jew and things like that when I was growing up. I think they got over it later in life, but when they were younger, they did. We didn't experience that from the parents. I mean, we were friendly with the neighbors and everything. But I just remember it growing up because there weren't very many Jewish kids in each class. You always felt a little bit different, particularly around the holidays, because you had to – well, I think they still have to sing holiday songs. It was always very awkward to sing Christmas carols in school and things like that. My brother and I went to Hebrew school at Ohavi Zedek from first grade until our bar and bat mitzvot. We met other Jewish kids that way. I was really involved in the Jewish youth group in junior high school and high school. At the time, Ohavi Zedek didn't have a youth group. So we



had NEFTY, which was the New England Federation of Temple Youth, which was actually the Reform Youth Movement. Kids from Ohavi Zedek, which was conservative, also belonged to NEFTY. That was a big part of my high school experience because we traveled frequently to conventions in Montreal and Ottawa, as well as Massachusetts.

We would have conventions in Burlington as well and had the Canadians and members from Massachusetts come to stay with us. We had frequent meetings and had a wonderful youth group leader. I was quite active in the youth group.

Ann Buffum: Did the youth groups have any special projects that they undertook? Were they social projects, community projects, or things like that? Do you remember?

DR: I remember going to the conventions, and I recall lots of singing and dancing and fun services that we wrote. There was also summer camp. [inaudible] I'm trying to remember what we did for social action. I should because my kids are so involved in their youth group. But I don't remember. Maybe it'll come back to me.

SG: You were saying you went to Ohavi Zedek to Hebrew School. Did that have an effect on you as far as your identity as a Jewish woman? Did you have a bat mitzvah?

DR: I did have a bat mitzvah. At the time, the bat mitzvahs were held on Friday night; they weren't quite as important for the women. My bat mitzvah did feel like a big event at the time. Most of us never liked Hebrew school much when we were at Ohavi Zedek. My brother particularly disliked his experience and still talks about it negatively. My kids actually liked it much better than I did. They changed the curriculum a lot. I was always resentful of having to go to Hebrew school because that always seemed to take away from after-school activities. It was twice a week from four to six on Mondays and Wednesdays, and it just seemed to – I don't know. It always seemed like it kept me from doing other things. But as far as having a Jewish identity, we always identified ourselves as Jewish.



SG: You mean, as a family?

DR: Yes, as a family. We weren't terribly religious. We didn't go to services every week. We didn't keep kosher. But we didn't eat pork. We ate a lot of traditional Jewish foods. We celebrated the holidays, and we always had a lot of Jewish books at home and things like that. But I always identified more with the other Jewish kids just because we were going through the same type of thing.

SG: When you talk about that, what was it like in the public school? Were there any Jewish teachers? What kind of thing –? I'd be interested if you spoke more about that if you can.

DR: In elementary school, I don't recall having any Jewish teachers. I always remember feeling a little bit different because I was Jewish, but it didn't really impact my learning or anything. Because I was so involved in youth group when I became a teenager, that gave me sort of a social place. I identified as a Jew, always primarily. But as far as school, I don't think that really made too much difference. The Jewish kids always tended to be in all my classes because the Jewish kids were always the ones in the top ten percent of the class, or they seemed to be. A lot of my friends from youth group or from growing up were in my classes. We would study together or sit in the back of the room together.

SG: The other part of the question is, what were the Jewish traditions in your family? Could you talk a little bit about how you celebrated the holidays? What are some of the traditions and holidays you like to celebrate with your own family? It's a two-part question.

DR: Two-part question.

SG: Growing up, were there certain things? What things did you do as your kids were growing up?



DR: Well, for the holidays, like Rosh Hashanah and Yom Kippur, we always had dinners.

SG: Is this as a child?

DR: As a child growing up. We always went to synagogue both days on Rosh Hashanah and always took the days off school. It wasn't even a question that we wouldn't be going to school those days. We fasted on Yom Kippur and had the breakfast at home. I don't think my grandparents usually came up. I'm trying to remember. But it was always a big – we'd always get new clothes. When I came back from college, my friends would always be there. It always was a big deal to go to services on holidays. You always knew where everybody was sitting, and that's when you'd see everybody. I think it's probably somewhat similar now. We always had Passover Seder, and we always kept Pesach. We didn't clean the crumbs out of the whole house or things like that, that a lot of people do. We'd put things aside. We'd always just have matzah, and we would never eat bread during Pesach. We always had a big Seder at my mom's growing up. It was never a hugely long Seder – [Telephone rings.]

SG: We can stop for a second. [Recording paused.]

AB: There it goes.

SG: You were starting to say that when you were at Seder, that you guys didn't go into the wee hours of the night.

DR: Right, right. My mother is an amazing cook. She's probably one of the best cooks in Burlington, so she always made a wonderful Seder meal and still does, actually. That was the high point was getting to the food. We went to some other smaller celebrations at the synagogue, like Simchat Torah and sometimes to the Sukkot celebrations. I'm trying to think. What else as a family? You asked about what I do with my [inaudible].



SG: Yes, with your sons and David.

DR: Our family, we also do a lot of the same things. My kids are extremely involved in the youth group. My older son actually now keeps kosher.

SG: Ben keeps kosher?

DR: Yes, Ben keeps kosher. He's more religious than any of us. We have some Shabbat dinners. We did that growing up as well, but not traditionally, like every single Shabbos, where we'd have to be home and have dinner. We try to light candles on Shabbos when we're all here. My kids went to Hebrew school and were bar mitzvahed. Then, from their bar mitzvah age on, they've been involved in youth group. They are involved in Young Judaea, which is a Zionist youth group. That's the one that incorporates both Ohavi Zedek and Temple Sinai. I don't have to talk about that yet. But I can talk about – so, growing up here, we did the same thing. We'd go to services, but on Rosh Hashanah, we would actually only go for a day. Now we're going more for two days because – and this year, in particular, because my son Daniel was the shofar blower at services, so we wanted to be there the whole time. But it seems like now some of the kids go to school even during the High Holidays. When I was growing up, we never ever went to school. I mean, it was just verboten that we would ever even think of it. Now, it seems like some of the kids do go to school on the second day. Some of us go to work on the second day. Some of the kids even don't go to services because they've got too much work to do, and they don't want to miss school. It still seems like things are being scheduled on the Jewish holidays. It's always a battle to try to avoid having things scheduled for school or work, which is very frustrating since it's on the calendar, and I don't know why they can't figure it out.

SG: Let's stop for a second. [Recording paused.] You talked about how you now consider yourself more of a cultural Jew and that you're interested in Reconstruction Judaism. I was wondering how being Jewish also affects the way you might look at





things in a social or political context. That's another two-part question.

DR: You're famous for those. Don't you know that over fifty-one can't remember from one sentence to the next?

SG: I can repeat it.

DR: Well, the reason I say more of a cultural Jew is because I'm not a traditional one who goes to services every week and reads the Bible and studies Torah, although I think I probably should more. I'm more interested in keeping up with the cultural traditions of Judaism and learning about those. What was the second part?

SG: The other part was – you were saying your interest in the Reconstructionist movement.

DR: Well, it's hard to say because Ohavi Zedek is going through a process of trying to find itself and figure itself out. I belong to Ohavi Zedek and have my whole life. It's a traditional Conservative congregation. But it's a fairly liberal congregation, so some of the members of the congregation are extremely religious, and other members are less religious. People are trying to find what is the right mix of that. I'm not really sure where I fall in that. Well, I know I fall more to the left in that leaning, but I don't know enough about Reconstructionism to know if it's really the right fit for me.

SG: Is that something your synagogue is looking at?

DR: Well, they talk about it, but we're still part of the Conservative United Synagogue and still part of the Conservative movement. We have two rabbis; our head rabbi is definitely a Conservative Jewish rabbi, and our other Rabbi who's our cantor is a Reconstructionist rabbi, which is why I know something about it, but I don't think the synagogue is ready to move quite in that direction. I think, having grown up in a conservative synagogue, we do more of the prayers in Hebrew and more traditional



Torah service, and things aren't abbreviated. I sometimes think I'd like to have music, like guitars and things like that, at the service, which we don't have as part of a Conservative service. But I'm more comfortable with the Conservative way of doing the service in terms of the amount of Hebrew and the way the Torah portion is done.

Sometimes, keeping kashrut in the synagogue is very strict, and it can make it challenging sometimes to do things like having potlucks or having people bring in food.

[It] isn't allowed because you have to prepare everything by the kashrut laws in the synagogue kitchen. Things like that can be a little bit challenging, but it's really important to a lot of members of the congregation, so we try to respect that.

SG: The other part of that was, how does being Jewish affect your social and political interests and views? Does it?

DR: I'm trying to compose an answer to that. Well, part of what it does is gets me more interested in Israel. My kids are part of the Zionist youth movement. It took until I was fifty to get to Israel, but I finally got there. But causes around Israel have always been really important for me, and political views – it would always be important that Israel's protected, so that's always part of how I choose to vote politically. But other than that, I always believe in Tikkun Olam, and I always try to help others. But I'm in a profession where I'm doing that a lot anyway. We try to stay involved [in] social activism in the community, but I don't really know that it's my Judaism that is prompting that rather than just my upbringing and the way our family is. Do you have other questions that would go towards that area?

SG: It doesn't have to be the Judaism that imparts that to you. It can, obviously, the way you were raised and your consciousness –

DR: Right. I think it's –

SG: – as a human being.



DR: Right. I think that's more it.

SG: The next one is a little bit off of that. When did you first – well, talk about this again if you don't mind because it's interesting. When did you first realize that you would like to be a doctor?

AB: Just do one question at a time.

SG: Yeah. Tell us about how you got started in your career.

DR: I don't really remember exactly when I decided I was going to be a doctor. It was one of those things that I always thought. I presume a lot of it came from being around my grandfather. I was always good at science and math. I was always interested in medicine. It seemed like just something I would do. I knew it right from going into college from high school. Then, when I got to college, I was always pre-med as part of going to college. I did some volunteering, and I participated in a program in college where you could go visit a doctor's office and see what it was like.

SG: Where'd you go to undergrad again?

DR: I went to Harvard undergrad – followed in my parent's footsteps. I just kept going with it and decided to go to medical school. I went to medical school at the University of Vermont. Then you have to decide what type of medicine you want to do. At first, I thought I wanted to be a pediatrician, but I did a rotation with a doctor in Essex Junction a couple of weeks with him, and he was a family practitioner – or is a family practitioner. He showed me what it was like caring for adults in the office. I really liked it and liked working with him. I spent a couple of weeks pondering what to do and decided to go into family practice, which is where I'm at now. I ended up working with him as a colleague later on, once I completed my training, because his practice was right in Essex junction, which is where I ended up for the first fifteen years of practicing. That's all I have to say about that.



SG: Can you talk about what it's like for you to be a family doctor, some of the joys and the challenges, and the satisfaction you've gotten from being in that field or the frustrations of it? What's it like?

DR: I just have to formulate my thoughts. Sorry. Being a family doctor is – well, it's all I've ever done, so it's all I know. But it's very – I mean, it's a very challenging profession. The great part about it is you actually do, a lot of times, take care of families. I take care of different generations of families, where I'll be taking care of the grandparents, and I'll be taking care of the kids, and the aunts and uncles, and the children. That part's really nice because you get to know the whole social context of their family and what makes them tick. That part's really rewarding. It's also intellectually challenging and interesting because you never know what you're going to see from day to day. It requires an inordinate amount of multitasking to try to handle what goes on in the office because you're trying to see patients every fifteen or twenty minutes, and then you're interrupted with phone calls and answering questions and answering messages.

SG: Are you on your own now?

DR: No. I spent one year as an emergency room physician in Rutland when I first got out, and then I moved up to Essex Junction, where I worked in this family practice. There were actually initially four of us and then five of us. That practice split up about six years ago. I opened my own office also in Essex, but just up the road a couple of miles. I have another woman doctor with me, a woman nurse practitioner with me, and a lot of my staff from the original office. Actually, my nurse practitioner is from that original office as well. The challenges – there are a lot of challenges. [laughter] I'm trying to mix the joys and challenges. I mean, some of the challenges are [that] I run my own business. You're not trained with an MBA [Master of Business Administration] coming out of medical school. So you have to know how to run a business and look at budgets and finances and things like that, that I never learned. So I've learned on the job doing that. I'm also managing



staff, which is something – the human resource component of that, but I have an amazing, wonderful staff, so I don't have any problems with that. I don't know what I would do without all of them. Our staff really are all family and work really well together. Then there's the whole issue of practicing medicine, which is challenging because diseases have gotten more complex. It's actually improved – access to the internet has changed how I practice medicine a lot because I can research diseases online without having to go to the library or get information out of outdated books. Everything is up to date, the information that you get. That's made practicing medicine much different, easier in some ways. But the challenge of having patients in the hospital and having to see patients in the office and try to make ends meet in this world where reimbursement is not adequate for family physicians is frustrating. It is hard because you want to keep more family physicians coming into the field of medicine, but they have so many student loans that it's hard for them to repay their student loans on what family practitioners can make these days. It's very frustrating. But the actual practice of medicine – I have patients that have been with me twenty years, and I really enjoy taking care of the patients and getting to know them. I love to learn about their lives and their families and probably spend too much time learning about that stuff, and it keeps me sometimes a little bit behind, but it's what makes it interesting. That part's really the joy of practicing medicine, plus the challenge of learning about the diseases. When you have somebody – I mean, it's sad when you have somebody who gets really sick or dies from one of these diseases, but it's nice to get to know the families and try to help them manage the problems and find the right people who help care for them.

SG: That's probably a good segue because you talked about your father's long illness. I was wondering if you could talk about that time and how it affected you personally and professionally.

DR: Well, my dad's illness started when he was fifty, which was sort of traumatic when I turned fifty because he had a subarachnoid hemorrhage of his brain. I was actually



home on vacation from college, from spring break, and he was in his bedroom. He leaned over to get something out of a filing cabinet, and the next thing I know, he had the worst headache of his life, which is classic for that problem. My mom wasn't home. I was a college sophomore and didn't know anything at that time – still felt really young. I was calling my mom at work to ask her what to do. She was telling me to call the nurse next door, and eventually, we called the ambulance. He was in the hospital for a while and was really sick. It was one of those things where he had a fifty percent chance of making it, and they didn't even have CAT scans back then, really, for diagnosis. I remember he had to go to Dartmouth to have a CAT scan at one point. It doesn't seem all that long ago, but I guess it was. Finally, he recovered from that, but then he ended up getting hydrocephalus, which is fluid in the ventricles of the brain, and he needed to have a shunt put in. But it took them three months to figure that out. Because back then, it just did. I had gone back to college, and I remember he was confused because he would call me and say weird things on the phone. He was still in the hospital, and I didn't know what was wrong. My mother didn't want to tell me because she didn't want to disrupt my college life. She finally had to tell me away because he was so mixed up. Anyway, he eventually got better enough to go back to teaching as a professor at the university and did pretty well for a number of years. But then, he got sicker in his seventies and required another surgery for his shunt needing to be revised. Then he had a couple of strokes. My mom was taking care of him. Then, the worst part came two days before my older son's bar mitzvah. My father had a stroke. That was his worst stroke that he had until the one that killed him. I remember my brother was at the house, and he called me and said, "Something's wrong with Dad. You need to come." My son and I basically – we had house construction going on. We had people arriving. We were putting together our group of photos for the bar mitzvah. The house was a disaster. But we went into the hospital, and we had my dad brought to the hospital. He had had a stroke where he couldn't swallow very well, and he couldn't walk. He, of course, couldn't come to the bar mitzvah. From that point on, he really needed care. That was really the



part that got difficult for me as a daughter because he ended up going to a nursing home for rehab, and then he eventually came home. My mother had to have caregivers in the house. It was really difficult for her. Finally, he got worse and wasn't able to swallow. At that point, he was going to – I get the chronology a little mixed up, but he was going to adult daycare during the day a couple of days a week just for a change of scenery. He had some cognitive loss, but he didn't have complete dementia or anything. So he knew what was going on, which of course, made it all the more difficult. He started having trouble swallowing, and he couldn't take fluids very well. It became a huge issue whether he needed a feeding tube, which for me, in my profession, you try not to put feeding tubes in anybody, but it was my father, and I didn't want him to die. He could still eat, but he couldn't swallow fluids. I was always the one that would coordinate his care. I would go to the specialist with him. I would write up stuff for the specialist. My mother and I talked a ton about what to do for Dad and the caregivers and trying to coordinate everything. I was the one that talked to my father about whether he should have a feeding tube or not. That, for me, was really difficult because, at that point, I thought it was going to be my second son's bar mitzvah, and he didn't make it to the first son's bar mitzvah. If he didn't have this feeding tube, he wasn't going to probably make it for this. I explained this whole thing to him and asked him whether he wanted to have this feeding tube in. He basically told me he wasn't ready to die, and if the feeding tube wouldn't show in his stomach, then he would have it because he thought people would see it. But once I explained it would be covered up, he agreed to have it. He was getting weaker at that point. So finally, he ended up in the hospital for the feeding tube. He basically never came home. He went to the nursing home after that, and that wasn't really the plan. So that's why I had trouble with that because I felt like I betrayed him. I mean, I know I didn't, and it wasn't my fault, but as a physician, as a family physician, trying to explain everything to my father and then find out afterward that he was going to be too weak to be cared for at home, and that my mother wasn't going to be able to handle it, was really difficult. But he went to the nursing home, and then I would take him



home a lot. He did make it to the bar mitzvah. One of the caregivers from the nursing home brought him to the bar mitzvah. That was a huge, big deal for him to be able to come to that.

AB: I want to turn the tape over. [Recording paused.]

SG: Okay. Go ahead. You were saying that your dad –

AB: Well, tell us about the bar mitzvah.

SG: I wanted to ask you one question before I forget. What did you write that essay for? It was beautiful.

DR: I wrote the essay after – I wrote an essay about my mother and father trying to reconcile the idea that my father ended up in a nursing home because I was frustrated that he couldn't stay home and that my mother couldn't take care of him at home. I was trying to understand – basically, I wrote it to try to understand what she had been through in caring for him because basically, she cared for him at home for three years before he went into the nursing home for his final two years. I had such a hard time with the fact that, if you have financial resources, and you have a house that's handicap accessible, and you have – I'm a physician, my mother's an educated woman, and we still couldn't care for my dad at home. We still couldn't do it. The system just wasn't set up that way. He required too much lifting. It was too hard for my mother to deal with these people in her home. One of the caregivers stole from her. It was just really hard. At times, the caregivers wouldn't show up, and she just would be panicked trying to deal with my dad. And sometimes, he would try to do things that he shouldn't, like try to get up or move around or things like that. He'd get stuck in places. It took me writing that essay about them to come to terms with what my mother really went through in caring for my father and what it was like for her so that I understood it a lot better, and I was more accepting of what happened with my dad. But that was why I did that.





SG: It was personal.

DR: Yes, because I just felt like something should have been able to be different. Why should my father have ended up in a nursing home? I'm a family physician. I know all this stuff. I know how to take care of it. Why couldn't I fix it? I couldn't do it. I think it was harder being a family physician and trying to deal with all that stuff. I learned how to change his catheter, empty it, transfer him onto the toilet, and transfer him in and out of the car. And I always took him home from a nursing home on weekends. I would go visit him three or four days a week. But it never seemed right that that should happen.

Nursing homes – they're very frustrating places. There just isn't a good way to take care of people like my dad. As a doctor, that's how it affected me. So now, I try to help people that are dealing with that stuff because I know about it. I try to help them navigate the system better and try to understand what agencies they can use for home care and what's involved in-home care. I mean, there are all kinds of rules and regulations, like they can't lift and they can't do certain things. It's just very frustrating. With the nursing homes, he was at two different ones. I could tell people about those and how to deal with having somebody in a nursing home. I also learned – I used to think nursing homes were really – I didn't view the people in them as having real identities because I had never really spent a lot of time in them. Once my dad was there, I used to go for meals at the nursing home and used to talk to all these people in the nursing home. Everybody had a story. It was interesting to learn all their stories and to understand why they were in the nursing home. Sometimes it was really sad why they were in the nursing home, and other times it was situations just like my dad had. When I used to go play – bingo was a big deal. It was a big deal for my dad, and they'd award candy bars if you win bingo, and that was always a big deal on Sundays to take Dad to bingo. I just learned a lot about, I guess, the elderly and all the different issues that come with this process. I try to use it to try to help people now. I'd like to use it to try to change nursing homes to make them more, I guess, homey and less sterile. I know it's difficult with the regulations that exist, but it just seems like it's always just so – I don't know. It just doesn't seem like a good



place to end your life in the nursing home. It seems like there could be a better atmosphere – even the way the rooms look, the way the dining hall looks, the way the food is served, and the way the staff handles people. Someday, I want to change things with that. It took a while before I could even go into a nursing home, and then I had a patient in a nursing home right after dad died, in the same nursing home, on the same floor. I had to go up there. But I don't really go there very often anymore to that nursing home.

AB: This is not behaving.

DR: It's not recording?

AB: Let's stop for a minute. [End of track one.]

SG: This is the beginning of part two [of the] interview with Diane Rippa. Now we get to the personal stuff. [laughter] If you can talk about how you met your husband, David, and why you guys decided to settle in Vermont.

AB: But I think she did.

DR: No, I didn't.

SG: No, she didn't.

DR: I talked about my parents.

AB: Your parents, right. You know what, Diane? See this?

DR: I see that.

AB: That helps.



DR: The flashing light. Okay. I was a medical resident in Philadelphia. I finished my internship and decided to go on vacation because everyone goes on vacation at the end of their internship. I went to Club Med in Cancun, and that's where I met Dave. I suspect that my parents planted him there, but I'm not really sure.

SG: Why do you think –?

DR: Because where else would you go to meet a nice Jewish boy who lives in Vermont? [laughter] At the time when I met my husband, he had graduated from college and was living in Killington, Vermont, and was working at a family business. The reason that we started talking is because he said something about Vermont when we were standing there. I asked him about Vermont, and it turns out that he's related to all these people that I knew from growing up in Burlington. That's how we started communicating.

Anyway, we started going out then. Then when we came back, he commuted, and I commuted back and forth on good old People Express Airlines, which is since defunct, but we spent many an hour in Newark Airport, back and forth, because they were only twenty-nine-dollar flights. We traveled back and forth for two years, and then I moved to Killington where he was. We got married the summer after I finished residency. That's because my mother didn't want me to live in Rutland, Vermont single, so she wanted to be sure I was married when I went there. Because she was afraid I'd be stuck in Rutland.

SG: Really?

DR: Yes. That's not the only reason why we got married.

AB: That's good to know.

DR: Just as an aside. You don't have to put that in any special quotes.

SG: No, we won't.



DR: Anyway, we lived in Rutland in Dave's grandparents' home that we bought from them, and we lived there for a year and a half. Then we moved up to the Burlington area.

SG: Could you talk about your sons? How would you compare your own Jewish experience growing up with their experience growing up in Vermont, so many years later?

DR: I think it's somewhat similar. My sons are great. I could talk about them for hours and hours and hours, so you'll have to shut me up when you don't want to hear any more about it. But my sons are now seventeen and twenty. One of them is a junior in college at Brown University, and the other one's a senior in high school. Growing up in Vermont was somewhat similar. They went to Hebrew school at Ohavi Zedek Synagogue, which is where I grew up going to Hebrew school. The difference there was the Hebrew school curriculum was a little more interesting, and they seem to like it better. But they still went twice a week and still had the same issue of – it's just exhausting to go twice a week, and you miss stuff. We had a nice carpool from Essex, and we're still really good friends with the people we carpool with. Those kids would drive in together with one of the parents and back for a number of years. There was a big celebration when we were done with that. That made it more fun for the kids. My kids have good friends that are Jewish that they've gone to school with right along, but they've always been – I mean, there have always just been a few kids in their school that have been Jewish. I used to go into the classroom and cook latkes and do little presentations around the Jewish holidays. I believe my mother must have done that when I was younger as well. But we did that every year for a long time in elementary school. Still, in Vermont, there just aren't that many Jewish kids in each school. You have to establish your identity, or you have to run away from it. My kids chose to cling to their identity, and being Jewish is incredibly important to them. They always identified themselves as the Jewish kids. They were always really proud of it. They would talk about it. My younger son, Daniel, would get into debates about the Bible with his social studies teacher, and he would



thrive on that. My older son would get into debates with a lot of the kids about political views. They were always really, really proud of their Judaism, and probably I'm sure, more than I was as a child. They weren't afraid of it. They weren't embarrassed by it.

I'm really proud of them for that. I think part of it in high school had to do with being part of the youth group, but also they had – at least for my older son, there were several kids – well, three kids who were like the Three Musketeers in high school that were extremely good friends and went all the way through high school together. Well, through middle school and high school together. They were always out together for the Jewish holidays, and they were out together for their youth group conventions. They would always make sure that things didn't occur on a holiday. They would always complain together. They had that shared bargaining power that they could use, and they always felt really important. They always would talk about Israel, and they were never afraid to speak up about their beliefs. My younger son also has – well, the sister of one of the kids that my older son was with, so those two have gone through together and done the same thing. They've empowered themselves and really been extremely proud to be Jewish. They've been involved, as I talked about before, with Young Judaea, which is the Zionist youth organization. Through that, they've both had strong leadership roles in that. My older son was president of the local chapter.

SG: Is this –?

DR: Ben.

SG: Is that Young Judaea?

DR: Yes, Judaea.

SG: So Ben was president was [inaudible] –

DR: Yeah. Ben was president of the local chapter of Young Judaea and held offices from the time he was in eighth or ninth grade. Then, his senior year, he was – let's see.



His junior year, he was president of the New England region. Then his senior year, he went back to being president of the local chapter again. My younger son is, this year, president of the New England region. They're both extremely active, and they maintain leadership roles right along. They go to conventions, and the conventions are peer-led, so they write programs for them, and they're always doing – they call them peula, which are the programs that they write for each other. They're really interesting programs, and they do a lot of social action.

AB: Who did one about Darfur?

DR: Well, that was actually my older son. At the end of high school, once they were already into college, he and his friend Brian Banks decided that they would hold a rally for Darfur. I think there was a national Darfur Rally Day, but they couldn't do it on that day. They decided they would do their own rally. So they started from scratch. This was the most amazing thing that I've ever seen. They decided they would hold a rally in Burlington, and they planned it from – they started with nothing, and they basically had to go and get a place to have this rally. They got City Hall Park, and then they had to get speakers for the rally. They had great aspirations at first. They also wanted to fundraise. They realized right away how difficult it was when they started asking businesses for money and got nothing. They finally got a seed contribution from one of our local very generous congregants to start, and then they started getting more contributions. They were able to raise enough money to run the rally. They got speakers. They had singing groups. They had an African dance troupe. They had a speaker from Bosnia. They had speakers there were Holocaust survivors. They got political speakers. Their biggest coup was getting Patrick Leahy to speak. Once Patrick Leahy agreed to speak, which was the big thing, then everybody else wanted to speak. They actually were turning people away once they had everything done. They got about five hundred people to come to this rally. They had all the microphones and recording devices. It was just incredible what they did. They raised, I think, four thousand dollars for the World Food



Program. They had a speaker from – one of the National World Food Program people who was in charge; they flew him up to speak. They had another person from a Darfur organization that they flew here to speak, and they were able to raise enough money to do that. We put those people up at our homes and took them out to dinner. It was just an amazing thing to watch the two of them do that. I really think it was from their leadership in Young Judaea that allowed them to feel comfortable enough to start this process and actually carry through with it. It was amazing.

SG: As you're talking about your sons being so proud of being Jewish men, what do you think gave them that ability? In the way you raised them? Or the way you and David are within the community? They just didn't get it out of the air, I wouldn't think.

DR: Well, we ponder that because – I mean, we've always been proud to be Jewish, and we've always participated. Dave was on the board at Ohavi Zedek during the time the kids were growing up, and he's participated as the head of the house committee. I'm on the board now for Ohavi Zedek, which I can talk about afterward, but I wasn't when they were growing up. I wasn't participating with that stuff. I think it comes from the group of friends we've formed, and the fact that everybody – well, almost everybody that we're really close friends with are Jewish, and all the kids that they went to Hebrew school with, and the youth group experience. We'll take some credit, certainly, [laughter] for how we raised them. But why is my son now keeping kosher? The three kids that were so close in high school all keep kosher, and Judaism is really important to all three of them. None of the families kept kosher before. [laughter] We talk about this at the synagogue because everybody knows our kids – well, all these three families – and talks about what makes kids turn out like this and be so proud of their heritage and want to carry it on and be so proud of being Jewish, which you don't see that often. We've just been, I guess, supportive of what they want to do and supportive of their youth group. Also, our kids went to – all three kids, my son and his two friends from high school – went to Jewish camps and went to Israel. We were supportive of that, financially and emotionally. It's



expensive to send your kids to all these Jewish camps and to all these youth group conventions. But we always felt it was just a really important thing, so we never really questioned it. My younger son went to summer camp three and a half weeks every summer from the time he was after eighth grade. My older son went for actually only one year but also did all the other stuff related to Young Judaea. They went to Israel for the summer after junior year of high school for almost six weeks. If I could bottle it and sell it or give it away to other families, I would in a heartbeat. We ask ourselves that. I don't know. I think communicating with your kids and letting them know that we're proud to be Jewish and that it's okay to be Jewish and just talking. We always have family dinners, and we always talk at dinner. I always thought it was really important to do that, to be home together and just communicate and share things. But I'm not a hundred percent sure what it is.

SG: I'm going to backtrack just a little bit. At the time that you were pursuing your education and your career goals, what was [inaudible] for women in your profession? Were there any kind of difficulties being a Jewish woman? Does that play into that in any way?

DR: Well, I mean, for me, not really. I went to a university that was probably twenty or thirty percent Jewish by that point in time. There used to be quotas for Jews at all the Ivy League schools. When I was there, there weren't. So being Jewish was pretty common. Most people I knew were Jewish there, it seemed like. It was very different from what I had in Burlington. There wasn't any stigma in terms of that. Being a woman, again, where I was, all the women were pursuing higher education. My roommates were going to business school and law school. Other friends were going to medical school. It was sort of the norm where I was. When I got to medical school, our class – I'm trying to remember. We had a very high percentage of women in our class at the University of Vermont. It never really seemed like there were any obstacles being female. There were some subtle obstacles to doing certain careers in medicine, like surgeon, orthopedic





surgeon, and things like that were still predominantly male. There was definitely some chauvinism amongst the senior residents regarding those things, which probably has shifted now, but at the time, I can remember that. I never really strongly wanted to be any of those things anyway, so it didn't really affect me particularly.

SG: The other thing I want to ask is how do you manage to – you have obviously a busy practice and a very active family. How's it been for you to try to balance that all over these twenty-odd years or so?

DR: Well, that's definitely the challenge. The practice of medicine actually has become increasingly difficult and increasingly demanding of time. Because when my kids were younger, I remember being able to go and breastfeed at lunchtime. I pumped milk for my kids during breaks and things like that. Now, I can't even fathom having five minutes to be able to do that unless I were to really cut back. The demands of the medical practice have definitely increased. But when my kids were younger, I didn't work quite as many hours in the office. My husband's a teacher and gets home a little earlier. Between the two of us, we've been able to manage. We also had au pairs live with us for six years while the kids were young. From the time my youngest son was born, we had au pairs for six years. They were an integral part of our family. They came from England, Spain, and Copenhagen. Two of them were with us for two years each. One of our au pairs is going to be getting married this summer, and we're hoping to go to England to see her get married finally. It was a really fun experience for the kids, I think. It definitely helped in terms of managing two busy kids in school and being transported everywhere. But you never really quite feel like you do things all – you can never do everything as well as you want to. In medicine, I could spend my entire life reading medical articles and books and being involved in committees and trying to focus on national health care work and things like that, and you make choices and decide that you're not going to do those things. You have to balance your time. You can never do everything quite as much as you want to. With my kids, I always managed to see all their concerts and things that they were



involved in. I never missed anything. Because I'm in my own practice, I can come and go. But you don't get home as early as you'd like to. You don't always make as many cookies as you think you should have made. [laughter] It's always a little hectic and crazy. Laundry isn't always folded, and things aren't always put away. My kids really like what I do. They've helped in the office. They both come in to file charts. When I moved to my new office, I actually designed it from scratch. We had bare sheetrock, and we had an architect and designed the office. My sons definitely both helped me with designing the space, picking out color schemes for the exam rooms, and moving things. My older son, in particular, who probably wants to go into medicine, designed my website for my office and updates it still and talks to me a lot about cases and patients – well, not by name, but stories, patient stories – and also helps me with staffing issues. I'll talk to him if I'm having problems, and he helps me. So they admire what I do. I think it helps them to see the challenges and the successes of what I do. They're proud of it. They're always funny in the community because I'm always running into patients all over the place. They're like, "How do you know that person?" Of course, you're not really supposed to say anything, but it's obvious. So now they don't even ask anymore? "Oh, yeah, yeah." Because I'll see people in the grocery store, the health club, everywhere. They have friends who come to me, who tell them that they come to me. Anyway, I think it's helped them. It's helped them to see what both of us do, my husband and I. They go to Dave's school, and they're both involved with Scholars' Bowl, which is something that my husband runs statewide. They've both been on Scholars' Bowl teams and have been captains of their Scholars' Bowl team. They compete against my husband's team from Burlington. It's always been really important that they're a part of what we do. I think that's partly how you help to raise kids that communicate well with you, as you try to role model for other people, I guess. I hear such horrible stories in my office, families where there's such dysfunction. Was that all you asked me about? I'm trying to remember if there was some other part to it. How do I balance things? Yeah. I always feel – going to a place like Harvard, where you automatically feel like maybe you don't belong there, I



always feel like maybe I don't quite get it all right. I don't quite do everything as much as I want to and haven't quite read as many things as I want to. But all in all, I'm happy with my family and happy with my practice. I wouldn't do it another way.

SG: You were starting to talk a little bit about health care and things like that. But I was wondering, in a generic way, [about] this change that's going on politically and economically in this new world that we're facing, what are your concerns? What are your particular interests as you look at the world right now?

DR: Well, probably my biggest one is making sure that everybody has insurance because I probably have more patients without health insurance now than I've ever had in my whole career, and also, I have patients with huge deductibles. It really impacts how one cares for them because if they can't afford to have the test – I mean, I just saw a guy the other day, and he told me he would have a particular procedure done, but it had to be when his deductible would start, and then if he was going to have another procedure, he wanted to make sure it was also within that same deductible time.

Otherwise, he couldn't have it. The reason he's never had a colonoscopy is because he couldn't afford it. People don't want to come to the doctor quite as much because they have to pay more to come. We have people with huge deductibles on their insurance. I just have a lot of people that don't have insurance at all, and they don't want to come in at all. Sometimes they come, and they're not sure how they're going to pay. We give a big discount for people that don't have insurance. I don't know. Something has to be different about this. People just have to have health insurance. I spoke with my au pair, who is also going to be having a baby. I asked her about England and how much maternity time she could take. The government pays for nine months – actually, I think up to twelve months of maternity. That's the standard in England, is that everybody gets that much paid time. In Scandinavia, everybody gets four weeks off a year. In our country, people are scrambling and can barely take two weeks off, and they never have enough time, and they don't have enough maternity time. They don't have insurance. I



don't know. It's just crazy that here we are, the most educated society. I don't know how it's going to all work. But I have great faith in Barack Obama. [laughter] Hopefully, he will solve some of these problems.

SG: Do you consider yourself –? You were talking about your kids being involved in Young Judaea and Zionism. Are you also interested in that? How do you feel –? I know you mentioned – if you could talk a little bit about your feelings about Israel, what it was like for you to go there, and how you feel about the state.

DR: Israel has always been really important. I've always wanted to go there. Why I didn't go there when I was growing up, I'm really not quite sure. But my parents, I don't think – my mother's never been. I don't think my father had ever been. It just was never something that was – I don't know. We didn't have relatives there, and it just wasn't a big deal to go there. But I've always been very proud of Israel and really wanted to support them. Going there for the first time was really amazing. My husband had been when he was in high school, but I had never been. It's really important. I have a lot of issues with how one maintains a Jewish state, where the Jews are basically in power and trying to balance the rights of the Arabs and the Palestinians who also live there. It's very complicated, and you see how complicated it is when you go there. But it's always been something that we've been working for. We've been to AIPAC [American Israel Public Affairs Committee] meetings ... So it's always been really important to us. It was really moving to be there. We were there during Israeli Independence Day in May, two years ago. We were at an Orthodox kibbutz during the Independence Day celebration.

Everybody from the kibbutz came out, and they had a celebration with all the kids with flags and a parade and a little rally. It was an amazing experience to be there on a kibbutz during that time.

SG: [inaudible]

DR: I can keep going about Israel and my experience there.



AB: Well, sure, if there's an interesting story. Sure. Tell us.

DR: Well, we had an interesting experience with Israeli health care while we were there because, on the trip, we were on a tour bus, which my husband and I never thought we'd actually be on a tour bus. We, of course, think we're too young to be on a tour bus. But that's the way you travel in Israel. We were with people of all ages, some younger than us, and some quite a bit older than us. We were in Jerusalem, and we were at the Knesset. We were just going to be getting on the bus to go to the Dead Sea. One of the guys started holding his chest, so, of course, I asked him what was wrong, and he told me that he'd been having chest pain for the past 24 hours, and every time he walked, he would get more chest pain. So, of course, I told him that he had to go to the hospital. He finally, after much ado, agreed to go to the hospital by cab, mind you. He stayed in the hospital, and we went to visit him the next day, which was Shabbos. It turned out he had some cardiac history, but when we went to Ein Karem, which is this large Hadassah Hospital in Jerusalem – it was very interesting to be there on Shabbos because basically, everything's closed. I mean, you can't get any food, and there's decreased staffing. He was in a room with – I don't know if there were four or five other people. He wasn't on any type of heart monitor. They hadn't given him any new medication. He hadn't seen a cardiologist because there wasn't one on duty yet. He was sitting there waiting to see what would happen. You couldn't get any food anywhere around, so family members would have to bring in food for their families. I guess they would serve cold, day-old food, it seemed like.

SG: To the patients?

DR: To the patients. The family members couldn't get anything. This poor wife couldn't get anything, and so people were bringing her food, the other families in the room. It was very disturbing. After we got back, we found out that he finally saw the cardiologists the next day, and then they recommended that he have a cardiac catheterization, but he was



so fed up by that point that he wanted to come home. He was flown home and went straight to his doctor in Pittsburgh, and basically, within twelve hours, [he] had a five-artery bypass and a valve replacement and survived. After this whole experience of seeing how long it took for cardiology to see him and everything, I asked if I could write a letter to Hadassah because they had already complained. I wrote a letter to Hadassah, and I actually got a phone call. I was in my office, and it was like five o'clock. I got a phone call from June Walker, the then President of Hadassah, who just passed away a few months ago. She was very nice, and she talked to me about healthcare in Israel and the differences between the Israeli healthcare and American health care and reassured me that for emergency health care, it was wonderful. We talked about why things shut down so much on Shabbos. Because it's a hospital, it shouldn't. She was very apologetic and said they were trying to work on changing some of the ways things were done in Israel. The other thing that happened on our Israel trip, which was also more healthcare – one of the gentlemen on the trip – we went to the Dead Sea after that. That same day, which was Friday, we left this guy off to go to the hospital, and we went to the Dead Sea. While we were there, one of the gentlemen, who was actually friends of the guy that was in the hospital, died in the Dead Sea.

SG: Died literally in the Dead Sea?

DR: Yes, he collapsed. I guess, for some reason, he went face first. Obviously, you're not supposed to go face-first in the Dead Sea because it's so incredibly salty. I guess he got water in and basically had a cardiac arrest on the beach. Our experience was very interesting. There happened to be a conference of family physicians at the hotel where we were staying, where we were visiting the Dead Sea. There were people right there to do the resuscitation. He didn't make it. He was eighty-six or something. His poor wife was there in Israel. He had always wanted to go to the Dead Sea. He was really happy to be at the Dead Sea, and he had never been to Israel. He was really excited to be in Israel. A lot of people thought he had had a great time on our trip. We had pictures of



him planting his tree. Then the next day, we all went over to sit Shiva with the wife at the hotel and help her. Then we went to the hospital to visit this other gentleman. But we went to services, which we probably wouldn't have done otherwise. We went to services at this big synagogue in Jerusalem. It was beautiful. They had the most incredible chorus. It was an Orthodox synagogue where they separated the men and women, but it was okay. It seemed alright to do that. It just seemed part of tradition. It was really moving to be there and think that we were celebrating this man's life. It was a very interesting trip, I must say.

SG: Was he buried in Israel?

DR: No, they brought him home. It was a whole big ordeal. But it brought the whole group really close. Everybody could share the experience. It was a very moving experience; the whole thing was – I mean, it was stressful, but it was very moving. You got to see – I think we got to see more of Israeli society and how things work because of it. I wouldn't repeat it.

AB: Not that part.

SG: Not that part.

DR: No, no. It was really different.

SG: Are there any other stories that you would like to share with us that we haven't asked about? You talked a little bit about the bar mitzvah, the travel. Anything that you think of that you – anything you want to talk about?

DR: Well, the bar mitzvahs were really amazing that we did for both my sons, and they did a great job. The one we had for my younger son, we all did aliyahs and read from – not just aliyahs, but we actually read – my husband and I and my older son – all read from the Torah, which I had never done before. I don't think my husband had ever done



it, either. That was a really big deal for our family. It was a challenge for all of us to learn that, and then having my dad be able to be part of it was really important. He was sitting up in the front row, and he enjoyed the whole thing and was able to make it even to the dinner celebration and everything. A lot of family came up. That was definitely one of the more moving Jewish experiences that I've had was to be part of that.

SG: The other thing I wanted to ask you is – part of what we're seeing, as we interview people, is that idea of the [inaudible] from generation to generation. If you could leave a message for future generations, your son's generation, what would you hope for?

DR: Well, I would definitely hope for peace in the Middle East. Definitely that. It's really scary. We went up to Lebanon and saw where the shootings had taken place. I know my son also had been on a different trip to Israel. My older son had been on a different trip to Israel, where they studied all the different borders. He didn't really tell me what he was going to be doing until after he came back. Even then, it took a while to really see where he was because I didn't think he was supposed to be in those places. But I don't want to be scared anymore of sending my kids or thinking about going to Israel. I just think it's not – I don't know if it'll ever happen. But I certainly hope that one day we can go and not be afraid that there are going to be suicide bombings. There was a suicide bombing when each of my children were in Israel for the summer. One was a suicide bombing in a town right near where my older son ...

AB: Go to another tape?

SG: Yes, I guess so. You don't have to move over the tape. [Recording paused.] – interview with Diane Rippa. Diane, you were talking about when your sons were in Israel, and there were some suicide bombings.

DR: Yes, and when my older son was in Israel, there was a suicide bombing partway through his trip. When he first went there, I was thinking – I was really nervous because I





had never been there, but I tried not to think about it. Then everything was okay, and I was calm. Then there was the suicide bombing, and I was just so shaken up that, all of a sudden, this happened, and he's there, and would he be okay. But everything was.

Then my younger son went, and there was a bombing – some guy plowed into – a truck plowed a – I forgot what it was, but he plowed into a car in the middle of Jerusalem and blew up people, again, while my son was in relatively close proximity. I just want that to not happen. You asked what else I want not to happen. I want there to not be antisemitism anymore. I don't want things to – I don't want my children and my children's children to feel that they're going to be persecuted for being Jewish or looked at differently for being Jewish. I want them to be able to continue to be proud of their Judaism. I have lots of other hopes and dreams for the future of our world, but in terms of the specifics for Judaism and carrying on our traditions – and I hope that my children and my children's children and on and on continue to feel strongly about their Judaism and continue to carry on their tradition. Even if they don't marry within the faith, I'm sure that they will continue to carry on the practice of Judaism.

SG: What are some of your hopes and dreams, if you could talk a little bit –? For the future?

DR: Well, I have more hope now that Barack Obama is President. I feel like things will be different, and there'll be a hope to end the war in Iraq and that we won't get into any more useless wars. I hope that there's a reduction in poverty. I know it's not going to end, but I hope there's less of it and not as many people going hungry in this world. I don't want to sound like I'm a candidate for Miss America or something. [laughter] Peace for all mankind.

SG: What is your talent? [laughter] Not the flute.

DR: [laughter] Not the flute.



AB: Any last stories?

DR: Just turn it off for a second.

SG: Absolutely. [Recording paused.]

AB: Diana, tell us about a typical day in the life of a family practitioner.

DR: Okay. Well, it depends on whether I have to go to the hospital to round on patients or not. My partner and I actually share hospital rounding. On the days when I have to go to the hospital and see patients, I leave the house around seven and drive to the hospital and navigate the lovely Fletcher Allen parking garage. It's not very time efficient if you only have one patient to see because it can take an hour and a half just to see one patient, which can be very frustrating. So, I would see my patients in the hospital, which involves meeting with them and searching for resident staff to talk to, trying to find lab results, and figure out the computer mechanisms of the hospital, and sometimes finding the patient who has been moved in the middle of the night to a different room. One thing just for an example of what happened to me fairly recently in the hospital was I was seeing my patient; it was an elderly gentleman who is probably one of my most favorite patients in the world. He had actually written me a poem about coming to my office at Alder Brook Family Health and how I took care of him and his wife, who had passed away. He was just so fond of me. I had gone to their home to visit his wife when she was dying. He just thought that was amazing. Anyway, I went to see him in the hospital. He had been really sick and in the hospital for about five weeks or so and was getting a little bit better but was going to have to go to a nursing home for rehab. He was really upset about it [and] didn't want to do that. I told him that I really thought he was going to have to do that because I just didn't think his family could take care of him at home. He said, "Okay," and then the physical therapist came in. I told him he needed to work hard with a physical therapist. I left the room and walked down the hall to write a note in his chart. I came back, and he was sitting in a chair; he had just had physical therapy, and



he basically had died. He had had a cardiac arrest and was gasping. I've never had this happen before. He didn't want to be resuscitated. I knew he didn't want to be resuscitated. Everybody was running in, and I was telling everyone, "Don't do anything. Don't do anything because he doesn't want anything done." All we could do was watch him die, put him on the bed, and make him comfortable, which we did. He was very peaceful and everything. Then I had to call his son and tell his son, who had just been speaking with him that morning, that his father had died. That was not my normal day, but I had to call my office and tell him I would be a little late. My office was all upset because they loved this guy. He would always sing to them when he'd come. Taking care of a patient like him was really what made family practice what it was because he appreciated everything we did, and he was nice to my staff, and my staff was nice to him. Even if a specialist would tell him something, he'd always say, "Oh, I have to check with Dr. Rippa, and I have to come back and see her," and make sure that I thought that what they were doing was okay. Then I managed to get myself together and go to my office, where they had shuffled around a couple of patients. I was pretty upset, obviously, because I was sad to lose him. But on the other hand, I was also glad that he was at peace, and he wouldn't have to go to the nursing home where he didn't want to go. Anyway, at my office, I walk into my office. I try to be on time; I'm not always quite on time. I have a full schedule of patients waiting for me with a sheet posted of who I'm seeing when. There's a box where there are messages. There's forms for me to fill out. There are messages that have to be answered. There are refills that have to be authorized. Then I walk into my own office, where there's a stack, sometimes two to three feet high, of lab results that I have to review because every time you order a test on somebody, the problem with that is that the test actually comes back, and you need to look at it. I have to review all those sometime during the course of the day. The trick with what I do is trying to prioritize and figure out what needs to be done that day and what can wait a day or two or three until I have a little more time to look at it. We see patients every twenty minutes. A lot of offices see them every fifteen minutes. I work



with two other women. We spend a lot of time with patients, and we are slow. We decided we would do twenty-minute visits, which isn't as cost-effective, but it's better for us and better for the patients.

SG: Are you there every day?

DR: Yes, I work four days a week. On Fridays, which is my quote "day off," unquote, I go to the nursing home, and I go to the hospital, and I do the business part of my practice, and I do all the paperwork. So I spend about a half-day doing that, and the other half-day, I do take off. We see patients, and then we come out. Sometimes we get interrupted between patients because the messages keep coming all the course of the day, and we have nurses answering the phones and taking the messages. They basically leave them for us if there's stuff we have to answer right away or if it's stuff that can wait. So, you come out from the patient room, there's stuff on my chair, and there's more stuff in my piles, and there's stuff on my desk, and there are little notes to call people back. We don't have electronic medical records, so it's all done on paper charts still. I'm actually dreading having to do electronic records because that means that I'm going to personally be responsible for inputting all their lengthy problem lists and med lists into the computer. Then we have to scan in all the other documents. It's going to be quite a process once we do that, which I imagine will happen within the next year or two. When you get done seeing a patient, you have to figure out when you're going to fill out the charting piece. You also have to fill out the charge slip so that you know what to charge and coding. Figuring out what to charge for patients is really complicated because they created an incredibly complex system with thousands and thousands of codes. We have to use a little – we either use charts or computer to figure out what to charge for patients. Then we have to either dictate or write our notes. My partner's pretty good; she dictates between patients. But that means that she runs a little more behind. I sometimes write my notes or dictate between, but usually, they wait. So I do them at lunchtime and after work. Sometimes I bring the work home. If I have to look



something up special about what – say a patient comes in with a particular problem that I have to read up on, I do that at home on the internet. So, it's pretty crazy and complicated, but it's certainly not boring.

SG: How many are on your staff?

DR: Well, there are three nurses, and there are four or five front desk people, and then three of us providers.

SG: I was going to ask you [about] your choice to maintain your maiden name. Was that a professional choice?

DR: Yes, I think because I trained around here and knew a lot of the attending staff around here, it seemed that it would be easier to keep my maiden name because people would know me because I refer to a lot of the physicians who trained me. I don't know. It just seemed easier.

AB: Okay.

SG: Okay, great. Thank you.

[END OF INTERVIEW]

Addendum: I was interviewed in 2008, and much has happened in our lives since then.

My mother, Barbara Rippa, is still alive and well and living in South Burlington with her partner Marvin Glickstein. Marvin was married to my father's first cousin Pat and the couples used to visit each other and even travel together. When Pat died in 2010, my mother and Marvin got together and now live in Vermont. Barbara is turning ninety in December 2023! She continues to cook and bake daily and often feeds us delicious meals. We are looking forward to getting together for the 2023 High Holidays. She was baking Challah the other day.



My Aunt Phyllis Rubin sadly passed away in 2020. My uncle is still alive and well and living on Cape Cod.

My brother, Joel Rippa is married to my good friend Lori and lives nearby in Essex, Vermont. We remain very close.

I continued running my private practice in Essex from 2008, when I was interviewed, until 2018, when I sold my practice to a local family medicine office. I worked as an employee of that practice until my retirement. Medicine changed a great deal over the years, and I went through many changes in my practice. We transitioned to electronic medical records and changed electronic record systems three times. Those transitions were extremely challenging. We stopped doing inpatient care as hospitalists were hired by the hospital. Covid provided another challenge to medicine in many ways. Fortunately, I was not in charge of my practice during the pandemic, but there were so many complicated issues and changes during that time. I did have the opportunity to work from home for a few months practicing telemedicine which was challenging and interesting. I am grateful that our staff, colleagues, and family remained safe during the pandemic.

I retired from family medicine in December 2021. I was ready for retirement and was quite burned out from work in primary care. I loved the patients and spent the final three to four months of work saying goodbye to so many people that I had taken care of for many years. I feel like I had a very rewarding career and was able to make a difference in many people's lives. I was very fortunate to find a lovely, experienced female physician who could take over my practice. I was exhausted from the constant charting and computer work required by the job, as I discussed in my interview in 2008. I hope there are changes coming in primary care that will prevent the current physicians from such stress in their jobs.

My husband retired from his teaching job six months before my retirement. He is also very happily retired and is keeping very busy.



I am keeping very active in retirement. I have learned Mahjong and play weekly at Ohavi Zedek synagogue. I also have learned pickleball and play twice weekly. I volunteer in the synagogue, working in the kitchen and helping on the membership committee. I also participated in the Rabbinical search committee in 2022-23. I have a fused glass studio in my home, and I sell my work in two local galleries and online. I do make Judaica including menorahs, Mezuzot and seder plates. I do a lot of physical activities including bicycling, walking, hiking, Pilates, and cross-country skiing. My husband and I travel a lot and have been to the Caribbean, New Zealand, and Italy since retirement.

My husband is also very active in retirement. He is doing a couple of part-time jobs coordinating SATs, ACTs, and AP tests for a couple of local school districts. He coaches the Scholar's Bowl and oversees the Vermont Scholar's Bowl league. He is very active in volunteering at the synagogue. He also spends a lot of time on one of his four bicycles and manages to bike in all four seasons in Vermont. I have an e-bike, so I can keep up with him on our bicycle trips.

Our oldest son, Benjamin, graduated from Brown University and attended Harvard Medical School. He completed a residency in Internal Medicine and a fellowship in Health Policy. He has his master's in public health. He is on the faculty of Harvard Medical School and is a researcher in the Department of Pharmacoepidemiology and Pharmacoeconomics with a special emphasis on drug pricing. He also has primary care practice at Brigham and Women's Hospital in Boston. He is married to Rachel, who completed her undergraduate degree and medical degree at Brown University. She completed a fellowship in palliative care at Harvard and works at Boston Medical Center doing Palliative Care consultations. They have two beautiful children, Layla, and Simon, who are five and three years old. Spending time with them and their beautiful family has been the biggest joy of our lives.



Benjamin no longer keeps kosher, but they have joined a local synagogue and do enjoy celebrating the Jewish holidays with their children.

Our younger son, Daniel, also graduated from Brown University with a degree in electronic music. He has a recording studio in Burlington and works as a sound engineer. He also plays saxophone in a local band. He lives with his partner, Katie, who works as a special educator at a local high school. They both enjoy gardening and camping, playing with their two cats, and listening to music. Daniel has been working for the synagogue through Covid, setting up their sound system and live streaming and zoom capabilities. He identifies as Jewish but is not interested in organized religion currently. He also is conflicted about Israel's policies and feels that his youth group didn't educate him adequately about Israel's history and political story.

Judaism is still very important in my life. We are very active in our synagogue, and many of our friends are Jewish and members of our synagogue. I am saddened to see the rise in antisemitism worldwide, and I hope to see political changes that will lead to less hatred and violence. I am also very troubled by the political climate in our country.

I feel very blessed to have my husband, who has been such a strong supporter of me over the years. I am so proud of my two sons and their partners, and I love watching them grow and thrive. I love being Grammy and Pops to our two delightful, funny, bright, and beautiful grandchildren. I am grateful to have my mom nearby and well.

I appreciate all the work that was done to produce these interviews and stories of Jewish life in Vermont.

[END OF INTERVIEW]