



THE RUTH ANN OVERBECK  
CAPITOL HILL HISTORY PROJECT

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**Interview with Daniel H. Waterman**

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**Interviewer:** David B. Levine  
**Transcriber:** James McMahon



photo by Deborah Hirtz Waterman

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TAPE 1/SIDE 1

**LEVINE:** I'm David Levine and I'm a volunteer with the Ruth Ann Overbeck Capitol [Hill] History Project. I'm here today for an interview with Dan Waterman. We're at my residence, 819 North Carolina Avenue SE, in the District. Today is June 9<sup>th</sup>, 2015. Thank you very much Dan. Let's start with what is your full name.

**WATERMAN:** Daniel H. Waterman.

**LEVINE:** And why don't talk a bit about your early days: birth place, date, siblings, vocation, just short and sweet.

**WATERMAN:** I was born March 27, 1944 in Los Angeles, California, where my parents lived for just about six months and then moved to Massachusetts and lived there for seven years. And subsequently moved to Chicago—suburban Chicago in Oak Park, Illinois. And then finally to Greenwich, Connecticut, where I graduated high school. I attended Trinity College for four years.

**LEVINE:** Trinity where?

**WATERMAN:** Trinity in Hartford, Connecticut, where I graduated with a biology degree and pre-med degree in 1966 ... After college in '66, I did not have a job and had not been able to get into medical school two years running and was on my way to Viet Nam, when I got a job at a cancer research institute, outside of Philadelphia, the Institute for Cancer Research, where I worked for a physician on a strange unknown protein in the blood called the Australian antigen that at the end of the year proved to be the hepatitis B virus and for which the person for whom I worked won the Nobel prize in Medicine, ten years hence.

**LEVINE:** Can you take any credit for that?

**WATERMAN:** None, but the chief technologist in the lab got clinical hepatitis, then serum hepatitis and converted her blood test that had been negative to a positive blood test. So, he knew that at the end of 1967 that he was soon to have the serum hepatitis virus which then became hepatitis B and subsequently he developed a vaccine and won the Noble Prize in 1976 which he shared with Carleton Gajdusek who...

**LEVINE:** Can you spell that name?

**WATERMAN:** No, I don't know how to spell it, but he shared the Nobel Prize with Gajdusek who discovered "kuru" in the highlands of New Guinea. [The 1976 Nobel Prize for Medicine was shared by Baruch S. Blumberg, for whom Dr. Waterman worked, and D. Carleton Gajdusek.]

**LEVINE:** He discovered ...?

**WATERMAN:** Kuru.

**LEVINE:** How do you spell that?

**WATERMAN:** K-U-R-U, which is a prion disease because the New Guinea population cannibalized brains and developed neurodegenerative disease and died but heretofore had no idea what caused it. So that was 1966 to '67. Peace Corps, Malaysia was '67 to '69.

**LEVINE:** What led you to decide to apply to the Peace Corps?

**WATERMAN:** I think two factors: one, was that I had again been unsuccessful in getting into medical school and wanted no career in fighting a war in Viet Nam. I had traveled to Indonesia as a high school student. My senior year of high school I was an exchange student and had wanted to go back to Southeast Asia and applied through the Peace Corps for a health program because of my interest in health and was accepted and went over for two years and lived in a village and dug latrines and dug wells.

**LEVINE:** What was the name of the village?

**WATERMAN:** Ayer Hitam.

**LEVINE:** Can you spell that?

**WATERMAN:** A-Y-E-R-H-I-T-A-M, which is north of Alorstar, A-L-O-R-S-T-A-R in Kedah state near the Thai border with Malaysia. [Online search suggests the spelling is Alor Setar, Kedah, Malaysia.]

**LEVINE:** And you say you were digging latrines and usually Peace Corps volunteers are doing more than just digging. I assume there was some kind of public health component related to the digging.

**WATERMAN:** I worked as a sanitation officer out of a small pusatkesihtan, which is a Malay word for health clinic.

**LEVINE:** Can you try to spell it?

**WATERMAN:** P-U-S-A-T-K-E-S-I-H-T-A-N, and travelled out into villages where I was supposed to educate as to sanitation, clean water, and we ended up teaching them how to dig latrines, build latrines, water seal latrines and dig wells. And finally we couldn't really dig wells in the area in which I was located because we were too close to the ocean. So we actually ended up building cement rain catchment systems, and hauling sand and cement and gravel and reinforcement out to the villages where these people could build their rain catchment systems.

**LEVINE:** And this reinforced your desire to become a doctor and go to medical school?

**WATERMAN:** I had decided to be a doctor when I was 12 years old. We were living in Chicago at the time. I had my appendix out at Presbyterian-St. Luke's Hospital in downtown Chicago and after the appendectomy the kids were running around a big open ward, those who had had minor surgical operations. And for a week we ran around and had a great time, so I said at the end of the week that this is a great thing, this is a lot of fun, so maybe I'll be a doctor.

**LEVINE:** That's wonderful.

**WATERMAN:** And subsequent to that my mother agreed to my wish to stop playing piano, and taking piano lessons. And that was really the heart of the matter and that's the reason why I had that idea to become a physician.

**LEVINE:** Great, so you were finishing your Peace Corps experience and you applied to medical school from Peace Corps?

**WATERMAN:** Yes. For a last time. I think had I not gotten into medical school I probably would have ended in public health or working overseas with US AID or some job like that because that was the orientation at the time for returning Peace Corp Volunteers. The interesting thing about why I got into medical school was because I was somewhat serendipitously placed on an out-of-state waiting list and I was fourth on an out-of-state waiting list. The medical school I went to was Hahnemann, Hahnemann Medical College in Philly.

**LEVINE:** How do you spell that?

**WATERMAN:** H-A-H-N-E-M-A-N-N. Hahnemann Medical College. Hahnemann University actually at the time. It's now called Drexel University. So I was fourth on an out-of-state waiting list and the only reason I was on the waiting list was because they ... I would like to think broad minded pediatrician was sitting on the admissions committee, a Doctor Fendrick thought that I was a little bit different than the average medical school applicant. I had average MEDCATS, I had average grades and there was nothing to really distinguish myself in college, except one thing, I got a D in organic chemistry.

**LEVINE:** And your Peace Corps experience.

**WATERMAN:** And travel experiences, before that. So, he finagled me onto this out-of-state waiting list. The three people in front of me were accepted to other medical schools and they accepted those, so they were forced to take me. And the Chairman of the Admissions Committee came up to me at the welcome

dinner the first week in September and said ... he said, "Dan Waterman I know you. You've got a lot to prove."

**LEVINE:** And you did.

**WATERMAN:** I hope so.

**LEVINE:** So do you recommend in general that people interested in becoming doctors get D's in organic chemistry? [laughter]

**WATERMAN:** Would I recommend this ... they not take sciences which they have to take and take something that they are really interested in ... in college.

**LEVINE:** OK, so then after you graduated from medical school what happened between then and when you decided to come to Washington, and how did you decide to come to Washington? Not necessarily to the Hill but to Washington?

**WATERMAN:** My soon to be wife, at the time was a medical school classmate of mine and we married at the end of medical school.

**LEVINE:** And her name?

**WATERMAN:** Her name is Deborah Hirtz (H-I-R-T-Z) Waterman and she and I had to match electronically to institutions in the same city. So, we applied to some hospitals in Chicago, in New York City, and in Washington, DC. So, she matched at Children's Hospital as a pediatric resident, and I matched at GW, George Washington University Medical Center, as an internal medicine intern and resident.

**LEVINE:** And what year was that when you came ...?

**WATERMAN:** We graduated and married in 1973 and were in training internal medicine for three years, so 1973 to 1976. '76 to '78 I did two years of infectious disease, subspecialty training ...

**LEVINE:** At GW?

**WATERMAN:** At the University of Maryland.

**LEVINE:** Ah!

**WATERMAN:** And came back to Washington to practice.

**LEVINE:** So you were accepted to GW but then this other training you did was not at GW?

**WATERMAN:** That's correct.

**LEVINE:** Is that normal?

**WATERMAN:** It's normal. So, I did three years of internal medicine training at GW.

**LEVINE:** I see ... I got it.

**WATERMAN:** 1973 to 1976 and two years of subspecialty training in infectious disease at the University of Maryland.

**LEVINE:** And then what job did you have after that?

**WATERMAN:** After that, just by coincidence, Deborah, my wife, was still in training. She subsequently was in a pediatric neurology training program that was ongoing. So, we really couldn't move anywhere. We had a mutual friend, a pediatrician, Richard Mier, who Hill residents know from—

**LEVINE:** M-E-Y-E-R?

**WATERMAN:** M-Y-E-R, I think from three or four decades ago and Rich was a good friend of ours and was the first pediatrician on Capitol Hill [ed: spelling later corrected to Mier]. So, in talking to him as we did socially, he said come ... bring your ... why don't you open a practice of internal medicine on Capitol Hill, because we have very few doctors on Capitol Hill. And this was 19—we are talking about 1978 and that was really the reason why I came down to the Hill rather than locating a practice in Northwest DC or even downtown.

**LEVINE:** Where was your original practice, was it as a sole practitioner or did you join someone's practice?

**WATERMAN:** No I opened ... I hung out a shingle so I was a solo practitioner for 16 years.

**LEVINE:** Where was your shingle hanging?

**WATERMAN:** The shingle hung at 424 C Street NE. Just on the north side of Stanton Park. I had two adjacent basements which were as it turns out not ideal and subsequently, I can't remember exactly when, but I think it was approximately 1986, moved over to the old Penn theater building on Pennsylvania Avenue that everybody knows about.

**LEVINE:** That was eight years at that first location but then another eight years as solo practitioner in the old theater.

**WATERMAN:** Yes. And then I moved, as my then former partner, Alice McKittrick decided to retire.

**LEVINE:** She was your partner at the theater and not at the basement?

**WATERMAN:** That's correct. She and I worked together because we both practiced general medicine and infectious disease.

**LEVINE:** How did she spell her name? Sorry about all these spellings.

**WATERMAN:** M-small c-K-I-T-T-R-I-C-K, first name Alice. So when she announced that she wanted to retire, I was ... [telephone rings] ... I was tired of managing a solo practice and joined then a small group practice down the street which was located ... which was then located in the basement of the old Kresge building.

**LEVINE:** Do you know what that address was?

**WATERMAN:** Well, the official address was 660 Pennsylvania Avenue, but it was the Kresge building on the corner of Seventh and Pennsylvania [Avenue] SE.

**LEVINE:** Is that the same building that was ... Primary Care Physicians?

**WATERMAN:** Yes. So it was the basement of that building. It was gutted and renovated, and Bread and Chocolate occupied the—

**LEVINE:** street level

**WATERMAN:** —the street level. It was an ice cream store next store and a post office which ...

**LEVINE:** Ben and Jerry's ... the old Post Office.

**WATERMAN:** There were some offices upstairs but we—the practice that I joined—had the basement.

**LEVINE:** And how many were you there?

**WATERMAN:** There were four of us in practice at that time.

**LEVINE:** Did you form the practice when you got that space?

**WATERMAN:** No, Dr. Debbie Edge, Deborah Edge, a long term hill resident and Dr. Robert Berenson had formed the practice, and Peter Basch, B-A-S-C-H, joined them and Dawn Reed Jones joined them. So they were a practice of four as I came into the practice Dr. Berenson left and stopped practicing clinical medicine and he did more administrative medicine and think tank sort of work.

**LEVINE:** And what year was it when you moved into there?

**WATERMAN:** 1993.

**LEVINE:** '93

**WATERMAN:** '93

**LEVINE:** And you were there until you retired?

**WATERMAN:** That's correct.

**LEVINE:** And ... when ... during that time were you ever living on the Hill?

**WATERMAN:** No.

**LEVINE:** So I know that you lived in Bethesda.

**WATERMAN:** No, I ... we lived on Military Road NW, in Chevy Chase DC at that time and then subsequently moved in 1983 out to Chevy Chase, really just over the DC line. My wife was finishing training at Children's and she was beginning a long tenure, what turned out to be a long tenure at the National Institutes of Health.

**LEVINE:** So you commuted from the Northwest.

**WATERMAN:** Yes.

**LEVINE:** Every day.

**WATERMAN:** Every day.

**LEVINE:** And starting in '78?

**WATERMAN:** So, July of 1978 is when I opened my office and there were virtually no patients at that time. So, I held down a part-time job at NASA headquarters. So half a day...

**LEVINE:** Where's NASA?

**WATERMAN:** It was in a building opposite the Hirschhorn Museum and has now moved further in towards Maine Avenue.

**LEVINE:** It was on Independence Avenue.

**WATERMAN:** It was on Independence Avenue [SW] right opposite the Hirschhorn Museum. So, what I used to do, is I used to see patients in the morning, what patients I had in the morning and then I would walk down to the Mall, to NASA headquarters, and at 1:30, I would start seeing patents really for physical exams at NASA headquarters and worked through 4:30 or 5 in the afternoon. Did that every day for about a year and a half until my own practice was up and running and was profitable.

**LEVINE:** When you started on the Hill there was no Metro.

**WATERMAN:** There was no Metro, there were busses. I don't know what busses I would have taken, but I ...

**LEVINE:** You came .... you commuted by bus?

**WATERMAN:** No, I commuted by car. I had a parking space in back of my office building.

**LEVINE:** On the Hill?

**WATERMAN:** On the Hill. And then I would walk down to NASA headquarters, walk back, pick up the car and go home.

**LEVINE:** When did you stop using your car?

**WATERMAN:** I never stopped using the car.

**LEVINE:** I thought you used to come by Metro?

**WATERMAN:** I think there was a short period of time where I actually could get an express bus from upper Connecticut Avenue all the way down to the Hill.

**LEVINE:** Where did you park when ... once you were in the primary care practice, where did you park?

**WATERMAN:** In the final primary care practice? In a parking garage off of C Street.

**LEVINE:** Uh-huh. You mentioned walking to and from NASA every day. If I remember correctly, you kept up that practice and used to walk around the Hill every day.

**WATERMAN:** I would say for many years I did two things: one is I used to take a walk, force myself to take a walk around the Hill at lunch time. So, I would walk for ten minutes or so around the Hill just to get out of the office and then go back to work. And that practice diminished with the increasing administrative tasks that I had towards the end of my practice. And probably the most rewarding thing I did after 1986, when I moved over to the Penn Theater Building is I used to reserve an hour from 12 to 1

to swim laps in the natatorium. And I would go over there and get into the pool exactly at noon and you could get a lane and swim laps and then go back to the office at 1:00 and see patients in the afternoon or do other things.

**LEVINE:** You have any particular memories of impressions of the Hill when you were wandering around it? So I'm not talking now about ... we'll get to impressions from your practice and all, but just from wandering around the Hill, does anything come to mind?

**WATERMAN:** In ten minutes you couldn't wander very far, but I really loved the Hill. I loved the Hill from the standpoint of its history and from the standpoint of the older buildings and the people who came to me eventually. And I think whereas initially the geography of the Hill, the safe part of the Hill, was fairly restricted to the area around the Capitol buildings, as it turns out the area of the Hill that became increasingly more residential spread well out to Eighth Street and spread well out to the current stadium and Anacostia and well down to the area of DC General. But I couldn't walk that in ten minutes.

**LEVINE:** So, you ... all together you remained practicing on the Hill 35, 40 years?

**WATERMAN:** The total duration of practice was about thirty-five and a half years, on Capitol Hill.

**LEVINE:** And did you ever think about, want to practice elsewhere in the city other than on the Hill?

**WATERMAN:** No.

**LEVINE:** Why is that?

**WATERMAN:** I think that the—my initial reason to coming to the Hill was because there were fewer doctors on Capitol Hill and that was certainly the case through the 80s and then there was an influx of many more internists who came to the Hill working out of then Capitol Hill Hospital. I like the patients; I liked the heterogeneity of the patients. And many of them have become close friends over the years.

**LEVINE:** I'm going to stop this for a minute cause I think we are near the end of side one. So, I will take the opportunity to flip the tape.

END OF TAPE 1/SIDE 1

TAPE 1/SIDE 2

**LEVINE:** We are now on the second side of the first tape. Dan, over the 35 plus years you were practicing on the Hill, what kind of changes did you see in the demographics of your patients, in the kinds of illnesses that they showed up with and the attitudes that they had? I know that's kind of hard to look at

that amount of time and that many people without seeing them as individuals, but are there any kind of general statements you can make about that?

**WATERMAN:** The demographics changed a little. I think that with the advent of—the purchase of the townhouses on the Hill, economic changes primarily that occurred in the late 70s with a lot speculation and turnover, there were a tremendous number of younger families coming into the Hill in the late 70s and the 80s because it was a realistic place to live and raise a family and housing was not extraordinarily expensive, and many of my patients at least initially—and this is true for all internists—are generally younger patients. As they aged and as I aged in practice they became older and through a referral network I developed an older practice but it maintained from ... I would say from a racial standpoint and from a socio-economic standpoint a very heterogeneous group of patients throughout my practice. But after you have been in practice for 25-30 years the number of patients that you—and the geographic area from which you draw is extremely wide because many of the patients and families as they got older moved off the Hill to areas of Northwest DC or Chevy Chase or Bethesda or Northern Virginia, but they continued to come down to see me.

**LEVINE:** So, nature and availability and changes in health insurance over those decades ... you do not ... you saw lots of impacts about that, we'll talk about that. But that did not have any kind of direct impact on the nature of your patient population?

**WATERMAN:** No, I think that my practice routine was always to accept insurance plans, including Medicare and Medicaid and ... while that changed perceptibly over time. I was never inclined towards concierge practice which is now the prevailing desire of a lot of internists in Washington DC.

**LEVINE:** What is concierge practice?

**WATERMAN:** Concierge practice means that no insurances are accepted for anything. And the practice, the number of patients who are in the practice diminishes for financial reasons, for obvious financial reasons. And the doctors tend to charge what they want to charge. And they get what they charge and it's philosophically establishing a two tier system.

**LEVINE:** You said that over time obviously your patients got older, and so I assume that therefore a lot of their ailments shifted to the ailments that older folks get. Other than that, were there other kinds of changes you saw in the kinds of illnesses with which people showed up at the office?

**WATERMAN:** No, I think that the ... basic illnesses of a general internist were the same in 2014 when I retired as they were in 1978—1980 when I started my practice, which were largely diseases that were chronic. I think what's changed in medicine, we can get into this later, is the length and breadth of the

numbers of medicines and how to take care of these patients which has changed tremendously over time, and preventative care and maintaining vaccinations and colonoscopies and mammography and these sorts of things, which is a practice standard today which was a practice standard then but not as well entrenched as it is today.

**LEVINE:** And so, there was no, in your particular practice, the AIDS epidemic did not have a major impact or any of the other drug related diseases that struck the cities in the 80s?

**WATERMAN:** When I was—from 1978, when I opened my office to about 1993, I practiced infectious disease consulting throughout the city. So, half a day I would spend in the office seeing general medicine patients, this is how it evolved, and the other half of the day I would be traveling around to four hospitals in the city to see complicated patients in a hospital setting. And those hospitals were at one time GW, where I trained, Providence Hospital, Capitol Hill Hospital and Washington Hospital Center. So I was ... these were generally long, long days. In the early 1980s, as you alluded to, we started seeing more unusual infections and largely of homosexual, gay population in Washington, DC. And because I was a consultant in infectious disease I was always the one to ... was called to come in and help make a diagnosis and take care of these patients. So my worst memories, saddest memories actually, were from the practice in infectious diseases were probably from 19-, early 19-mid 1980s to the advent of the cocktails for HIV and the late 1990s. And that, as we all know by history, was an awful 15 years. Not just for physicians taking care of the patients but for patients, for the families of the patients, and for society in general. It was an awful time in which to see young people dying. And not being able to do anything about it.

**LEVINE:** Those were very tough years.

**WATERMAN:** So, in terms of diseases, the diseases other than HIV and some of the unusual illnesses that I was seeing as a consultant in a hospital I would say my outpatient practice of general medicine evolved as the ages of my patients got older.

**LEVINE:** So, why did you leave us and when?

**WATERMAN:** I retired in January of 2014 and I remember years before, a year before, talking with a patient who announced to me and that she was retiring at age 70. She had decided—she wasn't a physician, she was just a long standing patient of mine. She came in for a physical or for a problem and we were chatting about the family etc. And she said to me ... she says, "And Dan, I want you to know that I am retiring." And I said, "Why are you retiring?" And she says, "I'm going to be 70 next year." And she said "I think it's time to leave."

And it dawned on me that I was turning 70 the following year. And it might be time for me to consider retiring. Although I will say years before, in 2001, I was becoming disillusioned with the practice of medicine and many of the changes that were happening and how hard I was working, that I went back to school and got a Masters in Public Health at Johns Hopkins, in a part time program. So, while working full time I was going to night school for three years from 2001 to 2004 and got a Masters in Public Health and became sort of reoriented towards international health. So, I had this idea that I may want to leave primary care medicine and work overseas in Africa. And then at that point in time started to travel in Africa and did a sabbatical and worked in a hospital in Africa and then subsequently decided in 2006 that I was not prepared at age 60 to live in Africa and start a new career.

**LEVINE:** I'll come back to some of that ... but about the changes in medical practice and that. But when you left there was a remarkable outpouring of affect—I don't know how many but I know there were a score of various retirement events and people in general really expressed a lot of affection and emotion about their relationship with you. It wasn't just gee thanks doc, you were a good guy, good luck. Can you talk about that either about how ... whether you expected that, how you reacted to that, and why do you think that was the case?

**WATERMAN:** The—it may reflect the way I practice medicine which was on a more personal basis. I was not strictly business when patients came in to see. It was enjoyable seeing them again and again, not because they were sick but because coming in and I got to know their families because I was also taking care of their families and there was one person you may remember who came to my retirement party who thanked me and said, “Dr. Waterman takes care of me, he took care of my mother, he took care of my grandmother,” and that's what I did for 35 years. That is part of my personality. That's the part of the practice of medicine that I really most enjoy and I think related to patients maybe in an old fashion GP way, where you sort of get to know them as people.

**LEVINE:** Do you have a sense that that in some ways validated the particular stance you took toward medicine.

**WATERMAN:** Yes, yes ... I think it reaffirmed what I—that sort of idealism with which I entered medicine and I think most medical students these days and maybe interns and residents have the same level of idealism as they enter their practice lifetimes. But it goes back to sort of what most docs would look back on I think in retirement and say that was really the fun part of the practice. It wasn't necessarily the diseases that you took care of, it wasn't the medicines or how much you earn or how much you knew. It was more of a personal approach to how to manage a patient's problems. And we all know that it goes well beyond the disease process. It's unfortunate, this goes to the other part of your question: why did I

leave? Unfortunately, the direction in which medicine is going is spending less and less time with patients, to the degree that you can't ... it's increasingly harder to develop relationships with patients and families. It's certainly harder than it was 20, 25 years ago. We just don't have the time in primary care to do it anymore for a lot of different reasons that we can go into.

**LEVINE:** When you left us you went yet further north than Chevy Chase?

**WATERMAN:** Yes.

**LEVINE:** And you are now living in Vermont.

**WATERMAN:** Yes.

**LEVINE:** Just ... without spending a lot of time on it, why Vermont, and a little bit of what you are doing now and also since you've moved, you have come back to the District various times. What has changed in how you see it as a kind of periodic visitor as opposed to a resident?

**WATERMAN:** The—I moved to Vermont primarily because my son and daughter-in-law and two grandchildren are there.

**LEVINE:** This is the son who carried on the Waterman Peace Corp tradition?

**WATERMAN:** This is my oldest son Ben who—he and his wife went over to Malawi and were Peace Corps volunteers in the mid-2000s. And then he and his wife came back and bought land in Vermont and now they are blueberry farmers. And odd jobs to make a living. So, my wife and I bought a house about seven years ago. It's an old pre-Civil War farmhouse with a small plot of land around it and it's quite relaxing. It's a small town environment which attracts me. I'm from New England, my ancestors are from Marshfield, Massachusetts, in 1630, so, my—the Waterman family really gravitates towards New England, whereas I do have a son who lives in Atlanta and a son who lives in Oakland, California with other grandchildren to see, but this is where we, my wife and I live. I come back because we still have our roots in Washington, DC, and we all know how hard it is to give up roots, completely.

**LEVINE:** And you're staying involved with medicine while you are up there?

**WATERMAN:** Yes, during the first semester at the University of Vermont Medical Center—Medical School—I mentor freshmen students. And teach them how to interview patients, interact with patients and examine sort of basic physical diagnosis. And I do some other things with refugees. The Burlington area is a huge Vermont-based refugee resettlement area. And so we have ... for the last 20 years the Burlington area has become the full time residence of refugees from Kosovo, from Somalia, from Kenya

and most recently from Bhutan and Nepal. And I'm beginning to work with the refugee health committee in the public health department at Burlington.

**LEVINE:** Let's come back to the Hill a bit and if you can in answering this, if you can try to keep some of the focus on the Hill although you may want to talk more generally, talk a little bit about—you refer to the changes in medicine, to the increasing administrative and insurance burdens, to the requirements to reduce patient time, patient face-to-face time. In addition to that stuff, what other kinds or if there are other changes that you are seeing in medicine, and what kind of changes have you seen in the availability of facilities, in the health care situation, particularly on the Hill or more generally to whatever degree you want to go more generally.

**WATERMAN:** Yes, over the last 30 years, more physicians have settled into the Capitol Hill area to practice. There was a small, as a change, there was a small hospital called Capitol Hill Hospital that actually had been here and was formerly called Rogers Memorial, and they had another name before that, and this was a small facility that was located on Massachusetts Avenue and Seventh Street [NE].

**LEVINE:** It's now becoming condos. They are taking it down and converting the interior to condominiums.

**WATERMAN:** It closed as a hospital in 1991 for a lot of different reasons and from the history of the Hill perspective it closed because it really wasn't garnering the support of the community because of the perceived quality of care rendered by the doctors who practiced at the hospital. Financially, it wasn't doing very well. It was subsequently taken over by the Washington Hospital Center network of hospitals and then I think for financial reasons it was closed in 1991. And I would say the Hill community probably wasn't really disappointed that it closed. It subsequently became a chronic acute care facility primarily for patients who needed a very high level of intensive care after they left hospitals and these were ... this was the type of care where routine nursing homes could not take care of them. And then I guess as the whole neighborhood on Mass Avenue has changed and you tell me now it's being turned into condos.

**LEVINE:** It went through a time when it was called the Capitol Hill Specialty Hospital?

**WATERMAN:** Uh-huh.

**LEVINE:** It was always hard to figure out what really went on behind those doors, but now they have almost finished the demolition phase of rebirthing it. And so in addition to the problems for doctors in practicing the kind of medicine that you love to practice, what are the implications of that for patients?

**WATERMAN:** I ... for patients I think that their expectations are still quite high for quality care. Which I think from a patient and from a doctor perspective we want to achieve that high quality of care. It's ... I think from the patients' perspective they probably appreciate, because of all the publicity, that doctors' time is really at a premium. There are now a lot of electronic venues that patients can tap into for educational reasons, for diagnostic reasons. And will come into physicians' offices declaring that they have a certain disease, or declaring that they want a certain test because they read about the test in the paper or they have consulted WebMD. Which is not bad but it compounds the practice of medicine as I once knew it. I think that going back to a question you asked before—I speak for a large percentage of internists my age, and I am now 71, who are retiring from the practice of medicine because we perceive it as being not as much fun as it was 20, 25 years ago. And we are no longer allowed the luxury of spending time with patients because of all the administrative and computer-oriented requirements that we have to fulfill. And that's really the crux of why I left the practice of medicine.

**LEVINE:** Great. Any other things you would like to say or talk about to be part of this permanent eternal record of the life and experience of Dan Waterman on Capitol Hill?

**WATERMAN:** No, I've enjoyed practicing here. I ... at one time thought of moving down here at my retirement because many of my former patients have become friends and for the first time in 35 years I been able to socialize, lunch, dinner with them. And that sort of prolongs that enjoyment from the practice of medicine that I so enjoyed 20–25 years ago. The Hill itself geographically has changed for the better. It is perceived to be a wonderful place to raise a young family and the geographic Hill has spread out well beyond H Street, which as we know was burned down in 1968. And well down into Anacostia and well out to the bridges, which is a wonderful thing to see. It's sort of an urban renaissance that's obviously moving in the right direction.

**LEVINE:** My wife and I were patients of yours as you well know, not for the whole time you were here but probably for the last 20 years and it was always—we always felt not only that your services as a physician were wonderful and supportive and healthful, but also it was always a delight to come see you. I feel honored to have been able to do this interview with you and on behalf of the Overbeck Capitol Hill History project. Thank you very much.

**WATERMAN:** Thank you.

END OF TAPE 1/SIDE 2

END OF INTERVIEW