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## Phil Cusumano, M.D. Interview for the Boonshoft School of Medicine 50th Anniversary Oral History Project

Phil Cusumano

Kristen Dilger

*Wright State University - Main Campus*

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**WRIGHT STATE UNIVERSITY**  
**Boonshoft School of Medicine 50<sup>th</sup> Anniversary Oral History Project**  
**Interview with Phil Cusumano (PC)**

**Interview Date: January 17, 2022**

**Interviewed by: Kirsten Dilger (KD)**

## TRANSCRIPT

PC

Okay, great. An old man [laughs]. So happy to try to help. I don't know what words of wisdom I have, but we'll see what we can do.

KD

Yeah, we'll just talk it through, talk about your time at Boonshoft. So, first, I just need you to say your name, your graduating class, and what you're doing right now

PC

Dr. Phil Cusumano. My class was 1983, and right now I have transitioned this last year out of primary care after 34 years and now am devoting my time part-time to addiction medicine in the midst of this second epidemic that we're in with 100,000 deaths last year, overdose deaths, I think. I wanted to do something before I retired for this and it's been very satisfying. It's been some of the most satisfying work of my career, really.

KD

That's great. And so, the first question is why did you go to Wright State for medical school?

PC

Well, I really was attracted to the commitment to primary care, which is what I felt from day one I wanted really to do. I just didn't see myself in the surgical theater. I didn't see myself in a real high stressed area, like ER or that kind of thing, but I always saw myself more as a counselor, advisor, friend to my patients, and that's what I really loved about primary care. And, you know, as you know Wright State was one of the, I think, four medical schools that was commissioned by a congressional grant, I think, to try to emphasize primary care, so I was thrilled that I was accepted there.

KD

And so, what was that application process like?

PC

You know, it was rigorous, like everything else, but... I don't know exactly what you're looking for, but-

KD

Just your experience, personally, with that.

PC

I had some really... I think the thing that stands out to me, as I'll never forget, is an interview I had, and I tell friends this still even to this day. That it was the best question to really find out who I was a little bit, you know, and everybody could look at resumes and everybody can get letters of recommendation that really doesn't tell you who they are deep down. And this one gentleman that was interviewing me I think was on the school board, and was the superintendent of schools in Dayton. He had kind of like a withered hand, and he had a stroke or some birth defect, and he asked me, he said, "Okay, you're a medical student and you're in pediatrics, and the lady that you have just delivered has a child with a physical defect, handicapped. How would you handle that?" It was one of the best questions, and I was taken aback, like, oh, my gosh, you know, what would I do with that? It allowed me to kind of express my faith a little bit, which was like a driving force in my application. You know, I had come to faith a year or two before that after years of thinking about going to medical school. I never really put my foot down and said, "I'm gonna do this". I didn't have a lot of confidence that I could do this, and coming to faith kind of said, you know, this is where I'm calling you. So, I told the school board member about, you know, how I would think I would approach that, with telling the mother that God created this child from day one, and there's a purpose and a plan here, even though we may not see it, and just to be an encouragement to the mother, and eventually to the child. So, it doesn't- it didn't have to be a totally negative experience for the parents and family, and good things can happen. In hindsight, I looked at this, like, "Duh!" He asked me this question because he was that boy. You know, obviously, he was that child, and he kind of wanted to know how to handle him, if he were a pediatric patient. So, that's one of the biggest things I remember about my application.

KD

And so, did you go straight to medical school from your undergrad, or-

PC

No, I was out. I was kind of like one of the old men in the class. They were calling me pops. They called me pops. They were out, like after class they would go out to shoot hoops and have a beer, and I would, you know, I'd go home to my wife and little girl. So, I was out, I had a pharmacy undergraduate degree, and I always thought that that was a real asset, but some... you know, in years prior to that, some medical schools didn't want you to have any other professional degree. They didn't like you changing your mind, or they said, "Well, you've already made your choice, you should stick with that". I didn't agree with that. I thought the pharmacy background was fantastic for what I wanted to do in medicine. So, I kind of breezed through pharmacology, and a lot of students would tend to ask me, for better or for worse, what I thought about different therapeutic regimens and that kind of thing. So, I was out for six years as a pharmacist, and I realized that I would always come down from- you know, pharmacists are usually in the backroom or they're down in the basement if you're in a hospital, and I was a

people person. So, I would always come out to the front and want to talk to the patients about their medications, about giving them the advice, talk to them about potential interactions, but also try to understand what their problems were, and how to solve them medically. And I realized that I needed another degree eventually to do that. That I couldn't just, you know... advice is one thing, and pharmacists can go so far with giving a lot of good medical advice, but when it came to diagnostic, therapeutic-type advice, I needed to go further. And that's what kind of propelled me to really think about medical school that I had thought about for years, but never really had the faith and confidence to say I'm going to do this.

KD

Cool. So, how was the experience, like, your first-year experience? Like being the older student in this class?

PC

Oh, gosh. You know, one medical school said, "Phil, we don't think... you've been out for six years, we're not sure you can handle it". And I understood that. They said, "So, we want you to go back and get a master's degree in like microbiology or something". And I said, "Oh, gosh". You know, I was... let's see, I was 28 at the time, and I said, "I really don't want to delay this", and I really felt I could handle it. "It's going to be a transition, I'm going to have to work hard, but I really think I could do this". So, they didn't accept me, But I felt, you know, that this is where I was supposed to be. Did I answer your question? What was your question again?

KD

Yeah, but let's go a little more in detail about your first year. Like, the classes, how was that?

PC

Okay. Right, right, right. So, yeah, I did have- I mean, the first semester was really tough. But I think it was tough for a lot of people. So, I don't think it was my age. I think it was- as matter of fact, I think as time went on, my training, my maturity level, and my life experience helped out a lot. And I still had 35-36 years to practice. So, I mean, it wasn't like I was too old and graduated too old. But the first semester, gross anatomy was just traumatic for everybody. and, you know, the first two tests I had missed the pass level by, like, one point. So, I had like a 69, and you needed a 70, and I said, oh, my gosh. It was just grueling, and I felt a lot of pressure, and here I had dragged my wife down to Dayton, and we bought a little house in Beavercreek, and it was like, "Now what's going to happen?" But I felt I could do it, and just persevering and through a lot of prayer we made it through it, and the second semester was so much better. Oh, my gosh. It was just, I think I speak for a lot of students, it wasn't just me. It was we all kind of felt the weight of the world off our shoulders a little bit, and I don't forget Larry Ream was a PhD histopathologist that was just wonderful to work with, and he made that course one of the top three courses of my medical school training. I just loved the microscope, I loved the whole world underneath the microscope with different tissues that you look at, and in preparation for the pathology of those organ systems. And so, things really started taking off and, you know, I gained some confidence, and most all of the professors were always- you always felt that they were there to help. They weren't there to hit you over the head. They were there to help get you

through this, they knew that you wouldn't have been accepted if you didn't have the potential to do well. So, I kind of felt that, you know, we had study groups to try to help each other out, get each other through. A lot of that competitiveness that was in undergraduate pre-med, I think, for a lot of the students was gone, and we just said, look, let's just pull ourselves up and help each other get through this. But I loved it. I loved really every bit of it. I'd do it all over again. In this- I wanted to say in this day of where there's a lot of unfortunate negativity, it kind of breaks my heart, really. You know, doctors are thinking of retiring early, and residents are- right out of their residency are depressed. It's really very sad to hear that. Because it should be some of the best years of your life. Yeah, it's tough. Yeah, you're tired. You get worn out and all that. But you still know that there's a purpose and meaning and really a real sense of deep satisfaction in doing what you're doing, or you should have gone into real estate or something, and done something else. So, it hurts me to hear that, because no matter what happens with all the medical legal issues in medicine, the pressures in medicine, the pandemic now, there's nothing else I would have rather dedicated my career and my life to.

End at 13:01

KD

For sure, and I think the pandemic makes some things hard for certain people, but we're living through it, you know.

PC

Yeah. We're gonna get through it.

KD

We're going to get through it. So, during your time there, like, describe the facilities to me. Were they starting to have, like, the medical buildings we have today, or where were you having classes and stuff?

PC

We were in a brand spanking new building. It was just a treat. It was really, architecturally, very pleasing. The amphitheater was great, and gross anatomy lab was fantastic that- I don't know if you've seen, you know, if you've looked at that the old building. Now they have the new Boonshoft building. But, I think they're still using the older building, the building I was in for maybe the first two years, I think. But, yeah, the facilities were top notch and I got an education for- oh my gosh, it was such a great value. Because I was an Ohio resident. When we think about what medical schools cost now and the debt. My son in law just graduated from UNC in Chapel Hill. You know, he's in big time debt. He wasn't in-state, and as being an Ohio resident going to Wright State, it was a tremendous blessing to me. I didn't, you know, I came out with like \$15,000 in debt, which is ridiculously low. I was very happy about that, about facilities. We had everything we needed there. And to me, again, I wanted- I wrote down a couple of things I wanted to say. One of the things was, and certainly everybody knows this, but it's not about the facilities as much as it is about the people. The bricks and mortar, bricks and mortar only go so far, but they manage to amass- which is no easy task- a mass pre-clinical and clinical faculty

that were, I think, outstanding. Really a pleasure to work with, taught you a lot. You felt like you were colleagues with them, that they weren't talking down to you. And 9 times out of 10, it was really good experiences all the way through our clerkship years and our later clinical years.

KD

And did you like having- because, you know, most medical schools have that university hospital attached. Did you like the community hospital aspect of Wright State?

PC

I liked the different and varied experiences. You know, or you just have one hospital you're in for four years. I liked going to Miami Valley, I liked going to the Air Force base and then you get- you not only get the different facility experiences with how the different programs and things that they have, but you get to meet different faculty and clinical staff, and figure out, you know, how are they doing medical life? You know, how are they managing their family and their marriage and all those other practical things? How did they start their practices? What would they do over again? You know, so you get a chance to ask a lot of questions to a lot of different people when you're going to different hospitals. I liked it that way.

KD

And so then going forward into your career there, what were your... you know, the second year, third year, fourth year like for you? What are some experiences you had?

PC

You know, every medical student, there's times of- I remember an obstetrician told me what's so true, he said with OB you manage your time between boredom and sheer terror. At times, you're just kind of waiting around, hanging out waiting for something to happen, and then all of a sudden, "Oh, my gosh, she's breach! We gotta do this!" So, I came to understand through those experiences, which is what exactly these experiences are for in many ways, to show you a little bit about who you are. Your character, your temperament, your personality. What kind of things can you handle? What kind of things can't you? You know, at some point some in those earlier rotations I could, you know, I wasn't vascular surgery. It was fascinating, but I realized, oh my gosh, I just couldn't imagine flaying somebody open like this on a Monday morning and doing this for a living. It just wasn't me. But that's okay. Medicine is a big, big area, and there's room for everybody, you just have to find your spot. So that's- those early clinical years, if you didn't have a lot of encouragement from faculty and your advisors and people, it's easy to get discouraged. You know, from the 'oh gosh, where do I fit in?' But we weren't doing much primary care early on. You were doing sub-specialty medicine a lot of that time. But as I started doing, like, my acting internships my senior year, we were at the VA. Those are just, you know, great memories. It really helped solidify who I was and what I wanted to do.

KD

And so how was match day for you after all that?

PC

I was thrilled to be- you know, we are from Cleveland, so I really didn't want to go outside. I wanted to go back to Cleveland, because I knew I was going to practice there, and I wanted to make a lot of connections there medically so I can learn a lot about some of the subspecialty staff, I was comfortable referring to, I could do rotations at different hospitals in Cleveland. It really helped me see that, and I was just thrilled to be at Metro, which is a tremendous place to train. It's a county hospital, you're there up to your eyeballs and you're running the show a lot. But you have good supervision from the- you know, you do most of your learning and residency from the junior-senior residents, not necessarily the attending staff. Each staff show up, I don't know, a couple of mornings a week for an hour, and then they're gone a lot of times, but the senior residents are running the floors. So, you really learn a lot from them and that's- Metro had such a great reputation for that with a really quality staff. They've written books in different areas and were very well respected around town in the region. So, and I felt well prepared. I didn't feel, coming from a relatively new school that, you know, a lot of people I remember asking me, "Where is that again?" You know, I felt like I was ready to go. That my training in Dayton helped me, and I think I was right up there with the rest of them to jump in there as an intern, and see how I did.

KD

Okay, so going away from, like, the academic, medical, professional part of it, can we talk about, like, your classmates? What did you guys do, like, outside of class, usually? I mean, I know you had a wife, but what are some things that you did socially during this time?

PC

I kind of hung out with- we had like a Christian medical and dental association studies and a Bible studies, and then we had social meetings and gatherings. We even had Kenneth Cooper come, he's 90 years old now, but he's a well-known cardiologist. I don't know if you've heard of him. But he's kind of like... I think he coined the term *aerobics*, and he wrote the book on, you know, jogging and aerobic health and what it does for your cardiovascular system. Anyway, we had a banquet, a yearly banquet, and I said, 'do you think he'd come and speak to us?' You know, and, I can't believe this, but I called him up and he picked up the phone. I just found his number so I called him up and he picked up the phone. He said, "I'd be delighted to come talk to you". So, that was a nice memory. We had him come up to speak at our first annual banquet. But then there was some of the faculty that were involved with that group that meant a lot to me, you know, and gave me some personal counsel with some personal issues at times, it meant a lot to me. Claude Hambrick was on the family practice staff and collaborated a lot. He just passed away a few years ago up in Ohio. I'm now down in South Carolina, but Claude meant a lot. And some of the faculty members that, again, befriended me and really helped make a difference in my career trajectory. But yeah, we had- we enjoyed each other's company, and it was a good-gosh- 8 to 10 people in the class that were in this group that we hung out with and managed to keep track of. Steve Nowicki is one, I mean, Steve is now in, um... not in, um, where am I thinking... he's in Mississippi, in a town in Mississippi, I'm blocking on the town name. But he and his wife are there, I've kept in touch with him and several others of the class.

KD

I'm going to I'm trying to interview him. He's on my list. So, I haven't talked to him yet.

PC

Oh, you're going to interview him? Okay, yeah. Great. That's great. Yeah, you'll enjoy talking to him. He had a great background. He was in the Yale drama class. He graduated with a theater degree, I think, and decided he wanted to go to medical school [*laughs*]. But his wife was a theater major, and they're still doing some theater in this little town in Mississippi. So, that's kind of cool.

KD

That is so great. It's just so... you're my sixth interview and every single person I've interviewed, so successful and so, like, interesting. Like, no one has one standard experience at Wright State. I think that's something that makes the Boonshoft school so unique.

PC

I think they did a really- and it's no small task to pick good people, and I think they picked a lot of good people that have done... I think it's good to see that a lot of our class members seem to have done really well as time went on.

KD

And did you have a full-size class? Or was it still relatively small?

PC

No, I think it was. As if I remember, I think it was close to 90 or so. I think sometimes, you know- again, I think there's a big area, we need all kinds of people with all kinds of talents. You know, we need researchers and all that, but the real, the major need, I think- because I see it, especially in the pandemic now, again, is public health and primary care. We really need that tremendously, and I'm so glad that Wright State emphasized that. And I think more medical schools need to try to do that. It's not that we devalue specialists or devalue people that go into research or any of those important areas, but we just have tremendous needs as a population. And like one of the major schools up in Cleveland, you know, they had one student out of a hundred that went into primary care a few years ago, and it just doesn't often happen. It's really a shame, that has to change.

KD

Yeah, we are really lacking primary care specifically.

PC

I hope Wright State still has a pretty decent chunk of their graduates that match into primary care. I hope so.

KD



I believe so. I was- my brother, he's all in the medical field, he's going to be a physician's assistant. But he was talking to me before I started this project and said, "You know, I bet you're going to get a lot of primary care people". Like, that's what Wright State does. And really, I've gotten- and again, I've only done six these interviews- but I've gotten a lot of emergency medicine specifically, more so than primary care. So.

PC

Right. In a very real way, they become primary care again because of the insurance issues and all that. So that's still very needed for sure. We really appreciate that emergency room staff, especially in this pandemic. Boy, that really builds trust.

KD

Yeah, my mom is a respiratory therapist, and so she is directly in the COVID unit at all times. Yeah. So, it's definitely hard. It's hard for medical staff nowadays. With, you know, a worldwide pandemic.

PC

But again, you look at it, it really feels needed and feel like you're really literally making a big, huge difference. No question about it.

KD

Okay, so looking back on all this, what do you think sets Wright State apart from other medical schools?

PC

I kind of- I mean, one of the reasons why I was comfortable with it was it was my mindset. I think what I alluded to earlier was that not in a negative sense, but early on, they weren't the heavy academic center that some of the older medical schools are. It wasn't... to my knowledge, a lot of faculty weren't getting, you know, million dollar grants to do research on SARS virus; for example. I mean, they were there to help train and educate students, and to give us direction in our career, and they accomplished that. So, that's what I really liked about it. It was a down to earth, student-friendly, focused university, which I hope it still is. And I have a sense it is, it still is. So again, the lab is an important part of medical science in the short and long run, but we need people that have people skills, and Wright State focused on bringing out our people's skills, and of course our education, too. We need doctors that could care and talk to patients, befriend them, demonstrate care and concern, because that is what really gets, you know, that's part of the healing process. I think Wright State does that real well, more so than other maybe more colder, aloof, academic institutions. I hope that answered that.

KD

Oh, nice. Yeah, you did. And so, anything else you would like to share with your experience with the Boonshoft School of Medicine as one of the first graduates?

PC

I just think I would say to anyone listening to this, especially if they're entering or considering entering medical training, to really think about why you're there, never forget what drew you to medicine. Why you loved it, what you wanted to do with your life, and that will sustain you through the difficulties, through the ups and downs of practice, through the, you know, some of this. You're going to have some failures, but you're going to have a lot more successes, and you're going to have to focus on those positive things. And it's definitely worth it. I would do it all over again in a heartbeat.

KD

Very nice. Well, that's all the questions I have for you. Do you have any questions for me about this project or anything I'm doing?

PC

Yeah, I don't mind you using this. I signed off, I think you should have gotten that consent.

KD

Yes, I did.

PC

I sent it through, and I don't see anything on here that I wouldn't mind you sharing with anybody. So, it's fine with me, you can use it however you want to use it.

KD

Perfect. So, and this will be-

PC

Will I get a chance to see some of these?

KD

Say again?

PC

Will I get a chance to see some of these? Some of my classmates?

KD

For sure. They are all- so, I'm doing around 14 or 15 interviews with the four first graduating classes. So, your classmates are a part of that. It will be, once I get the transcripts- there's a lot, a couple of different things that I have to do with this, like make the transcriptions and stuff. But then everything will be on the archive, so you'll be able to see yours and everyone else's, and like, be able to share it. It'll be used for- the Boonshoft asked the archive to do this, so that they had interviews for the fiftieth anniversary coming up.

PC

Okay. So, we'll be able- you'll notify us and we'll be able to access it.

KD

Mm hmm.

PC

Well, best wishes with it, Kirsten, and best wishes with your master's program.

KD

Yeah, thank you.

PC

Yeah.

KD

It's going good so far. Not as hard as medical school I don't think.

PC

[Laughs] That's good.

KD

All right, well, if I have any questions, or if you have questions, we have each other's contacts. So, other than that. Thank you so much.

PC

Okay. You're very welcome. Bye-bye.

KD

Take care.