

A Memoir

Forty Years and Four Careers

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The most appealing aspect of dentistry as a career for a woman is its wide range of options — notwithstanding the problems this advantage creates when the time comes for decision-making. Indeed, circumstances alone often narrow the range of options.

Private practice and Guggenheim years

It was 1942 and America was calling its young men into action. Most of my 54 classmates at Tufts University joined one or another of the armed forces upon graduation. I was truly excited and proud about the dean's offer of a teaching post at Tufts College Dental School. I would have loved to remain in Boston. I could also have continued my periodontal research with the eminent periodontist Irving Glickman. How simple a career decision!

But soon after, an unforeseen family tragedy, the untimely death of my 27-year-old sister from bacterial endocarditis, withdrew that alternative.

The two women dentists from Tufts' class of '41, serving a pedodontic internship at the Murry and Leonie Guggenheim Dental Clinic in New York City, recommended that postgraduate training program, which paid \$125 per month, a fortune for an internship at that time. There was apparently little objection to women in pedodontics, for there was a far higher percentage of women in that internship than in general dentistry.

My application was accepted. Director, administrator, department chairmen, supervisors and other colleagues were all gracious and encouraging. For a second choice, it proved quite satisfactory. A year or so later, I had no difficulty accepting an invitation from John Oppie McCall, the clinic director, to stay on as supervisor in the Operative Department.

Family and friends were eagerly and patiently waiting for me to establish a private practice. The dental network, as effective then as now, managed to identify a dentist, practicing in the old Newsweek building on the corner of 42nd Street and Broadway in New York City, who was interested in sharing office time in an ideal arrangement. For \$35 a month, plus phone charges in excess of minimum, I became



GUGGENHEIM CLINIC YEARS — From the early 1940's to the mid-1960's, Esther K. Colchamiro, left, served as pedodontic supervisor in the Operative Department of the Murry and Leonie Guggenheim Dental Clinic in New York City. The clinic provided essential dental care for needy children.

a full-fledged practicing dentist in a choice location. Generous family referred their friends and relatives, so before long "busyness" was booming. I recall writing my prosthetics professor and friend about my first \$100 day.

Although I was too shy to penetrate the professional and social structure of dental society activities, my naiveté and personality served to shield me from the effects of any discrimination. Eventually, I simply discontinued my attendance and membership in the society for a period. As a serious, conscientious and religious person who loved pedodontics, teaching its techniques to young dentists from numerous American and foreign dental schools, supervising them and observing their progress afforded adequate

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pleasure. Work at each location, in the office and in the clinic, was both professionally stimulating and personally satisfying.

For those of us who worked our way through dental school, long days in longer weeks had always been the rule. Three evenings a week and Saturday afternoons in the office, sufficient for a substantial private practice, supplemented the full-time Guggenheim program of nine to five on weekdays, nine to noon on Saturday. There were, after all, still four evenings and Sunday for personal and social activities.

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In the summer of 1947, after a short courtship, my fiancé, Ralph, and I were married. Since Ralph did a great deal of out of town travel, I chose to maintain the professional status quo until our first child arrived in the spring of 1949. Alas, she lived but a few hours. Early in 1950, and before Rochelle was born, we agreed that the dual arrangement was excessive. Full time at the clinic (by then Saturday clinic hours were eliminated), subject to change to part-time as indicated, would be ideal. Thus ended a most enjoyable and lucrative career number one — seven years of private practice.

The roles of part-time clinical pedodontic supervisor and full-time wife (on Ralph's part), and mother of Rochelle and David and homemaker (on my part), afforded substantial psychological reward, albeit limited remuneration. Training a new crew of budding pedodontists annually, presenting lectures in pedodontic technique and on occasion in pediatric periodontics, plus providing essential dental care to "unmanageable" children in a clinic setting occupied most of my Guggenheim time. Acting as chairman of the Operative Department, in the chairman's absence, gave me the illusion of upward mobility. The number of women on the faculty suggested total acceptance of women in dentistry, but when in 1965 the position of chairman of the Operative Department became available, no woman was offered it. An apology was all I received to assuage the trauma. Still, my 23 long, happy years of association all but precluded my leaving, now that the children were old enough so I could return to full time.

Late in 1966, the advent of Medicaid brought with it the official decision to close the Guggenheim Clinic doors forever the following June. Parents of the indigent children, after all, given freedom of choice, would opt for private dental care. So it was that I supervised the last group of fellows as they completed work on as many actively enrolled children as possible. The 36 years of Guggenheim

dental service to New York's needy children and the 25 years of my clinical pedodontic career came to an abrupt end. This event did little to dampen my interest in and enthusiasm for pedodontics as I proceeded through the chairs to become the first woman president of the New York State Society of Dentistry for Children.

Dental public health training

Beginning a new career in dentistry is always a difficult undertaking, more so for a woman with limited contacts. How does one select from the multiple choices? Should it be academe, a return to private practice, employment in a group practice, civil service, or training for a specialty? Should the specialty be pedodontics, periodontics or public health? After consultation with members of the former Guggenheim Board of Directors, and upon acceptance to the Columbia University School of Public Health, the decision was final. Ten months and a Masters Degree later, I was ready for another career — dental public health in the new era of Medicaid.

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Medicaid days

To fulfill the specialty requirement, I applied for and obtained a residency with home base in the New York City Dental Medicaid office. Upon completion of the residency training, I was happy to accept an appointment as assistant director of the Dental Medicaid Program, and soon thereafter assumed responsibility as its director. Medicaid office activities were as demanding, difficult, hectic and frustrating as they were challenging, essential, enlightening and rewarding. For a woman to have been entrusted to this herculean task was both an honor and a distinction. It necessitated delicate, tactful, yet firm dealing with peers as consultants, as representatives of our chosen profession, as providers of care, as reviewers, as participants in informal and formal discussions and hearings on quality of care. It involved inter-department coordination and cooperation of enormous proportion. It demanded unrelenting attention to details, continuous reconciliation with authorities, constant manipulation of staff, always borrowing from Peter to pay Paul, and the patience of Job. All this for over eight years.

With word that the state would take over administration of the Medicaid program, 1978 was once again time for decision. Should I join the state, remain with the city or leave government service for another arena?

The evaluation unit

My request to remain in the city's employ resulted in assignment to the Health Department's Evaluation Unit in the Office of Professional Standards and Review. Hospital

ambulatory care programs, neighborhood health centers, prison health and juvenile detention facilities, and health insurance plan centers in which the city had financial or contractual involvement were among the objects of the evaluation unit activities. As I was senior public health officer, my horizons broadened to include participation in evaluation of aspects of health care beyond dental care.

The potential of a quality assurance mechanism for maintaining high professional standards gives its agent the incentive needed to pursue high standards of evaluation. Career number four was a most revealing and rewarding experience. Serving as deputy director for dental evaluation, as part time supervisor of prison dentists and as coordinator of prison health evaluation, was as gratifying as supervision and quality assurance are bound to be, when one finds appropriate adherence to some existing standards, and progress in the form of corrective action when deficiencies or violations are brought to the attention of authorities. It was discouraging, though, when seemingly correctible issues raised in reports continued to exist on subsequent visits.

Decentralization and reorganization of the activities and functions of the New York City Department of Health brought me to another turning point early in 1981. Retirement from government is often equated with publishing. Should dental writing be on pedodontic research or on the complexities of quality assurance? What about other alternatives? Does life really begin at forty?

To be continued. . .

