Daksha Patel

Oral History Interview

January 20, 2017

Interviewer:  This is an interview with Daksha Patel as part of the Indo-American Heritage Museum’s Masala Chat Oral History Project.  The interview is being conducted on January 20 at 7:10pm at the home of Daksha Patel.  Daksha Patel is being interviewed by Anna Takada of the Indo-American Heritage Museum.

So, now that that's out of the way--

Daksha Patel: Mm-hm.

INT: --If we could just start...if you could spell your first and last name.

DK:   D-A-K-S-H-A.  Last name: P-A-T-E-L.

INT: Now we can start with the basic biographical questions.  Could you tell me where and when you were born?  And then maybe describe a little bit, your hometown.

DK: I was born in a hospital in small town called Berod--- which is about 180 miles from Bombay.  And it's a quiet town.  It was a town that was under the influence of kings and prince, so it was very well developed town with nice parks, beautiful roads, nice \_coast\_\_, etc.  So, first four/five years of my life, I was there and then I moved to Bombay where I studied my education.

INT: Would you mind spelling for me, the name of that town?

DK: B-A-R-O-D-A.

INT:   And, when is your birthday?

DK:   3-28-41, 1941.

INT: Okay.  And the year that you moved to Bombay?

DK: It was around '45, '46.

INT: What languages do you speak?  Language or languages.

DK:   My mother tongue is Gujarati.  You need me to spell?

INT: No, that's fine.

DK: Oh, okay.  Gujarati, then in school, we were taught secondary languages.  One was Hindi, other was sanskrit, and third was then finally, English.

INT: And which were you most comfortable in?

DK: I was most comfortable with Gujarati when I was there and then gradually became most comfortable in English.

INT: And so, Gujarati, that was your first language...

DK:   It was, yes...mother tongue.

INT (3:13): What did your parents do?

DK:   Our father was a business man, mother was a homemaker.  And, she actually wanted to be a doctor, but in those years, women just didn't go to medical school.  She was a housewife.

INT: And how many siblings did you have?

DK:   I have five brothers and three sisters.  So, we are large family and...One brother has expired, but otherwise everybody's around and doing well.

INT: What kind of business did your father have?

DK:   It had something to do with the machinery and the making of ball bearings for the mills that industry, that produced cotton...So, but I don't know lot of details about the business.

INT (4:13):   Mm-hm.  So it's such a big family, did you have a large home?

DK: No, we lived in Bombay and Bombay is one of the most crowded cities, so that usually people live in smaller dwellings, the way they would live in Tokyo so that you learn to use space better.  So, it was not necessarily large home, but in houses in tropical countries, you don't need a lot.  You are able to manage very well with...because you don't have four bedrooms and you don't have five bathrooms and all that because that's...very much western cultures. So...

INT: Sure.

DK: In India, people live in joint families and no one has sort of, separate corners or separate closets or separate whatever.  So, everyone just lives in harmony with each other.

INT (5:16):   Sure.  Were you close with your siblings?

DK:   Very much, yeah.

INT: Where were you in the birth order?

DK: I was third child.

INT: Okay, so you were on the older--

DK:   Mm-hm, mm-hm.

INT: Did that mean you had more responsibilities or--?

DK: Yeah, I took more responsibility in all this years, I am very much responsible for the younger ones and even older ones, so...They look up to me and part of it is that I became a physician so that I did more respect, so...Now, they consult me for almost everything.

INT (5:55): One question that they ask we get down are just the name and ages of your siblings.

DK: Okay--but, [phone starts ringing] . So my eldest brother is Jayant, J-A-Y-A-N-T.  And he is 82.  My sister who is in India, that is Dorothie Shah's friend: Kumud, K-U-M-U-D.  And she is 78.  And then my younger sister is Uma, she's in Denver.  She is 74.

INT:   Could you spell her name?

DK: U-M-A.  And then, I had a brother who expired of coronary\_\_?, so he is no longer with us.  And then, younger brother Ashok, A-S-H-O-K.  And now, he is 70.  And then I have younger brother, called Pradip, P-R-A-D-I-P.  And then younger sister, Devi, D-E-V-I, who is 66.  And then there is another brother, Kieran. K-I-E-R-A-N.  And he's about 65.

INT(7:39): Do you still keep in touch with--

DK: --Everybody.  On daily basis.  And this is because of the telephone, the Whatsapp and so that they send messages when they are awake and then we send messages back when we are awake, and so.  I would say in 24 hours, there are 40 communications between India and here.  And everybody, you know--the sister in Denver, sister in Harriburg.  Everyone sort of throws in their two cents in it and so conversation just goes on.  Like, if there is somebody's birthday, there were 40 messages from everybody, and so...No, we are very much in contact.

INT: So, is it just the two others who are also in the U.S.?

DK:   Yes.

INT:   Okay, everyone else is--

DK: --There, yeah. In Mumbai.

INT (8:29): Oh, okay.  [Pause.]  Maybe we could talk about your life growing up in India.  Could you maybe talk about the schools you went to?

DK: I...Very early on, the grammar school was called Shantaeve, S-H-A-N-T-A-V-E.\_\_\_ So, there I spent the formative years, and by age of ten, I went to S-U-N-I-T-I, Suniti High School for Girls.  Because there, it's not coed.  Or, it wasn't coed then.  You know, girls went to girls' school; boys went to boys' school.  So that was there until 17.  And after that, I went to Elphanston College, where I did two years of pre-med followed by five and-a-half years of medical school.  And then, we were married.  We were classmates.  And then came here and then we did three--one year of internship, two years of residency, followed by another year of fellowship.  And then, started as an attending physician.  And that went on...yeah, so I'm still working, but now it's part time.

INT (10:09): Did you practice any religion growing up?

DK: Practiced, yeah, we are Hindus, so it's Hindu religion and yeah...It has effect on us on daily basis.  I don't go to temple to pray or anything but, you know, I am surrounded by religious photographs, religious everything, and these are all paintings done by my sister [points to painting mounted on the wall], so...

INT: Oh, wow!

DK: Yeah, all this.  Everything that hangs is done by her.

INT: Oh wow, it's beautiful.

DK: Yeah, that's from Mumbai.  Yeah.

INT: Which sister is that?

DK: She's the...[Suru]'s friend, yeah.

INT: Oh, okay.

DK: She's artist, so she does the painting, yeah.

[Pause.]

INT: Could you describe what an average day might've been like in either primary school or high school in India, like your responsibilities, or--

DK: Average day begins with waking up around 7 o'clock or so with a cup of tea that usually mother makes and you get dressed by 7:30 the school begins and it goes on ‘til 12:30 and this was from fifth grade to eighth grade and at 1 o'clock, one-thirty I would come home, eat dinner and then, there are other school activities for which I might go back to school to do music or extra science or whatever.  Or, just meet with friends and do nothing.  So, that was that.  And then, after eighth grade, actually school would begin at 12:30 and then it would go on until six p.m.  And after six p.m. there will be after school activities.  So, by the time I would come home it would be seven p.m. or so.  Seven or seven-thirty p.m. we would have dinner and then go to bed.

INT: What kind of activities were you involved in?

DK: Music.  Music and art.

INT: Did you play a certain instrument?

DK: Yeah, it was called harmonium, which is Indian instrument.   But I sang, so i was never asked to play anything because there were enough other people who played the instruments.  So, those who were singers usually would sing.

INT: And then, could you describe how you got into medicine and science?  Was that typical for folks your age?

DK: No, but I...I was a science student, in the sense I did very well in school in science.  My scores were always 100% in most of the subjects except I'd say the literature where they don't give 100%, they would give less.  But, so that very strong in math, very strong in science.  And, so I always wanted to be a doctor.  And my father had bronchial asthma, so that actually motivated me to become a physician.

INT:   Sorry, he had...?

DK: Bronchial asthma. So, you know you see doctors coming in daily, giving injection and all that.  And that motivated...and then there were some girls in the...acquaintances who were in medical school, so...if girls were capable, they were sent to medical school, so... [Pause.]  But I always wanted to be a doctor, so...all along.

INT: Since you were young.

DK: Yeah.  As long as...my memory dates back.

INT (14:35): Were your parents and your family very supportive of that...?

DK: They were supportive, only thing is that when girls go to medical school, they fear what would happen to them or who would marry them, or you know, because there [in India], it's still arranged marriages, the whole system.  So, that there was fear but I was scoring so highly in the exams that, you know...They were sort of...motivated themselves to send me to medical school.  But no, for example, I was the only one of nine siblings who was in medical school.  And my brothers were all in engineering, like Suru.

INT:   Mm-hm.

DK: So...

INT (15:24):   What would you say...which, or what were some values that your parents really--

DK: --Instilled?

INT:   Mm-hm.

DK: To do good, as far as work is concerned.  Punctuality.  I have never seen my father not leave house by seven in the morning and he came home at eight p.m. at night, so that I have never seen him not going to work.  So that...hard work is number one.  Honesty.  No cheating, money has to come right way in the house.  And, be helpful...to others.

INT: I see a lot of that in the career path you have.

DK: Yeah, yeah.

INT (16:22): So, when did you come to the United States?

DK: '65.  December of '65.

INT: And did you say you were married before then?

DK: Just married, just before that.  Fifteen days before that on seventh of November, '65 and then we went for two weeks to Ashok's parents' in Fiji Island and then came to the U.S.

INT: Okay.

DK: By then we had the contracts in our hands.  For the internship where we were going to work in the hospital.  So, both of us.

INT(17:01): And would you mind walking me through again, the path of your medical degree?  And, so where you were for--

DK: So, after finishing the high school: two years of pre-medical at Elphanston College, followed by five and-a-half years of medical education that included mandatory internship.

INT: Mm-hm.

DK: Followed by--

INT: --And where was that one?

DK: That was in Mumbai, so we both had licenses in Bombay, took practice medicine.

INT: Okay.

DK: And then we took the ECFMG examination.

INT: Mm-hm.

DK: That qualified us to come to the U.S.  We were given jobs without interview, we were offered jobs.  We had the contracts and so both of us came for higher education.

INT:   So that would have been '65?

DK: Yeah. Sixty-five and that was in Mercy Hospital in Buffalo, New York.  And then, after finishing, we stayed for one more year in Buffalo, New York for first-year residency.  But Buffalo city was very small town and I grew up in Bombay and it was very hard, so we wanted to move to a larger city, and we came for interview here at Cook County Hospital.  They immediately accepted us and that finally resulted in finishing our residency and fellowship here.

INT:   Okay--

DK: --And then we were...We finished in '69, December.  And then in '69 December, my daughter was born, Aslaysha.  And Urjit was born in '71, February 9.  So, we raised children, I was an attending physician.  And then I became director of Neonatology.  So, you know one thing into other.  And finally 50 years went by and then recently, last year, we had a 50 year reunion of our medical class of '65, so we all...we met our old classmates in Boston.

INT: Wow.

DK: And that was 50 years of marriage.

INT: Mm-hm.

DK: And 50 years of practice of medicine in the United States, so we had lot of celebrations last year.

INT:   Congratulations!

DK: Yeah, and now, what I do is do consulting work for Department of Social Security for children with disabilities.  And I'm able to choose my time, hours, days, etc. So, it's good work.

INT:   Sure.

DK:   Ashlesha is an obst

DK (25:12):  So, I had no expectation except that I needed good training.  I didn't want to be too homesick, that--Buffalo was a problem that way.  And there weren't many Indians, I mean...three, four months go by and you wouldn't see a single person who spoke your language or you know...Plus, I was a vegetarian.

INT: Mm-hm.

DK: And I have always been vegetarian, so that that was another issue--

INT: --Sure.

DK: --At the hospital, because they didn't know, you know, what all this vegetarian diet, what it means.  And so that, lot of adjustment had to be done.  But, those are minor problems.  Major thing was to learn about diseases, acquire some extra knowledge.  Be ready to go back and practice medicine, so that was the plan.  But by then, Ashok was the youngest hematologist ever made a chairman of Hematology/Oncology Service at Cook County Hospital here in...Chicago.  And then we tried to find similar positions for him in Bombay, because I would have just gone in private practice.  I wouldn't even mind just distributing vitamin pills to kids.  Because, you know, diseases are different.

INT: Mm-hm.

DK: And malnutrition, immunization...so I would've been happy.  But for him to find better job, their only equivalent was impossible and then gradually the children were born, and we, without realizing, we became Americanized and suddenly without our knowledge, Chicago had become our home and then we are here.  It's been 50 years, yeah.

INT: Mm-hm.

[Pause.]

INT (27:13): Could you describe some of your first reactions to Buffalo?

DK: Buffalo had lots of snow, knee high and I was wearing a sari, and you know those were the years of fashion and Bombay has the Bollywood, so that women dress up very well and so, I had a sleeveless little blouse and a sari and so basically, you know the midriff is bare and shoulders were bare and temperature was windchill factor of at least -10 or so when we had landed.  Plus, we came from India which is tropical country and so was Fiji Islands, Ashok's parent's home.  So that there were no warm clothes.  You couldn't even find a decent sweater.  So, what the hospital did was to ask us to go and check into the Hilton Hotel.  They said stay there for two days, they did some cash advance and asked us to buy some warm boots, warm coats, sweaters, clothes, et cetera.  And then we started working.  So, yeah.  The winters were a problem.  We took about...I would say ten years to like winter and snow.  And then we became excellent skiiers later because children wanted to ski and so we were skiing.  And now, we wouldn't do without snow, so...but it takes time.  It takes about seven to eight years, there is--when you leave your home and go to another country, it takes about seven years to adjust.  And then probably homesickness goes away.

INT (29:17): Were you very homesick when you first arrived?

DK: Oh, absolutely!  Because I had very large family, very extended family.  I mean, there were 40 people at the airport to leave me for U.S. and even now when I go, I have that.  And here, when I come back I have to call uber or taxi.  So, no I have huge family there, so that I was very homesick, yes.

INT (29:47): Were you the first of your family to leave to move abroad?

DK: No, my eldest brother was the first one who had gone to Africa, where we had family business there.  He had gone to Japan, so he had traveled and then I followed.

INT:   Mm.

DK: Yeah.

INT: But your older sister, she is...

DK: No, she was in India. And then my two younger sisters--then parents felt comfortable we were here so that when there were eligible grooms who had come from U.S. to get married.  Both my sisters got married to them and they independently settled in the U.S.

INT (30:35): Were their marriages arranged?

DK: Absolutely.  Everybody. Except mine, yeah.

[Pause.]

DK: Nobody falls in love, you know.  That just happened to two of us.

INT: Mm-hm.

[Pause.]

INT (31:00): So the marriage would have been in India...

DK: Marriage was very...those were the days of...Indo-Pakistani war, that time.  So there was national emergency.  Plus, it hadn't rained for couple of years so there was famine.  So, the government had strict regulations on how many people could get together for wedding or for engagement parties, et cetera.  So, they were allowing not more than gathering of 25 people, so in presence of 25 people, Ashok and I just got married.  It was very simple marriage.  And then Ashok was a British citizen, so I changed my citizenship because Indian government was not allowing doctors to go out.  They felt it was a "brain drain," that country would suffer.  So I had changed my citizenship.  And as British citizens, we both had left for the U.S.

INT 32:16: When you...came to the U.S., what did you miss most about India?

DK: Indian food.  Because nothing was available.  Only thing I could eat is either pizza or bread and butter.  There was nothing else.  And no Indian spice--we had to go to Toronto for--even to buy Indian groceries.  Because in Buffalo, there was just nothing.  So, Indian food was most.  The family--parents, uncle, aunt...

INT (33:03): How about when you moved to Chicago?

DK: I didn't miss anything about Buffalo.

INT: Well, was there...was it any better in terms of--

DK: --Yes, because...not for food, but Lake Shore Drive, which is...Because Bombay is surrounded by water on three sides.

INT: They have something similar to--

DK: --Similar.  Marine Drive, it's called Marine Drive.  And so, when I saw this, I said "Okay, I can stay here."  Food-wise, no.  We used to buy some Indian grocery from 555 Plaza.  Roosevelt Plaza, which was run by an Italian man and he would have few things that we used to buy.  Other than that, stuff came from Bombay.

INT (33:57): Did you cook?

DK: See, as...Because my being in medical school--pre-med and all--by the time I would come home, majority of food and dinner would have been cooked.  And so that I was only used as a someone who do the (skirt?) work...You know, like you can...If there is rice, you'll make sure that there are no small pieces of stone in it, or...So that I would be a helper, but never...No, no.  So that I wouldn't be able to fix anything, any dinner.  So, I didn't cook.  But then I had to think, what do they do?  And gradually, I had to learn to cook.

INT (34:53): Yeah, I imagine that when you're in med school, that would be--

DK: --No, because you don't come home--by the time you come home, the whole show is finished!  People have come, they have had dinner, they have left little something for you that you eat and go to bed.  So, no...

INT (35:15): And at what point were you decided or set in neonatology?

DK:   It was just by serendipity because Ashok's residency was for three years.  As he was in third year, I had to do some extra--I had to spend a year, so I decided that I'll do the neonatology.  And I liked it, and then they were offering the first exam the (\_\_?) exam in neonatology here, so...I was one of the fourteen who certified in Illinois in Neonatology.  It was the first time the \_\_ exam had come up with new specialty.  And then I just practiced that for 50 years, so it was very good.

INT (36:06): Where was the first place that you two lived in Chicago?

DK: Actually, when we came to Chicago there is here a Fullerton Hotel.  So, Ashok and I lived in a hotel, but later on we moved to Cook County Hospital.  It had...the quarters for the residence.  So, we had one room on eleventh floor, 1168 Room.  And Ashok and I had books and you know will have tea cups.  The food at that time was free.  The cafeteria, you can walk in anytime you eat.  The uniforms, the hospital would wash it.  So, there was no expense, no nothing.  All you have to do is make sure that you respond to calls and take care of patients.

INT (36:56): And where was that located?

DK: Stroger Hospital, Cook County Hospital, which is located on Harrison Street.  But...I think 1825 Harrison Street or something.  That's the address.

INT (37:16): So, the first spot you were at was the hotel and then it was the residence hall.

DK: --Residence there.  And then we went and lived in (Broadview?) when Ashlesha was born.  It was one bedroom apartment.  And then when Urjeet was born, we were in...on Wolf Road in Hillside, which is a suburb of Chicago.  That was two bedroom.  But then I got a job here, at Columbus Hospital.  This is the hospital, this building.

INT: Oh, wow.

DK: This is where I had jobs, so at that point we moved next door to the hospital.  And when that building became condominium, we said "Okay, we'll buy a townhouse," so we had a townhouse about a mile from here, where we lived in that townhouse for 36 years.  And it's only last two years that we have moved here in our retirement.  And it's easier because that building had vertical living of four story and we feared that if one of us falls, it will be a disaster.  Plus, to carry the laundry and all on third floor was very hard from the basement.  So, knee pains and all that.  So we said, okay this is time now to say goodbye to the house and move to the apartment.  We just love it here.

INT (38:55): Let's see.  So, how were...these homes that you lived in--were they very different from your home in India growing up?  I mean, I guess it's both urban, so it's...

DK: When we grew up in India, you know...there was no concept of separate bedrooms for children.  Children slept wherever there was a corner.  So that no matter where we were, we were just very happy that both of us had bed to sleep in.  But other than that, I think that we were so much into our work and medicine and excel and exams and we took state exams, we took pediatric--I took pediatric boards, neonatal boards. Then I got recertified again so that there had been continuous series of examination.  He's triple boarded, I'm double boarded physician.  And so that we...these things didn't affect us.  Our main purpose of life was to practice medicine.  And that's what we loved as...work that we enjoyed.  So we never were looking for any other fun.  No, we came home and still there is study and we did study.

INT (40:35): Was there any kind of cultural shock that you experienced in moving to the U.S.?

DK: Even when I was pretty much Westernized, still cultural shock is of English language that is spoken differently.  When you speak English as a foreigner, there is an accent, so it's an issue if patients don't understand, if nurse doesn't understand, et cetera.  So that there were certain words--I mean, even today, I don't hear a difference between 'v' and 'w'.  When I say "Daksha" or 'D', the other person hears it as 'B'.  So that doesn't change.  So that is one issue that has even remained because the accent doesn't go away.  And that was one.  Second, was...Part of the isolation also was that we both came from Gujarat state which is a dry state, so that...Plus, Indians don't--at least in my time--were not drinking alcohol really.  So that going to cocktail party would become an issue because I have to say "no" to the food, "no" to alcohol, and I would be wearing sari.  I had nothing in common--if they invited me to church, I wouldn't go because, you know, I'm Hindu.  So that is social isolation that is thrust upon you.  And at that time, there were no Indian temples.  There were no Indian restaurants.  This is gradually developed over 50 years.  So that...We were the first to arrive, so...Yeah, there were lot of difficulties.  But we thought we were going to go back, going to go back--so that, you know, you say: "Oh, it's only one more year, it's only one more year." So that's how we were thinking.  Still, 1978, we were thinking about going back to India.

INT:   When your children were nine--

DK: --Yeah, yeah.

INT (45:53): Were there any--or what were some of the biggest challenges for you in your career going through med school--

DK: Nothing!  No...study is not a problem. Practice medicine, but if you are say, "Okay, there are three people or half dozen people coming for dinner, so if you open my refrigerator right now, it's empty.  So, you know, I am not a good CEO of the house, like if I run out of the salt and I have run out of the salt!  But it's not like I would remember that, "Oh, next week, I won't have salt, let's go and buy salt."  So, yeah.  So that a housewife who comes and lives with me would be totally devastated and they would think the place is very caretaken--probably it was.  But, it's not important to us that I have matching cup and, you know, saucer or that I have matching plates.  We have no value for it.  And, but for others, it is very stressful.  So for people  who live with me, it would be very stressful for them because they won't be able to handle this irregularity of the house lifestyle that we have.  Because, these things don't affect us--it doesn't affect him, even if it may affect me a little bit, but Ashok could care less.  So, you know, I mean we would run out of milk, we--the other day we ran out of milk exactly on Christmas day, so we were searching and the police car really stops us and says, "Why are you going to the store?  Don't you see store is closed?"  And I said, "Well, we just ran out of milk and we didn't realize it, that it's Christmas today."  And so...she was laughing.  And she then directed us to one of the gas stations where we picked up milk.  So, you know...I think to be a CEO of the house is very difficult task.  I have to make sure everybody's clothes are in order and everybody's food is on...So, when we were growing up with children, we ate out a lot.  So, my daughter can't even cook and if she's cooking something she won't realize that the stove is not on.  She kept on asking Mike that "how come this chocolate is not melting?"  And so, Mike says: "But for that, you have to turn on the stove."  So, she also has same difficulty that I had.  But then she's very busy with night calls, the obstetric work, and...She has a commute also, because she works at County and it's 20 miles, so it's about three hours of commute everyday, on top of her ten hours a day of job, so...You know, the household works of hers.

INT (49:15): Did your parents ever come to visit?  Or Ashok's?

DK: They, yeah.  Ashok's parents--Ashok's mom died very early.  When we were here during our second year of residency.  But Ashok's dad often because he was a speaker of the house in Fiji and he had participated and wrote the rules and regs. once Fiji became independent, so he had played major role and he was always a guest to the Prime Minister of India.  So, he often went to India and each time when he went there he stopped by here.  My parents came--father was able to come once, only and mother had come about three times.  So, they visited us.  They were very happy with what they saw.  Plus, by then they had two other daughters so, it's different.

INT (50:18): Was your mother similar to you in terms of...you mentioned not having matching plates or dishware--

DK: --No, because in 1900...She was born in 1910, right?  So, when she started going to school at age of six, there were 40 boys in the class and one girl and she was one girl.  She was an excellent singer.  She was a brilliant student that normally would have gone for very high education, but that was 1920 where, you know, the women didn't become doctors.  So, yeah.  I think that it's possible that we have no interest in household work, as women.  And that is frowned upon because people expect that, you know, you know how to serve and how to cook, et cetera.  But, that's not my (\_\_???)

[Pause.]

INT (51:39): So, maybe we can talk about your children.  Do you think...so, they're both doctors, as well.  So I imagine you two had a bit of influence on--

DK: --No, they...felt that they don't know any better.  They have only played "medicine."  They have not heard any other word, other subject, other interest.  So that it was like my son will say, "Oh well, if I can't find anything else, I'll become a doctor."  Daughter didn't want to be a doctor because she had told Northwestern Dean that my parents have been very busy, I was born in the hospital and like I have not been discharged because...directly from school, they would come to my unit--intensive care--they would sit in the side room, do their homework.  The nurses would give them little milk and cookies.  I would be working and then I finish my work and bring them home.  So, they felt that they're in the hospital a lot.  So, my daughter had told Northwestern Dean that she didn't want to be doctor.  But, when she became a president of the dorm at Northwestern, she was calling blood drives.  So that she would call the Red Cross and collect blood from students for donation.  If student was sick, she would call an attending physician and arrange immediate appointment and all that.  So, all her friends said that you are acting like a doctor, so why don't you be one?  So then she listened to her friends and applied for medical school, so...

INT (53:43): And remind me what schools they went to?

DK:   Latin. Latin School.

INT:   So, through high school?

DK: Yes, and then Northwestern.  Urjeet went to Brown University, undergrad.  And then he went to Yale where he did his medicine and went to Mayo Clinic to do his fellowship.

INT (54:14):   Mm-hm.  [Pause.] Can you recall, like around what time..you had mentioned when you first arrived, you were in a sari, and like, when did that shift happen when you changed your clothes and...

DK: No, that happened as far as hospital work is concerned, there was a policy at--where I did my internship in Buffalo that no sari because in the OR, you had to wear scrubs and sari would be touching the floor, which would mean it would collect the dirt, so that they had uniforms for residents and interns.  So, it was right away, they took the measurements immediately--skirt, blouse, so that there was no problem.  It's just that I didn't know, like when to wear stockings and those years to wear stockings required elaborate whole system--you know, with the clips and all that.  And clips will fall off, the stockings will fall off and so I have tremendous trouble keeping my stockings--plus, to wear stockings for 36 hours straight!  Because, I would work from eight in the morning or seven in the morning til next day, 5pm.  That's when you get released after you finish your night call.  And still at night, you have to be in stockings, so that 36 hour and then there will be so many (\_\_\_??) You can hardly wear it for two days, three days, and...So, that I had felt like tremendous waste of money.  And during those years women were not allowed to wear the pants at work. So that I think changed...even not at Stroger--County Hospital.  Those pantsuits, I started wearing I think around 1978.  And, that's most comfortable.  Because...Now saris are worn only when we have Indian gatherings, so... [Pause.]  But at work, no, I have never worn saris at work because right from the beginning, that was the policy of the hospital.

INT 57:18 : At Latin, were there other Indian American families?

DK: Only two: Ashlesha and Urjeet.  Now, if you go to Latin you wonder whether you are in India or somewhere else.  But, no, there were no Indian children.  Because it was very expensive.  And so parents would move out to suburb, but my problem was that I was an ICU doctor.  So I can't go to suburb, I have to be next door to the hospital.  I would sometimes come three or four times to the hospital in middle of night.  So, I was living next door and the only hospital--I mean, school--that would take children was Latin.  It was private school.  The public school were excellent, but problem was that the teachers would go on strike come September.  And, in my house everybody had to be out by 7:30 in the morning.  So, if teachers go on strike, suddenly I can't get a babysitter to look after them, so that was...an issue.

INT (58:34): Was that difficult with the kind of work you do and raising two kids?  I mean, because you're both doctors, you both have--

DK: --Yeah.  Early on to get a babysitter was almost impossible.  So that, we would go through sitters.  I mean, lot of women, if I put an advertisement for babysitter, they will advise me to stay home.  Because in those years, women didn't work like 36 hours, you know, as mothers.  So, getting good babysitter was always a problem and so...it helped me to be next door, so that if anything happened, I could always come back five, ten minutes, take care of a problem and go back or take the kids with me.  The four o'clock classes of medical students I always had them at home.  So that kids will have their cookie and milk, the residents will eat donuts.  But then residents also learn how a woman doctor would or medical students--the women learn how they would manage home as well as work.  So, I was very popular as a teacher and a doctor.

INT (59:55): Again, you're kind of guiding the way, or being the first--

DK: --Right, and they have to know what--you know, because now it's 50/50.  So, medical school...When I came here, only five percent women were going to medicine.  So, out of a class of let's say 100, 95 would be boys--men, doctors.  And five would be girls.  Right now, it's 50/50 at Northwestern.  It means all the girls have to learn what they are going to do, what they will select, what they'll do.  And I always tell women doctor that half of your salary will go for babysitting if you can't part with it, don't bother to have children because who will look after...But even for Ashleysha, she has two babysitters.  (Aloka??), my son's wife has babysitter--nanny.  But still, I would get call anytime that, "Mom, can you pick up kids?  Mom, can you do this, that?"  For example, tomorrow night Ashlesha is on call, Mike is on call.  So, Ashlesha will come here, drop off her three children tomorrow evening and then go to Stroger Hospital, she'll be on night call.  And then in the morning, around nine o'clock, she'll come here, she might have little breakfast, or she will swim here a little, and then take children back.  Yeah, so that hasn't changed.  Only thing changed is that they have grandparents--us.  We didn't have anybody.

INT: Sure.

DK: So...

INT (1:01:47): You mentioned the numbers--the five percent and 95 percent male/female, it's sticking with me.  Was that challenging at all?  Being--

DK: It was challenging in the sense that in India, when we were in class--Ashok and I--we were 50/50.  And here, no.  So that women...First of all, you couldn't tell anybody that you're a doctor because they'll say, "No, women are nurses."  So even if I take a cab today and if they say "Are you a nurse?" I say yes, because I'm tired of explaining.  I don't even explain anymore because I said (\_\_?) So I say, "Yeah, I'm a nurse."  But it meant that they wouldn't give you job, they say you are in childbearing age.  You'll have a child, child become sick, who is going to take care of patients?  So that, even to get jobs was difficult.  Because they were not used to...But even today, women doctors are paid about fourteen percent less for same work!  And that here has not changed.  Now, in India, that's not true.  I mean, women are treated badly, no matter where you go.  But, once you do the work, you get paid equal.  Here, you know, like some of our professors will say, "Oh well, he's recently married, he has a young bride."  So, a male doctor would get higher salary.  The woman doctor wouldn't.  So, it was insane, but we all have survived.

INT (1:03:42) : Did that bother you or frustrate you?

DK: No, because I think once you are a mother, nothing bothers you because you know that you're vulnerability, right?  The morning at seven o'clock, a babysitter does not come, then what do you do?  I mean, you could be a CEO of the hospital, but you can't go!  You have to call your colleague and say, "Look, I have little trouble."  So that, instead of fighting a system, you develop friends and networking, so that if there were other women doctors, then we would sort of be able to call each other and say: "Emily, I have no babysitter, so..." She'll say don't worry.  I have Dr. Krishner who was my right hand.  So, Krish--problem.  And then I don't even have to say what the problem is and (\_\_\_???) And then we would do this--that if there were Christmas or Thanksgiving, I'll say, "Look, I'm Hindi and I don't celebrate all this, so I'll take calls.  You go away for long weekend."  But then I expect that if I'm in trouble, then they will cover me, so...No, nothing bothered, you have to go around it to make system work for you.  Because children were still priority because...it's not like accidental pregnancy, we wanted two children, so...We adjusted ourselves.  And Ashok is very helpful.  It's not like he needs...oh, it's seven in the morning, he needs tea.  He doesn't think that other person who lives in the house is his servant, you know, so...He's self-sufficient.  And helps.  So...it worked.

INT (1:05:41): It really seems, just from this conversation, that you two have been partners for--

DK: --Yeah!  And so, once we went on vacation and we were in a boat and the guy says, "I don't know if she's your girlfriend or wife, but can you tell her to sit closer to you so that we can have...and my husband says, "She's both.  She's a girlfriend and wife."  So, no, he's...adjusting very well, and he always--because, he's a first child.  He has always in his family taken care of his younger sister and brother, so that for him, he doesn't have the typical male chauvinistic nature.  But, because of that, he was very popular at Cook County Hospital and actually a President of the medical staff.  And their staff is like 300 to 500 doctors.  So, no, we were able to adjust to each other's needs.  If I were on call, and I would sleep in the hospital, because ours were always in-house calls.  So, when you're on call, you sleep.  So, six nights out of a month until each of...sixty-six, I was sleeping in the hospital.  But then Ashok in the evening would bring dinner, children will come, we would eat dinner in the call room.  And so that kids were always with us.

INT (1:07:28): You've mentioned how you two had considered going back and that was the plan for quite some time...Can you talk a little bit more about that?

DK: What transpired?  Not being able to...We went in '78 to India, met the Dean of medical school that had come here before that.  And we had a party and he had met us.

INT: Had you been back before that?

DK: Oh yeah.

INT:   You had visited...

DK: Yeah.  So that time, we expressed our interest.  And they said, right now there are no jobs, number one.  Number two: the hospital, the (\_\_???) Hospital from where we had graduated, I was hoping that he could get the spot there and then I could start private practice.  But he said no.  Then, even the prime minister of India, Ms. Indira Gandhi, at that time urged scientists to stay away from India, because she felt that India didn't have jobs for doctors who were trained overseas.  Suitable jobs that could make them happy.  Number three: for masses of India, she promoted the homeopathic medicine and said allopathy was very expensive.  And that we cannot...we just don't have it.  Now, the current prime minister is different because he wants everybody to come back.  And he wants to create positions for them.  But now, for us it's too late.  So, that was one thing that not being able to--plus, being from different community, the community's expectations of us were different.  That for student you're house, well...You be a good CEO of the house and then you have five, ten minutes left from that work.  Then you go and practice medicine, which wouldn't have happened with us, so that I feared that people will interfere with our marriages--our marriage.  And then, you know...create problems.  Because their expectations of a housewife are just too many that you couldn't...By that time, children were all adjusted here and they...They were very well accepted in the school, and they had created their own lives here and so we were not able to go back.  But, that thought has been a recurring theme in our lives that we could not go back--because we didn't come here...you know, we didn't ask for asylum.  There was no political pressure, nobody threw us out of India.  We didn't have that kind of shortage of money.  Actually there was no reason for us to even come here in the first place, so, yeah...The recurring theme among many Indians who come during the time that we came is that, "Why didn't we go back?"  So even in our reunion last year, we were all discussing that: what made us come here and why did we not go back?  And these were the reasons that everybody really was able to practice medicine the way it should be practiced: without corruption; state of the art; patient needs this, patient gets it; patient gets better, patient goes home.  There is nobody bothering, government either pays or the third party insurance company pays, but we were shielded from the patients' financial difficulties, et cetera because when we practice, there was plentiful of money.  It was not like this.  Patients were covered, hospitals were able to write off patients who didn't have money.  I mean, we--this hospital where I work, it was 570 bed hospital.  It was huge hospital.  So, no, work was very satisfactory here and that kept everybody here.

INT (1:12:01): But, it sounds like you weren't necessarily aware of that or thinking of that when you first came to the U.S.

DK: No!  No, no.  I mean, we always wanted to go back.  And here, even today, we think that it will be nice to have our own hospital in Mumbai, you know?  Yeah.

[Pause.]

INT (1:12:21): I think Dorothie had mentioned...You and your daughter had done a project working in India together?

DK:   I didn't.  She did because University of Illinois had received two million dollar grant from NIH and that was to prevent postpartum hemorrhage in India in small university town called Belgaum.  So, she went every six months and then she wrote the protocol: These are home deliveries and after delivery if women have hemorrhage, they'll die.  But here, what they had done is--and of course there's no intravenous...there's no equipment there.  So, they had a tablet that you insert in the vagina and that will produce the spasm, your (\_???) will close down, there will be no bleeding.  So that project lasted about two years.  And these are deliveries where you don't have electricity, you may have candlelight and all that.  But, what it showed is that old...because of this research, the care--overall care improved so much that mortality of women who were pregnant went down.  Hemorrhage went down.  And so that of study was then published in (\_\_\_??/) and since Ashlesha was going as a medical student and resident there, when the study was completed there was a good, big gathering.  So, Ashlesha says, "Mom, you have to come with me." So I said, no this is your achievement.  You know, you achieved this...But they said no, the hospital in...Belguam, they want to honor you as a mother who has sent their daughter there.  So, that's how we both went.  Yeah, but no I didn't participate in that project, because this is where Ashlesha was working in her...She has done master's in public health at University of Illinois, so it was there project.

INT (1:14:49): And, as Ashlesha and Urjeet were growing up, did you visit India a bit?

DK:   Oh, yeah.  Because we were going every five years.  Because they have cousins and I have such large family, so that now they're all connected.  Now, I don't even know that they're talking to each other, they're meeting each other.  But then they decide that they'll meet in London, they'll meet somewhere else, so...But no, I initiated that to make sure that they have they're...they know, that there is a place where they have relatives.

INT(1:15:25): Do they speak Gujarati?

DK:   No.  Because I didn't teach them and mainly, because I know these Spanish children.  They're in very bad shape because the school speak--teach them in Spanish.  English then is taught as second language and then when they grow up, second language is not good if you are living here.  And I honestly believe that if you migrate to a country, then please speak their language.  Don't bother with...Because India is a English-speaking country.  Because it was under British influence.  British ruled us for 200 years.  So, in India they all speak English and so I didn't...And I definitely did not want them to have Indian accent.  Because I wanted them to have good control and really I wanted them to do major in English, so that...I didn't teach them but then my son, when he was at Brown, they went to the Dean and said they want to learn Hindi.  So Dean got a professor from India for three months, and they learn Hindi.  So, you know...they can learn if they want to, but I didn't promote it.  And I don't--I worry about Spanish people who are not speaking English and they have been here for 50 years and that children are going, have major in Spanish and they speak Spanish and...I don't take regret...U.S. should have one language: English, and everyone should speak that.  And if they speak second, fine. If they don't, it's okay.

INT (1:17:19): In what ways did you raise your kids with, like Indian tradition, like did you raise them Hindi in terms of religion?

DK: [Laughs.]  No, because once we went to Thanksgiving dinner, my son thanked Jesus for giving good life, so everyone was laughing.  I didn't push Hindu religion because I...you know, when you push something, it can backfire.  But Hinduism is way of life that you live life, you become a good example and they follow.  But it's not like I went to temple and dragged them to a temple, no.  But, if you see here [points at art above couch] look at this, Lord Krishna.  And so this is religious.  There is this chariot, so that's Arjuna and so it's the part of Gita, so...This surrounding is all Indian.  Indian carpet.  We had Indian...at 1900 Hudson where we lived in a townhouse.  The furniture was entirely Indian, so if you...and there was Indian swing, so that if somebody came in the house, immediately they know this is India, little India.  But, yeah.  That's how we lived.  We celebrated this brother and sister day, which is celebrated in India a lot.  So that that's...That's the only celebration we did.  But both kids are very close to each other now.  They get along very well.  But other than that I haven't done anything that's sort of Indian.  But I think our way of living is Indian, so...

[Pause.]

INT (1:19:40): I guess we could be wrapping up now.

DK: Okay.

INT: Let's see.  [Pause.]  I guess...one thing I'd want to ask is how do you see yourself as different from the person who came to Buffalo or to Chicago for the first time...all those years ago.  I know that's a long time.

DK:   No, but I feel highly accomplished, very successful, able to influence other.  People look up to me in my community.  So that, as my brother-in-law says that compared to what you were that you matured into a wonderful human being.  And partly America did that to us.

[Pause.]

INT: Can you think of any ways in particular that...that could have been from living here?

DK:   No, but any time that people said, "Oh, we did very well here" see and I disagree and I said, "No, we would have been successful no matter where we went.  And so that that remains a discussion.  Ashok and I always--because we said what if we were there in India, what would have happened?  And we both know that we would have had our own hospital.  So...yeah.

INT (1:21:42): And is there any message or legacy that you would hope you would leave with your children and your grandchilren--what might that be?

DK:   Woman's education, woman's freedom, and woman's equality.  That's...that you free a woman and life for everyone is better.

INT:   Is there anything else you'd like to add?

DK:   No.  And, yeah.  That, work.  Whatever work you do, you should love it so much that when you come home, tired, you shouldn't feel like, "Oh, I need a glass of wine," or that I need to go and see a movie.  No, the work itself should be your entertainment.  And then once you come home, you are not searching for happiness anywhere else.  You've--you were happy when you were working.  Yeah.  Because, I hear many people, they hate work and I said, "Then change it!"  Because, you know...It will be tough to, everyday you can, come home and say, "I need to be happy," because...nobody can make you happy.  So, work should make you happy.  And I have enjoyed work I...even, like...Monday when I went to work, I sitting with women.  I was very happy.  Yeah.

INT:   Okay, well thank you so much!

DK:   Was that good?  Okay!  Wonderful.

INT:   Thank you for speaking with me.

DK:   Good!